The Regulation and Quality Improvement Authority

# Inspection Report

9 May 2023

# One 2 One Care and Support Services (NI) Ltd

Type of service: Domiciliary Care Agency
Address: Unit 6, 1 Moores Lane, Randalstown, BT41 3GE
Telephone number: 02894227500

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

## 1.0 Service information

| **Organisation/Registered Provider:**<br>One 2 One Care and Support Services (NI) Ltd<br><br>**Responsible Individual:**<br>Mrs. Fiona Josephine Dawson-Pugh | **Registered Manager:**<br>Ms. Leanne Murray<br><br>**Date registered:**<br>17 May 2022 |
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| **Person in charge at the time of inspection:**<br>Ms. Leanne Murray | |
| **Brief description of how the service operates:**<br><br>One 2 One Care and Support Services NI (Ltd) is a domiciliary care agency which provides personal care and support to 494 service users living in their own homes. The service is commissioned by Northern Health and Social Care Trust (NHSCT). Service users are supported by 165 staff. | |

## 2.0 Inspection summary

An unannounced inspection took place on 9 May 2023 between 10.00 a.m. and 4.30 p.m. The inspection was conducted 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), care records, restrictive practices, and dysphagia management.

Good practice was identified in relation to staff induction and training.

## 3.0 How we inspect

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

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the individual choices and freedoms associated with any person living in their own home.

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

## 4.0 What did people tell us about the service?

During the inspection we spoke with a number and staff members and after the inspection we spoke with a number of service users.

The information provided indicated that there were no concerns in relation to the agency.

Comments received included:

**Service users' comments:**

- "The girls are all very good and kind"
- "I never had any problems with the service"
- "They are very pleasant and go over and above to help me"

Positive comments were also noted in the monthly quality monitoring reports. An example of service users' comments included:

- "I have no concerns, everything is very good. The girls are great"

**Staff comments:**

- "I'm happy working here and would recommend it to anyone"
- "It's hard work, but it's worth it"
- "The Manager is very supportive"
- "I'm happy in my role, but I feel we need more staff"

No questionnaires or responses to the electronic survey were received in time for inclusion in the report.

## 5.0 The inspection

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

<table>
<tr><th colspan="3">Areas for improvement from the last inspection on 18 August 2022</th></tr>
<tr><th colspan="2">Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007</th><th>Validation of compliance</th></tr>
<tr><td rowspan="2">Area for Improvement 1<br><br>Ref: Regulation 15 (2)(a)(b)(c)<br><br>Stated: First time</td><td>The registered persons shall ensure service user’s care plans include the details of the care required. In keeping with the Health and Social Care Trust’s care plans, this should include:<br><br>(a) how these needs are to be met by the provision of prescribed services. This should contain sufficient information on the numbers of daily calls, the approximate times and duration of each call and the specific support / assistance assessed to be provided to the service user.</td><td rowspan="2">Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:<br>Review of a sample of service user’s care plans evidenced that this area for improvement was met.</td></tr>
<tr><th colspan="2">Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021</th><th>Validation of compliance</th></tr>
<tr><td rowspan="2">Area for Improvement 1<br><br>Ref: Standard 15<br><br>Stated: First time</td><td>The registered persons shall ensure that all complaints are taken seriously and dealt whether they are anonymous or not. The agency’s Complaints policy and procedure should be amended to reflect this.</td><td rowspan="2">Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:<br>Review of a sample of complaints records and the complaints policy evidenced that this area for improvement was met.</td></tr>
</table>

| **Area for improvement 2**<br><br>**Ref:** Standard 15.6<br><br>**Stated:** First time | The registered manager shall ensure that complaints records always state whether or not a complainant is or is not satisfied with the outcome of the agency's investigation into their area of concern / dissatisfaction/complaint. | **Met** |
|---|---|---|
| | **Action taken as confirmed during the inspection**:<br>Review of a sample of complaints records evidenced that this area for improvement was met. | |

## 5.2 Inspection findings

### 5.2.1 What are the systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC).

The agency's annual Adult Safeguarding Position report was reviewed and found to be satisfactory.

Discussions with the manager 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. Review of records confirmed that the agency had a clear process in place for identifying and reporting any actual or suspected incidences of abuse. Any concerns raised had been managed appropriately.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided. The agency had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

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.

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.

A review of the policy pertaining to moving and handling training and incident reporting identified that there was a clear procedure for staff to follow in the event of deterioration in a service user's ability to weight bear.

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.

All staff had been provided with training in relation to medicines management. The manager advised that no service users required their medicine to be administered with a syringe. The manager was aware that, should this be required, a competency assessment would be undertaken before staff undertook this task.

The Mental Capacity Act (MCA) provides a 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.

### 5.2.2 What are the arrangements for ensuring service users get the right care at the right time?

The service users' care records contained details about the level of support they may require. The care records contained an assessment of need, care plans and service user agreements.

Review of the daily notes identified that all calls had been delivered as per the care plans. Returned notes had been audited. This ensured that any missed entries could be investigated.

Where the staff were unable to deliver calls; this was communicated to the service users' and their relatives in advance. Trust representatives were also kept informed.

The agency maintained a record of any calls that had been missed and these were part of the monthly quality monitoring processes.

There was a system in place for reporting any instances where staff are unable to gain access to a service user's home.

**5.2.3 What are the systems in place for identifying service users' dysphagia needs in partnership with the Speech and Language Therapist (SALT)?**

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 staff had completed training in dysphagia and in relation to how to respond to choking incidents.

Review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the agency.

**5.2.4 What systems are in place for staff recruitment and are they robust?**

A review of the agency's staff recruitment records confirmed that all pre-employment checks, criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. Advice was provided to the manager with regard to the retention of recruitment identification documents in accordance with regulations.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC).

There was a system in place for professional registrations to be monitored by the manager.

There were no volunteers working in the agency.

**5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for Social Care Staff?**

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, 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 robust, structured, three-day induction programme which also included shadowing of a more experienced staff member.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

### 5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The Annual Quality Report was reviewed and was satisfactory.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) or Significant Event Audits (SEAs) procedures.

The agency's registration certificate was up to date and displayed appropriately. There was also evidence of public and employers' liability insurance.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the agency's quality monitoring process. In some circumstances, complaints can be made directly to the commissioning body about agencies. This was discussed with the manager. Advice was given in relation to updating the complaints policy about how such complaints are managed and recorded.

There was a system in place to ensure that records were retrieved from discontinued packages of care in keeping with the agency's policies and procedures.

## 6.0 Quality Improvement Plan (QIP)/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms. Leanne Murray, Registered Manager, as part of the inspection process and can be found in the main body of the report.

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