



The Regulation and
Quality Improvement
Authority

One 2 One Care and Support Services (NI) Ltd
RQIA ID: 020063
33b New Street
Randalstown
Antrim
BT41 3AF

Inspector: Lorraine O'Donnell
User Consultation Officer: Clair McConnell
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**Unannounced Care Inspection
of
One 2 One Care and Support Services (NI) Ltd
7 July 2015**

**The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk**

1. Summary of Inspection

An unannounced care inspection took place on 7 July 2015 from 10.00 to 16.15. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

1.1 Actions/Enforcement Taken Following the Last Inspection

There was no previous QIP; this was the service's first inspection.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	5	3

The details of the QIP within this report were discussed with the Mrs Jennifer Hall, the registered manager and Fiona Dawson, director, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: One2One Care and Support Services (NI) Ltd	Registered Manager: Mrs Jennifer Hall.
Person in charge of the agency at the time of Inspection: Mrs Jennifer Hall	Date Manager Registered: 20 November 2014
Number of service users in receipt of a service on the day of Inspection: 220	

3. Inspection Focus

The inspection sought to determine if the following themes have been met:

Theme 1: The views of service users and their carers/representatives shape the quality of services provided by the agency.

Theme 2: Management systems and arrangements are in place that support and promote the quality of care services.

4. Methods/Process

Prior to inspection the following records were analysed

- Record of notifiable events.

The User Consultation Officer (UCO) spoke with three service users and eleven relatives, either in their own home or by telephone, between 15 and 17 July 2015 to obtain their views of One 2 One Care and Support Services. The service users interviewed are receiving assistance with the following:

- Management of medication
- Personal care
- Meals
- Sitting service

The UCO also reviewed the agency's documentation relating to four service users.

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager.
- Consultation with two care staff
- Examination of records
- File audits
- Evaluation and feedback.
- Discussion with one service user.
- User Consultation Officer (UCO) report.

On the day of inspection the inspector met with two care staff to discuss their views regarding care provided by the agency, staff training and their knowledge in respect of the theme areas reviewed. The inspector gave the manager ten questionnaires to distribute to randomly selected staff members for their completion and return to RQIA. Unfortunately none of these questionnaires were returned to RQIA during the inspection period.

The following records were examined during the inspection:

- Three service user records in respect of referral, assessment, care plan and review information
- Six service user records in respect of the agency quality monitoring via telephone or face to face contact
- One service user's specific communication methods
- Two service user records in respect of the agency communication with service users and trust commissioners where changes to services have been identified
- Four staff quality monitoring/supervision records
- Two staff memos regarding service user changes and general information for staff attention
- One staff meeting/group discussion records

- Staff training in respect of non-verbal communication
- Process for management of missed calls
- Duty log/diary on call record
- On call pack and records
- One monthly monitoring report.

5. The Inspection

One 2 One Care and Support Services (NI) Ltd, is a domiciliary care agency based in Randalstown. The service is provided for around 220 service users, by 50 staff. In order to meet the personal needs of the service users, the agency provide: personal care, household duties, diet and medication care. In conjunction with the Trust, the agency provides each service user with a care plan.

5.1 Review of Requirements and Recommendations from Previous Inspection

N/A

5.3 Theme 1 - The views of service users and their carers/representatives shape the quality of services provided by the agency.

Is Care Safe?

Service user referral information received from HSC Trust commissioners contained information regarding service user and/or representative's views. The referrals detailed a care plan and relevant risk assessments. The agency risk assessments completed during their initial visit at service commencement contained evidence that service users and/or representative's views had been obtained and incorporated, where possible.

The assessment of need, risk assessments and care plans reviewed during inspection found the records relating to changes had been updated for the service users to accurately reflect their needs and preferences. The daily record sheets reviewed did not consistently contain full staff signatures following every entry. The records did not contain evidence of annual reviews as the service commenced operation in November 2014. During discussions with staff the inspector was provided with examples when staff had contacted the HSC Trust in relation to care provision to meet the changing needs of service users and this was evidenced in service users' care plans.

The UCO was advised that new carers are usually introduced to the service user by a regular member of staff; this was felt to be important both in terms of the service user's security and the carer's knowledge of the required care.

The documentation relating to four service users were reviewed by the UCO during the home visits. Out of the four files reviewed, one file did not contain a care plan; and two care plans and one risk assessment were noted to be out of date. One issue regarding the signing of the daily log sheets was also noted.

The staff interviewed on the day of inspection were able to describe aspects of care provision which reflected their understanding of service user's choice, dignity, and respect. These staff confirmed they regularly deliver care to the same service users, to ensure continuity. The staff training records examined by the inspector evidenced staff had received mandatory training in

accordance with RQIA mandatory training guidance. The four staff records examined during inspection indicated these staff had not received supervision three monthly in accordance with agency policy.

Is Care Effective?

Communication with service users and their relatives regarding service delivery was reviewed during the inspection and this has been achieved through service user quality monitoring processes, daily contact with the agency via telephone and on call arrangements which maintain open channels of communication. The staff who participated in the inspection described how service users with communication issues benefited from the same staff member being allocated to care for them. The HSC Trust referral documents for one service user contained information relating to the service user's speech being impaired. However this information was not included in the agency care plan for this service user.

Staff interviewed on the day of inspection confirmed that they were provided with details of care planned for each new service user or when changes to current service users' needs are agreed. They provided examples to demonstrate how they promote service user independence and choices. The registered manager informed the inspector staff had been made aware of online resources to access additional training information which was relevant to the service users they care for, such as dementia and obtaining consent. This was confirmed by the two staff members who participated in the inspection.

The UCO was informed by the majority of the people interviewed that they had not made any complaints regarding the service, however they are aware of whom they should contact if any issues arise. One relative advised that a complaint had been made regarding missed calls, timekeeping and standard of care provided by some carers; the matters have been addressed to their satisfaction.

Questionnaires have not yet been distributed by the agency to obtain the views of the service from service users or their representatives; however it is acknowledged that the agency has been in operation for a short period of time. Management visits are taking place to discuss the care being provided as well as observation of staff practice. It is expected that quality monitoring is completed monthly and that a report is written, however only one monthly monitoring report had been completed by the agency. This report evidenced working practises are being systematically reviewed along with detailed information relating to ongoing quality monitoring feedback. They also evidenced service users were visited in their homes and family members were present on occasions. The record did not contain evidence the agency contacted health care professionals involved with the service users' care. The registered manager confirmed that although the agency was in operation since November 2014 one monthly monitoring report had been completed in June 2015. The inspector was informed by the manager, the agency have planned to issue the client/carer satisfaction survey in July 2015. The results of this survey will then be included in the annual report; however the service user and staff who participated in the inspection were not aware how to access information relating to quality monitoring. The inspector reviewed the records of quality monitoring reports completed by senior care staff and managers with service users on a three monthly basis. These reports included very positive feedback from service users and their representatives.

Discussion with staff during the inspection confirmed they received spot checks which were unannounced during which they were observed delivering care to service users. The staff records examined by the inspector during the inspection did not include any evidence of

supervision or appraisal. The registered manager informed the inspector these had not taken place in accordance with agency policy. The inspector was informed that a staff meeting had taken place and this was also conducted as a group supervision meeting. The records of this meeting did not indicate that staff had been made aware this meeting was a group supervision meeting. The inspector was unable to confirm the registered manager had been trained in supervision and performance appraisal.

Is Care Compassionate?

The people interviewed by the UCO raised no concerns regarding the quality of care being provided by the carers from One 2 One Care and Support Services. Service users advised the UCO that great importance was placed on the benefit of care being provided by consistent carers as it enables a good relationship to develop; this is accommodated by the agency as far as possible.

No concerns were raised regarding the carers treating the service users with dignity or respect, or that care is being rushed. Service users, as far as possible, are given their choice in regards to meals and personal care, and are allowed to complete tasks themselves if appropriate. Examples of some of the comments made by service users or their relatives are listed below:

- "Couldn't get better."
- "So friendly. Speak highly of them."
- "The girls allow my XXX to keep his independence as much as possible."
- "Very happy with them."
- "My XXX has developed a trust with the regular carers which is important."
- "Some are better than others, but in the main we are happy with the service provided."
- "It gives me peace of mind to know that the carers will let me know if there are any concerns with my XXX."

Service users or their relatives informed the UCO that they felt that the carers are appropriately trained and knowledgeable regarding the service user's condition. Examples given included dementia and working with service users with limited mobility.

It was good to note that service users or their representatives are included in decision making regarding their care plan and have the opportunity to comment on the quality of service being provided by One 2 One Care and Support Services.

Staff interviewed confirmed that service users' views and experiences are taken into account in the way service is delivered. Staff confirmed that training provided had been relevant to allow them to meet their service users' particular needs.

Overall on the day the inspector found that care delivery was compassionate

Areas for Improvement

The care plans, risk assessments and contact sheets held for each service user must be kept up to date and accurately reflect the assessed needs of the service user and be consistent with care plans prepared by the HSC Trust. These records must contain dates, times and full signatures of staff following every entry. The management staff requires supervision/appraisal training and provide evidence of this training. All staff must receive supervision three monthly in accordance with agency policy. The agency is expected to complete quality monitoring monthly and provide a monthly report which includes evidence of consultation with HSC professionals.

Number of Requirements:	5	Number of Recommendations:	1
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5.4 Theme 2 – Management systems and arrangements are in place that support and promote the quality of care services.

Is Care Safe?

A range of management systems, policies and processes were noted to be in operation within the agency during inspection to ensure communication channels with service users and their relatives during daily contacts, on call arrangements and management of missed calls. Communications with the referring HSC Trusts appeared appropriate via telephone contacts and emails and evidence of these communications were verified during the inspection. The agency holds a policy on dealing with missed calls and the agency staff demonstrated their knowledge of this process during the inspection.

The agency had only completed one monthly monitoring report during the eight months it had been operating, this report included evidence that the views of the service users' and their representatives had been sought, however the report did not include the views of other health care professionals involved in the service users' care.

During the inspection the inspector reviewed the records in relation to a complaint made to the agency regarding care practices. The inspector found the agency had reported this incident to the HSC Trust in accordance with their policies and procedures. The agency participated fully with the HSC Trust investigation and implemented the action plan. The records indicate the matter was resolved satisfactorily.

Is Care Effective?

The UCO was informed by the majority of the service users and relatives interviewed that there were no concerns regarding the carer's timekeeping and they are usually contacted by the agency if their carer has been significantly delayed.

One relative advised that they had experienced a couple of missed calls from the agency. This issue was raised with the agency by the UCO following the inspection and assurances were given from the manager this matter would be addressed.

The inspector examined records relating to a missed call to a service user, these records included a quality improvement form completed by the registered manager. This document contained a summary of the complaint and the action taken to remedy the issue. The records indicated all staff were informed of the checking procedure to follow to avoid missing calls. The agency's manager assured the inspector agency staff are familiar with their rotas. It was evident the service user's representative was involved throughout the process and satisfied

with the outcome. The inspector viewed the complaints policy; this document did not include details of the HSC Trust, RQIA and independent advocacy service. This policy did not outline the timeframes involved following the agency receiving a complaint.

Is Care Compassionate?

As previously detailed under theme one of this report, service users and their relatives spoken with by the UCO highlighted service quality in general to be good with appropriately trained and skilled staff who delivered compassionate care.

Staff spoken with on the inspection day demonstrated clear knowledge regarding communication and reporting processes where calls are missed or delayed.

Overall on the day the inspector found that care delivery was compassionate.

Areas for Improvement

The complaints procedure should include contact details for RQIA, advocacy services and the HSC Trust.

Number of Requirements:	0	Number of Recommendations:	2
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6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Jennifer Hall, the registered manager and Fiona Dawson, director, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011 etc. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to RQIA's office and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the agency. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the agency.

Quality Improvement Plan

Statutory Requirements

Requirement 1

Ref: Regulation 11(3)

Stated: First time

To be Completed by:
04/10/2015

The registered manager shall undertake from time to time such training as is appropriate to ensure that he has the experience and skills necessary for managing the agency.

Response by Registered Person(s) Detailing the Actions Taken:

Training for Appraisal + Supervision has been arranged. All other training up to date.

Requirement 2

Ref: Regulation 16 (4)

Stated: First time

To be Completed by:
With immediate effect
from the date of
inspection.

The registered person/manager is required to ensure that each employee receives appropriate supervision.

Response by Registered Person(s) Detailing the Actions Taken:

All employees will be aware they are having supervision. They will be telephoned approximately every 4-6 weeks

Requirement 3

Ref: Regulation 21(2)

Stated: First time

To be Completed by:
With immediate effect
from the date of
inspection

The registered person shall ensure that a copy of the service user plan and a detailed record of the prescribed services provided to the service user are kept at the service user's home and they are kept up to date, in good order and in a secure manner.

Response by Registered Person(s) Detailing the Actions Taken:

All care plans have been updated.

Requirement 4

Ref: Regulation 23(1)

Stated: First time

To be Completed by:
With immediate effect
from the date of
inspection

The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.

Response by Registered Person(s) Detailing the Actions Taken:

Monthly monitoring now active

<p>Requirement 5 Ref: Regulation 23(5) Stated: First time To be Completed by: With immediate effect from the date of inspection</p>	<p>The system maintained by the agency for evaluating the quality of the services which the agency arranges to be provided, shall provide for consultation with service users and their representatives.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Yearly survey has been introduced</p>
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<p>Recommendations</p>	
<p>Recommendation 1 Ref: Standard 15.6 Stated: First time To be Completed by: 04/09/2015</p>	<p>The registered manager must ensure advice is provided to service users on how to make a complaint and who to contact if they remain dissatisfied or require support services, including independent advocacy.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Service user guide updated</p>

<p>Recommendation 2 Ref: Standard 15.4 Stated: First time To be Completed by: 04/10/2015</p>	<p>The complaints procedure includes a step-by-step guide to making a complaint, the timescales involved, an outline of the role and function of the Regulation and Quality Improvement Authority in dealing with complaints relating to the agency and contact details for the authority.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Policy updated.</p>
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<p>Recommendation 3 Ref: Standard 5.6 Stated: First time To be Completed by: With immediate effect from the date of inspection.</p>	<p>All records are legible, accurate, up to date and signed and dated by the person making the entry.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Information was passed on to all employees after inspection</p>
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<p>Registered Manager Completing QIP</p>	<p><i>J. Hall</i></p>	<p>Date Completed</p>	<p><i>2/2/15</i></p>
<p>Registered Person Approving QIP</p>	<p><i>J. Hall</i></p>	<p>Date Approved</p>	<p><i>4/9/15</i></p>
<p>RQIA Inspector Assessing Response</p>	<p><i>Qilly</i></p>	<p>Date Approved</p>	<p><i>04/02/16</i></p>

Please ensure the QIP is completed in full and returned to agencies.team@rgia.org.uk from the authorised email address