Onecare-uk Ltd

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 21 and 28 April and was announced. 48 hours' notice of the inspection was given because the manager is often out of the office undertaking assessments or reviewing care in people's homes. We needed to be sure that they would be available when the inspection took place.

Onecare-uk Ltd is a domiciliary care agency that provides a range of supports to adults living in their own homes. At the time of our inspection the service provided care and support to 70 people.

Onecare-uk Ltd was re-registered with The Care Quality Commission on 28 October 2015 due to a change of address. This was their first inspection under their new registration.

The Service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service spoke positively about the care that was provided to them

People were protected from the risk of abuse. The provider had taken reasonable steps to identify potential areas of concern and prevent abuse from happening. Staff members demonstrated that they understood how to safeguard the people whom they were supporting. Safeguarding training and information was provided to staff.

Risk assessments were up to date and we saw that there was detailed information for staff members in how to manage any identified risk to the person they were supporting.

Arrangements were in place to ensure that people's medicines were appropriately given and recorded.

Staff recruitment processes were in place to ensure that workers employed by the service were suitable. Staffing rotas met the current support needs of people. Staff and people who used the service had access to management support outside of office hours.

Staff training met national standards for staff working in social care organisations. Staff were also supported to achieve a qualification in health and social care. Staff members received regular supervision sessions with a manager. Arrangements were in place to ensure that staff members with hearing impairments were supported to participate in training and supervision sessions.

The service was meeting the requirements of the Mental Capacity Act. Capacity assessments were in place for people. People were asked for their consent to any care or support that was provided.

Information regarding people's dietary needs was included in their care plans. Detailed guidance for staff was provided in order to ensure that they met individual requirements.

Staff members spoke positively and respectfully about their approaches to care, and the people that they provided care to. People who used the service knew what to do if they had a concern or complaint.

People's religious, cultural and other needs and preferences were supported. The service had recruited staff members who were able to communicate with people using their preferred language.

Care plans were up to date and contained detailed information about people's care needs and how these would be supported. Family members were positive about the quality of care that was provided and the information that they received. The quality of care was monitored regularly through contact with people who used the service and family members where appropriate.

The service was well managed. People who used the service and staff members spoke positively about its management. A range of processes were in place to monitor the quality of the service, such as audits, spot checks of care practice, and service user satisfaction surveys.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Risk assessments were up to date and were linked to management plans that contained detailed guidance for staff providing care.

Staff we spoke with understood the principles of safeguarding, how to recognise the signs of abuse, and what to do if they had any concerns.

Medicines were managed safely.

Is the service effective?

Good

The service was effective. People who used the service were happy with the support that they received.

Staff members received regular training and supervision. Staff with hearing impairments were supported by a BSL interpreter.

The service was following guidance linked to the Mental Capacity Act.

Is the service caring?

Good

The service was caring. People spoke positively about staff members' approach to care, dignity and respect.

Staff members that we spoke with spoke positively about the people whom they supported and described sensitive approaches to care.

The provider had arrangements in place to ensure that people were matched to appropriate care staff, including staff who were able to communicate with them in their preferred language.

Is the service responsive?

Good

The service was responsive. Care plans were up to date and contained detailed information about how and when care should be provided.

Care plans and assessments contained information about

people's needs, interests and preferences.

People who used the service knew what to do if they had a complaint.

Is the service well-led?

Good

The service was well-led. There was a registered manager in place.

People who used the service and staff spoke positively about the management of the service.

Effective quality assurance procedures were in place.

Onecare-uk Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We visited Onecare-uk Ltd on 21 and 28 April 2016. The inspection team consisted of a single inspector. We reviewed records held by the service that included the care records for nine people using the service and nine staff records, along with records relating to management of the service. We spoke with the registered manager and two other members of the management team. We also spoke with three care staff, seven people who used the service and a family member.

Before our inspection we reviewed the information that we held about the service. This included notifications and other information that that we had received from the service and the Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well, and the improvements that they plan to make. We also made contact with a professional from a commissioning local authority.

Good

Is the service safe?

Our findings

People who used the service told us that they felt that the service was safe and that they were confident with the quality of care staff. One person said, "they take care to get it right," and another told us, "I feel very safe with my carer."

The risk assessments for people who used the service were up to date. These included information about a range of risks relevant to the person's needs, for example, moving and handling, mobility, community participation, behaviour and medicines. Risk levels were rated and where risk was high detailed risk management plans were in place with clear guidance for staff about the approaches that they should use to reduce risk. The risk assessments were linked to people's care plans, which included information for staff on how to manage identified risks. For example, we saw that guidance was provided for staff on identifying and managing a person's anxiety levels when being supported to participate in community based activities.

Risk assessments also included information in respect of environmental risk, and safety of equipment. Staff members had received moving and handling training prior to working with people who required this support.

The service had an up- to-date safeguarding policy and procedure. The staff members that we spoke with were able to demonstrate that they understood the principles of safeguarding and the potential signs of abuse. They told us that they would immediately report any concerns to a manager.

The service had a policy and procedure for administration of medicines. Some people received support from staff members to take their medicines and we noted that staff had received training to assist them in doing so safely. When we looked at copies of the completed medicines administration records that had been returned to the office, we noted that they did not always include an individual record of each person's medicine. Except in the case of PRN (as required) medicines, the record stated 'dossett box' but did not list the medicines that were contained in the box that was administered to people. We were shown photographed copies of details for some people's medicines that were held on computer. When we returned to the service on 28 April, the registered manager had collected copies of people's care files from their homes. These showed that detailed records of the medicines that people took were included on a sheet attached to the current medicines administration records.

Where people received PRN (as required medicines) care staff had recorded reasons for administration in people's daily care notes. One person's risk assessment provided detailed guidance for staff on how to work with the person to reduce anxiety before considering the use of such medicines.

We looked at nine staff files. Staff recruitment records included copies of identification documents, evidence of eligibility to work in the UK, two written references, application forms and criminal record checks. Staff files also contained training certificates and supervision records. We saw evidence that staff members were not assigned work until the service had received satisfactory criminal records clearance from the Disclosure and Barring Service.

There were sufficient staff members available to support the people who used the service. The registered manager told us that they would not take on new care contracts unless they had enough staff members to cover the support required. We saw evidence that there was an ongoing process of recruitment and induction training to ensure that the service had capacity to manage any increase in work.

The service used an electronic call monitoring system which identified if there were missed or late care calls. We were shown how this worked in practice. The service received an alert if a carer had not logged into the system within 20 minutes of the due time, and this was immediately followed up by the service. Outside of office hours the system was available to the on-call manager via a tablet. The registered manager told us that staff usually informed the office if they were unavoidably delayed so that a message could be passed on to the person they were supporting. We were also told that, where possible, staff members were matched with people within a 'locality' to reduce time spent on travel between care calls and the risk of being late.

All staff had received training on infection control procedures and were provided with disposable gloves, aprons and anti-bacterial gel, along with information regarding safe disposal of these and other relevant waste. We saw that stocks of these were held at the office and during our inspection we noted a staff member came to the office to collect fresh supplies.

All staff members received a copy of a staff handbook at induction. This included information about safe practice and emergency procedures and contacts.

The service maintained a 24 hour on-call service. Staff members and people who used the service told us that they were aware of this and would use it if they had any concerns outside of office hours.

Good

Is the service effective?

Our findings

People who used the service were positive about the support that they received from staff. We were told, "the carers are very good," and, "I can't fault them."

Staff members received induction training prior to commencing work with any person who used the service. This followed the requirements of the Care Certificate for workers in health and social care services. Qualified external trainers were used to deliver some of this training, for example, moving and handling of people and infection control. A programme was in place to ensure that training was updated on a regular basis. Staff members that we spoke with were able to list the training that they had received and one stated that, "the training is really good."

We saw records that showed that staff members received regular supervision from a manager, and that periodic 'spot checks' of care practice took place in people's homes. One staff member that we spoke with told us that they felt, "well supported." Staff were supported by the service to undertake qualification training in health and social care.

The service worked with some people with profound hearing impairments and had responded to this by recruiting staff members with hearing impairments who were able to communicate with people in (British Sign Language (BSL). Support arrangements for these staff included communication with the office through text and emails and the recruitment of a part time BSL interpreter to facilitate training and supervisions. We spoke with a staff member with a hearing impairment who was supported by the BSL interpreter. They told us that they had regular supervisions from a manager and were being supported to undertake a level two qualification in health and social care with assistance from the BSL interpreter.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA. The care plans for people who used the service clearly showed whether or not they had capacity to make decisions, and provided guidance for staff about how they should support decision making in day-to-day care. The service had an up to date policy on The Mental Capacity Act (2005) and staff members had received training in relation to this.

People had signed their individual care agreements to show that that they had consented to the care that was being provided by the service. We saw that where changes had been made to people's care plans or risk assessments the care agreements were updated and that people had signed to indicate their agreement

with the changes.

Care plans contained detailed information about people's health needs and how these should be supported by staff, along with contact information for health professionals. Where staff had made contact with professionals, such as the person's GP or community nurse, this was recorded in their care notes.

Care staff were involved in meal preparation, and we saw that care plans and risk assessments for people who were being supported with eating and drinking were clear about the reasons why support was required. They also provided detailed guidance for care staff about how to support people with these tasks. This included information about preferred food and drink, offering choice, and when and how people should be supported.

Good

Is the service caring?

Our findings

People told us that they considered that the service was caring. One said that, "the carer is brilliant." We were also told that, "this is the best agency I've had."

We were unable to see care being carried out, but the staff members that we spoke with talked about the people whom they supported in a positive, caring and respectful way. We were told that, "I really enjoy my work. My clients are lovely." Another staff member said, "it can be difficult but if you talk to people in the right way you can work it out."

The registered manager told us that new staff members, or those new to the person who used the service, would shadow established staff members in order to understand the person's needs and establish a relationship with them. We saw records that showed that this had taken place.

We saw that care plans included information for staff members on how they should support people to make choices about how their care was delivered. Plans included information about people's religious, cultural and other special needs and preferences, and information was provided on how these should be supported by staff.

We asked about approaches to dignity and privacy. One person said, "they always do things the way that I want." A staff member told us, "it's important that I listen to my clients and make sure that they are happy with the way I help them." People's care plans included information about people's preferences in how care and support was delivered.

We asked the registered manager about advocacy services and he told us that people were advised about local advocacy and other support services where they required this.We saw, for example, that a person was supported to access a local disabilites service when they required assistance to resolve a concern about their benefits.

We viewed information that was provided to people who used the service and saw that this was delivered in an easy to read format. People told us that they knew how to complain if they had any concerns.

Good

Is the service responsive?

Our findings

People who used the service told us that they were pleased with the support provided. We were told, "if we need to change things they are always helpful."

Care documentation included assessments of people's care needs that were linked to the local authority care plan. Assessments contained information about people's living arrangements, family and other relationships, personal history, interests, preferences and cultural and communication needs. The assessments also included information about other key professionals providing services or support to the person.

People's care plans were clearly linked to the assessments, and to risk assessments for specific activities. We saw that care plans provided information about each task, along with detailed guidance for care staff about how they should support the person with these. This included, for example, information about how the person liked to be communicated with, how choice should be provided, and how best to support people with their mobility needs. Guidance was also provided for staff involved in moving and handling tasks, including use of hoists and transfer equipment where appropriate.

All care plans were clear about the importance of ensuring that staff members communicated with people about how their care was being delivered to enable choice and full participation in care activities. Efforts had been made to ensure that people were supported by staff members who were able to meet their communication needs. For example, people with hearing impairments were matched with staff who were able to communicate with them using British Sign Language. We also noted that the service made efforts to match people with staff according to specific needs and preferences. For example, people had been provided with care workers of the same gender where this was requested. The records also showed that where people were not fluent in English, efforts had been made to match them with staff members able to communicate with them in their first language.

We saw that people's care plans were up to date and contained review dates. The registered manager told us that, if there was a change in any person's care needs, this would trigger an immediate review of the assessment and care plan. Staff members that we spoke with told us that they were kept informed if there were any changes in people's needs.

The service was flexible in responding to changes in people's needs or timetables. We saw, for example, that the registered manager had worked closely with a person's family and social worker to develop an intensive two week package of care and activities to enable respite for a family carer who was in need of a break.

Some people who used the service received support to participate in community based activities. Care plans provided guidance for staff members on people's preferred activities, how to offer choice when planning activities and how best to support people when undertaking activities in the local and wider community. We saw that activities supported by the service included, for example, shopping, sports activities, adult education classes, library trips, meals out and visits to local night clubs.

Daily care notes were recorded and kept at the person's home. We looked at recent care notes for nine people and we saw that these contained information about care delivered, along with detail about the person's response to this and any concerns that care staff had. They also showed where concerns had been reported. Staff members completing the care notes had also recorded how support had been offered, and the activities that they had supported people to participate in.

The service had a complaints procedure that was available in an easy to read format. This was included in the Service User Guide that was provided to all people who used the service at the commencement of their care agreement. The people that we spoke with told us that they knew how to make a complaint. We looked at the complaints record and noted that there had been one complaint during the past year that had been resolved appropriately and in a timely manner.

The records maintained at the service showed evidence of partnership working with other key professionals involved with people's care, for example general practitioners and community and specialist nursing services.

Good

Is the service well-led?

Our findings

The service had a registered manager and people who used the service and their family members knew who this was. They spoke highly of the management of the service. We were told, "the manager keeps in touch,." And, "I know him. He sometimes comes to ask me how I am."

The documentation that we viewed showed that quality assurance processes such as on-site spot monitoring, telephone checks with people who used the service, and home visits by the registered manager or other senior staff to check on people's views of the service took place. One person said, "they ask me if I am happy with my carer. I always am."

The service undertook satisfaction surveys by telephone and by paper questionnaire and we saw examples of these that rated the service highly. Action plans had been put in place to address any concerns raised as part of this process. For example, one person had expressed dissatisfaction regarding how domestic tasks were carried out, and the service arranged for their care worker to receive training and guidance on the required approach.

the service had recently circulated a satisfaction questionnaire to staff members and health and social care professionals. The one response that had been received from a local authority care manager showed that they were satisfied with the service.

The service was using ISO 9001 which is a national standard for quality assurance. We saw that an external audit in relation to this had been carried out in October 2014 and that they had successfully passed the ISO 9001re-certification process in October 2015. The records maintained by the service showed that regular audits of operational documents had taken place, including, for example care plans, risk assessments, staff files and health and safety. We also saw that an audit of performance in relation to the current regulations associated with the Health and Social Care Act 2008 had taken place in September 2015. This had identified a number of actions and we saw that the audit document had been reviewed and updated as these had been addressed.

A range of policies and procedures were in place. These were up to date and reflected legal and regulatory requirements as well as good practice in social care.

Staff meetings took place regularly. The registered manager told us that it was sometimes difficult for staff to attend meetings so they were also regularly updated on issues through regular emails and supervisions. We were able to see evidence of this.

Staff members spoke positively about the registered manager and other senior staff members and told us that they felt well supported in their role. Staff members said that they could contact their manager at any time, and would not wait until a meeting if they had any questions or concerns. During our inspection we saw that staff members dropped into the office and the registered manager and other senior staff members took time to speak with them.