

Inspection Report

Name of Service: One 2 One Care and Support Services (NI) Ltd

Provider: One 2 One Care and Support Services (NI) Ltd

Date of Inspection: 14 November 2024

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

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| Organisation/Registered Provider: | One 2 One Care Support Services (NI) Ltd |
| Responsible Person: | Mrs Fiona Josephine Dawson-Pugh |
| Registered Manager: | Mrs Leanne Murray |
| Service Profile One 2 One Care and Support Services NI (Ltd) is a domiciliary care agency which provides personal care and support to 490 service users living in their own homes. The service is commissioned by Northern Health and Social Care Trust (NHSCT). Service users are supported by 140 staff. | |

2.0 Inspection summary

An unannounced inspection was undertaken on 14 November 2024 between 10.30 a.m. and 5.00 p.m. by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement, restrictive practices and Dysphagia management was also examined.

There were five areas for improvement identified; these related to care records, quality monitoring reports, financial record keeping, restrictive practice and adult safeguarding.

There were good governance and management arrangements in place.

3.0 The inspection

3.1 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the service was performing against the regulations and standards at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this service. This included any previous areas for improvement issued, registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As part of the inspection process, the RQIA inspector will seek to speak with service users, their relatives or visitors and staff for their opinions on the quality of the care and support, and their experiences of living, visiting or working in the service.

3.2 What people told us about the service and their quality of life

RQIA aims to ensure that the lived experience of service users and the views of all other relevant stakeholders is reflected in our inspection reports and quality improvement plans.

Information is provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This includes feedback questionnaires and an electronic survey.

We spoke to a range of service users, relatives and staff to seek their views of living within, visiting and working within One 2 One Care Support Services (NI) Ltd.

The information provided indicated that there were no concerns in relation to the quality of the service provided, however, some dissatisfaction was expressed around the timing of care calls. This was shared with the Registered Manager after the inspection who advised that once made aware of unsuitable call times, a review of the rotas take place and, where possible, changes are made to accommodate any requests for changes in care call times.

Comments received from service users included:

"I am very happy with the care I receive – they only thing is that the times can vary on occasion, like when a person before me needs help, or they have to bring in carers from elsewhere to cover. They do their best, and they will explain it to me, and I understand it's not their fault. They are good carers and they meet my care needs completely – I see them as a ray of sunshine and can ask them to do anything and they will do it."

"I have no complaints about them at all and have been with them for several years. I only ever have to phone the office if I have anything I need, such as arranging respite, and they will respond. I am very happy with the care I receive."

"The team is absolutely amazing and they even remember my birthday, so I cannot fault them and have no bad words to say about them. The team leader is fantastic and she will help out wherever she is needed. Nothing is too much effort."

Comments received from relatives included:

"The girls are very good to (my relative). They do breakfast, lunch and tea and it is all good. I have no problems with them – they work together well and will wait for each other."

"They are very good and know (my relative) well, and give a personal touch. I can ring them with any concerns and they would respond if I needed them to change anything with the care."

“A very, very good service. They are cooperative and on time, and will adapt to any occasion, for example, if (my relative) wants a lie-in, they will be flexible. They are inclusive and listen.”

“I have no concerns with the carers - they are perfect, except for the call times which are too close together and then an early bed call means a long wait ‘til the next call the following morning so nothing to eat in between for (my relative), but they are caring and, other than the times (of the calls), they do good.”

Comments received from HSC staff were as follows:

“Very good, flexible and responsive service. They are open to resolving any issues that arise and will meet us if we need to, and respond if we contact them as needed.”

“They are one of the better services and willing to go that extra mile for service users. I have no problems with their care workers - no missed calls or concerns with them.”

Comments received from staff were as follows:

“The support I get is excellent. I have done all my training and I know what to do. I get good support from my manager.”

“The support and training is good and I know what to do. I enjoy working with this agency.”

“I love this work – I have enjoyed all the training get good support – I can log on and do training at home and do some in my spare time, and I am able to find the time to do my training.”

3.3 What has this service done to meet any areas for improvement identified at or since the last inspection?

The last care inspection of the agency was undertaken on 9 May 2023 by a care inspector. No areas for improvement were identified.

3.4 Inspection findings

3.4.1 Adult Safeguarding

The agency’s provision for the welfare, care and protection of service users was reviewed. The organisation’s adult safeguarding policy and procedures were not fully reflective of the regional guidance in Northern Ireland, for example, there was reference to the Mental Capacity Act 2005 which is legislation applicable to England. Advice was given to the Registered Manager about ensuring the policy makes reference to the legislation applicable to Northern Ireland, as well as the use of terminology in keeping with the regional policy, Adult Safeguarding Prevention and Protection in Partnership. This was identified as an area for improvement.

The Annual Adult Safeguarding Position report was reviewed and found to require more detail, particularly around the reporting structure and overview of the Adult Safeguarding activity within the reporting period. The Registered Manager was given advice about ensuring relevant details are captured in all sections of the report. This will be reviewed again at a future inspection.

The organisation had identified an Adult Safeguarding Champion (ASC). Discussions with the Registered Manager and care staff established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours. They could also describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

RQIA had been notified appropriately of any incidents that had been reported to the Police Service of Northern Ireland (PSNI) in keeping with the regulations. Incidents had been managed appropriately.

3.4.2 Staff Training

Staff were provided with training appropriate to the requirements of their role. Where service users required the use of specialised equipment to assist them with moving, this was included within the agency's mandatory training programme.

A review of care records identified that moving and handling risk assessments and care plans were up to date. Where a service user required the use of more than one piece of specialised equipment, direction on the use of each was included in the care plan. Daily records completed by staff noted the type of equipment used on each occasion.

Care reviews had been undertaken in keeping with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

A number of service users were assessed by SALT, with recommendations provided, and some required their food and fluids to be of a specific consistency. A review of training records confirmed that the majority of staff had completed training in Dysphagia, with a small number due to complete training later in the month.

The Mental Capacity Act (NI) 2016 (MCA) provides a regional legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The manager reported that none of the service users were subject to DoLS. Advice was given in relation to developing a resource folder containing DoLS information which would be available for staff to reference.

There were no arrangements in place to identify service users who were subject to restrictive practices for example, through the use of bed rails. Advice was given to the Registered Manager about the need to consider such practices and of ensuring that these are kept under review. This was identified as an area for improvement.

3.4.3 Care Records and Service User Input

A sample of service users' care records was examined; the care plans contained information about the level of support required and these were kept under regular review. The care plans reflected the multi-disciplinary input and collaborative working undertaken to ensure service users' health and social care needs were met within the agency.

There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff also implemented the specific recommendations of the SALT to ensure the care received was safe and effective. Whilst the information contained in the care and support plans was key to service users' physical health and well-being, there was limited evidence of the inclusion of service users' individual preferences, likes and dislikes and how this informs the delivery of person-centred care and support. This was identified as an area for improvement.

A discussion took place with the Registered Manager around service user satisfaction surveys and ensuring that any feedback received from service users and relatives is taken into consideration and, where appropriate and relevant, incorporated into care and support plans. The Registered Manager understood the importance of this and agreed to implement this advice. This will be reviewed at the next inspection.

3.4.4 Staff Recruitment Records

A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (Access NI), were completed and verified before staff members commenced employment and had direct engagement with service users. Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or any other relevant regulatory body. There was a system in place for professional registrations to be monitored by the manager. There were no volunteers deployed within the agency.

There was evidence that all newly appointed staff had completed a structured orientation and induction to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. There was a three-day induction programme which also included shadowing of a more experienced staff member.

3.4.5 Governance Arrangements and Record Keeping

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring identified that times and dates were not always recorded, and one month's quality monitoring report had not been completed. This was identified as an area for improvement.

The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements. Whilst there were no service users that required assistance with management of finances in excess of £20K, some of the monthly monitoring reports made reference to small amounts of money being handled. Records pertaining to such were not available at the time of inspection. The need for robust recording mechanisms of financial transactions involving service user monies was discussed with the manager. In particular, advice was given around the need to ensure all staff receive the appropriate training and guidance with respect to management of service user finances, and to implement accurate recording and reporting mechanisms with immediate effect, in line with the organisation's finance policies and procedures. This was identified as an area for improvement.

The Annual Quality Report was reviewed and whilst satisfactory, suggestions were made to the Registered Manager with respect to documenting what actions were taken as a result of the feedback received to demonstrate how the agency uses this information for service improvement.

There was a system in place for recording accidents and incidents. Advice was given around the need to develop a tracking system so that any trends can be clearly identified. It was also suggested that these records should be kept separate from complaints and compliments records. This advice was acknowledged by the Registered Manager who agreed to implement this change with immediate effect. No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

The Statement of Purpose required updating with RQIA's contact details. The Registered Manager later submitted the revised Statement of Purpose to RQIA and this was found to be satisfactory.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

| | Regulations | Standards |
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| Total number of Areas for Improvement | 3 | 2 |

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Leanne Murray, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

| Quality Improvement Plan | |
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| Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007 | |
| Area for improvement 1 Area for improvement 1 Ref: Regulation 15 (5) (a) Stated: First time To be completed by: Immediate and ongoing from the date of inspection | <p>The Registered Person shall ensure that care plans contain details of service users' individual preferences, likes and dislikes and this clearly directs the delivery of person-centred care and support.</p> <p>Ref: 3.4.3</p> <p>Response by registered person detailing the actions taken: One2One has a template in careplans for families to fill in and this is called "all about me". Its personal choice to fill these in with personal information. On this occasion during the inspection, the needs of the service user changed and the current times no longer suited the service user. we have tried rearranging calls to accomdate a more suitable time.</p> |
| Area for improvement 2 Ref: Regulation 23 (1) Stated: First time To be completed by: Immediate and ongoing from the date of inspection | <p>The Registered Person shall ensure that a system is established and maintained for evaluating the quality of the services which the agency arranges to be provided.</p> <p>This relates to the need to ensure quality monitoring reports are completed on a monthly basis.</p> <p>Ref: 3.4.5</p> <p>Response by registered person detailing the actions taken: On previous inspections, inspectors advised that they only wanted these completed by Registered Manager. During a stint in hospital I wasn't able to complete the document and it has been agreed moving forward, Fiona Dawson Responsible person or Martina Potter Operations Manager will ensure these are completed in my absence.</p> |
| Area for improvement 3 Ref: Regulation 15 (6) (d) Stated: First time To be completed by: Immediate and ongoing from the date of inspection | <p>The Registered Person shall ensure that robust procedures are implemented for recording and reporting when staff handle service users' monies.</p> <p>Ref: 3.4.5</p> <p>Response by registered person detailing the actions taken: Training is provided for all staff in regards to service user's money and this is updated periodically. Staff are required to follow policies and procedures when handling service user's money. All paperwork must be completed and returned to area manager monthly.</p> |

| Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021 | |
|---|---|
| Area for improvement 1 Ref: Standard 14. 1 Stated: First time To be completed by: Immediate and ongoing from the date of inspection | The Registered Person shall ensure that the agency's Adult Safeguarding policy is updated to reference current regional legislation and terminology. Ref: 3.4.1 |
| | Response by registered person detailing the actions taken: Adult safeguarding policy will be updated to reflect the regional legislation and terminology. |
| Area for Improvement 2 Ref: Standard 9.1 Stated: First time To be completed by: Immediate and ongoing from the date of inspection | The Registered Person shall ensure that policies and procedures are in place and in accordance with statutory requirements. This relates to the need to ensure that any restrictive practices used by the agency in the delivery of care and support to services users are based on the professional assessment of need and are clearly documented within the care plan. Any restrictive practices should be comprehensively risk assessed, documented, reviewed and withdrawn when no longer required. The agency should retain an accurate record of all service users subjected to restrictive practices and ensure these are kept under regular review. Ref 3.4.2 |
| | Response by registered person detailing the actions taken: We have added keycodes and medication safe codes to our documents and have asked our system provider to have a look at adding medication box codes to our system to have it altogether. We have spoken to the NHSCT in regards to their policy and they have nothing in place at present and will speak to MD's for any further guidance. |

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