Unannounced Care Inspection Report
09 October 2020

One 2 One Care and Support Services (NI) Ltd

Type of Service: Domiciliary Care Agency
Address: Unit 3, Glenravel House, 1 Moores Lane, Randalstown, Antrim, BT41 3GE
Tel No: 028 9422 7050
Inspectors: Angela Graham and Aveen Donnelly

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for

2.0 Profile of service

One 2 One Care and Support Services NI (Ltd) is a domiciliary care agency based in Randalstown. The agency currently provides personal care to 580 service users in their own homes, who require care/support due to physical disability, learning disability, mental health care needs and older people. The agency provides services which incorporate both personal care, social and domestic support and a sitting service.

The agency has a current staff compliment of 195 staff that provides services commissioned by the Northern Health and Social Care Trust (NHSCT) and to a small number of private service users.

3.0 Service details

Organisation/Registered Provider: NHSCT **Responsible Individual:** Leanne Murray – application received 21 November 2019	**Registered Manager:** Not applicable
Person in charge at the time of inspection: Operations manager	**Date manager registered:** Leanne Murray - application received 17 April 2019 - registration pending

4.0 Inspection summary

An unannounced inspection took place on 09 October 2020 from 09.30 to 16.30.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

Since the last inspection on 24 October 2019, RQIA was notified of a number of concerns and incidents. Therefore, a decision was made to undertake an on-site inspection adhering to social distancing guidance.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011 and The Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

The agency's provision for the welfare, care and protection of service users was reviewed. We viewed the procedures maintained by the agency in relation to the safeguarding of adults (2016) which were the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015.

Evidence of good practice was found in relation to Access NI, staff registrations with the Northern Ireland Social Care Council (NISCC) and staff training.

Good practice was also found in relation to all current Covid-19 guidance and the use of personal protective equipment (PPE) guidelines, Covid-19 education and management including infection prevention and control (IPC) measures.

Eight areas requiring improvement were identified in relation to the management of complaints, monthly quality monitoring reports, the provision of job descriptions, care plans, the annual quality review report, the auditing of returned daily logs, completion of spot checks and records management.

Those consulted with spoke positively in relation to the care and support provided.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	6

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with the operations manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent care inspection dated 24 October 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 24 October 2019.

5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA in relation to the agency. This included the previous inspection report and QIP, notifiable events, and written and verbal communication received since the previous care inspection. Whilst we were not aware of any adult safeguarding matters raised since the date of the last inspection, we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks.

Following our inspection we focused on contacting the service users, their relatives, staff and professionals to find out their views on the service.

We ensured that the appropriate staff checks were in place before staff visited service users and reviewed the following areas:

- Recruitment records specifically relating to Access NI and NISCC registration.
- Covid-19: guidance for domiciliary care providers in Northern Ireland. Updated 16 June 2020.

During the inspection, we met with the operations manager, compliance and training manager, a member of the human resources department and a care staff member.

Ten service user and/or relatives' questionnaires were provided for distribution; no responses were received.

'Tell us' cards were provided to give service users and those who visit them the opportunity to contact RQIA after the inspection with views of the agency; no responses were received.

We requested, the manager display a poster within the agency. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; no responses were received.

The information received shows that people were satisfied with the current care and support.

Following the inspection we communicated with four service users' relatives, six health and social care professionals and six staff.

Five areas for improvement identified at the last care inspection were reviewed and an assessment of compliance was recorded met.

We would like to thank the operations manager, training and compliance manager, service users' relatives, professionals and staff for their support and co-operation throughout the inspection process.

6.0 The inspection

<table>
<tr><th colspan="3">Areas for improvement from the last care inspection dated 24 October 2019</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

Ref: Regulation 3 (d) Schedule 3

Stated: First time

To be completed by: Immediate from the date of the inspection</td><td>The registered person shall ensure that the recruitment processes are improved to ensure that they are in keeping with best practice.

This relates specifically to the provision of:

• appropriate references
• full employment histories
• dates of employment to be fully completed on the application forms</td><td rowspan="2">Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
Review of three recruitment records confirmed that this area for improvement had been addressed.</td></tr>
<tr><td rowspan="2">Area for improvement 2

Ref: Regulation 15 (10)

Stated: First time

To be completed by: Immediate from the date of the inspection</td><td>The registered person shall ensure that relevant risk assessments and care plans are in place with regards to the use of bedrails.</td><td rowspan="2">Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
Review of three care records confirmed that bedrail risk assessments and care plans were in place. However the care plans viewed required to be more specific in relation to the use of bedrails. A new area for improvement has been made in this regard. Refer to</td></tr>
</table>

	section 6.1 for further detail.	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 8.12 **Stated**: Second time **To be completed by**: Immediate from the date of the inspection	The registered person shall ensure that the quality of services provided is evaluated on at least an annual basis and follow-up action taken. Key stakeholders are involved in this process. **Action taken as confirmed during the inspection**: The review of the annual quality report identified that feedback had been received from the HSC trust. However, there was no evidence of the action taken in respect of negative feedback. There was also no evidence that the annual quality report had been shared with service users or relatives. A new area for improvement has been made in this regard. Refer to section 6.1 for further detail.	**Met**
Area for improvement 2 **Ref**: Standard 8.10 **Stated**: First time **To be completed by**: Immediate from the date of the inspection	The registered person shall ensure that the staff supervision (spot check) template is further developed to ensure that staff are observed delivering care together. **Action taken as confirmed during the inspection**: The review of the spot check template identified that it had been further developed to include observations of staff who were delivering care together. Advice was given in relation to clarifying the terminology used and this was addressed immediately by the operations manager.	**Met**
Area for improvement 3 **Ref**: Standard 10 **Stated**: First time **To be completed by**: Immediate from the date of the inspection	The registered person shall ensure that the deficits in record keeping identified at this inspection are addressed. This relates to the need for service users who reside at the same address having separate records maintained. **Action taken as confirmed during the inspection**: The review of two service users' care records confirmed that separate records were maintained for both service users.	**Met**

6.1 Inspection findings

Recruitment Records

The agency's staff recruitment processes were noted to be managed in conjunction with the agency's human resources department. Review of records confirmed that there was a system in place to ensure that relevant pre-employment checks with Access NI had been undertaken prior to employment. Discussions with the operations manager identified that they were knowledgeable in relation to safe recruitment practices in accordance with Regulation 13, Schedule 3 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and Standard 11 of the Domiciliary Care Agencies Minimum Standards 2011 which relate to Access NI.

We reviewed three staff recruitment files. In one of the three files reviewed a job description was not available. An area for improvement has been made in this regard.

The NISCC matrix reviewed confirmed all staff are currently registered with NISCC. Information regarding registration details and renewal dates are monitored by the operations manager. The operations manager confirmed that all staff are aware that they are not permitted to work if their NISCC registration has lapsed.

Care Records

We reviewed three service users care plans which included restrictive practices. These generally described the care and support required for individuals and included:

- referral information
- care plan
- individual action plans
- risk assessments
- reviews

The review of records relating to missed and late calls were reviewed. Where HSC professionals had raised concerns in this regard to the agency, there was evidence that the agency had responded appropriately. However, the review of returned daily logs identified that one service user's calls had been consistently shorter than the commissioned time. In another service user's records, there were two dates where there were missing entries. The system for auditing returned daily records was discussed with the person in charge and it was evident that a system needed to be formalised, to ensure there were records maintained of the auditing process. An area for improvement has been made in this regard.

As previously discussed in section 6.0, review of three care records confirmed that bedrail risk assessments and care plans were in place. These assessments are kept under regular review and a copy is retained in the service user's home as well as within their file held in the office. However, the care plans viewed required to be more specific in relation to the use of bedrails. An area for improvement has been made in this regard.

Records Management

We viewed communications which were recorded on the agency's communication system which staff used to communicate information between themselves. This identified that inappropriate entries had been recorded on this system, relating to service users and included information

which should not have been disclosed in such a manner. An area for improvement has been made in this regard.

Staff Training

The agency's training record demonstrated that there was an ongoing programme of mandatory training for staff, relevant to their roles and responsibilities, which will assure staff know how to keep service users safe. There was evidence that compliance with completing mandatory training was routinely monitored by the training and compliance manager and any training now due for update was being followed up with the staff member by the training and compliance manager. Review of a sample of staff training records concluded staff had received mandatory and other training relevant to their roles and responsibilities such as infection prevention and control, adult safeguarding, Covid-19 and moving and handling.

Complaints

RQIA received a telephone call from a relative on 10 February 2020 raising some concerns regarding the service. The caller confirmed that they had raised their concerns with the agency. We reviewed the complaints record and there was no record of the complaint. There was no evidence of communication with the complainant, the results of any investigation, the action taken and the outcome of the complaint in relation to the complainant's satisfaction. An area for improvement has been made in this regard.

Annual Quality Review Report

As previously discussed in section 6.0, the review of the annual quality review report identified that feedback had been received from the HSC trust. However, there was no evidence of the action taken in respect of negative feedback. There was also no evidence that the annual quality review report had been shared with service users or relatives. A new area for improvement has been made in this regard.

Monthly Quality Monitoring Reports

We discussed the monitoring arrangements under Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. A quality monitoring visit had been undertaken on 30 September 2020. Previous quality monitoring visits had been undertaken on 28 August and 29 July 2020. The monthly quality monitoring report of 30 September 2020 included the views of two service users, one relative and one staff member. The monthly quality monitoring report of 28 August 2020 included the views of two service users, one relative and two staff members. The small number of stakeholders interviewed is not proportionate to the number of service users that the agency provides care and support to nor is it proportionate to the number of staff employed by the agency. The registered person must expand the number of stakeholders interviewed in order to form an opinion on the quality of the service provided by the agency. An area for improvement has been made in this regard.

Stakeholders' Views

Discussion with relatives, health and social care professionals and staff evidenced that they felt the care provided was safe, effective, compassionate and well led. The following is a sample of comments made:

Comments from relatives included:

- "Very good service."
- "Staff are very friendly and helpful."
- "Always on time and I have no problems."
- "Staff are brilliant, they go out of their way to help my daughter. I have great respect for the staff."
- "Staff wear their full PPE at all times when here."
- "Care is very good, all staff are attentive, polite and helpful."
- "I am very happy with the service provided by One 2 One."

Comments from health and social care professionals included:

- "Staff are very good at linking in with me if there is any deterioration in the service user."
- "I have received compliments from the service users and their families about the staff."
- "I have a number of complex clients and the staff work very well with these clients. They do their utmost to resolve any issues."
- "Very proactive and very helpful service, staff go above and beyond their role to meet the service users' needs."
- "I am not aware of any missed calls with regards to my clients."
- "Positive feedback about the agency and staff from clients and their families."
- "Any concerns are dealt with in a timely and appropriate manner."

Comments from care staff included:

- "I love working for them, they are very friendly and always there for me."
- "We have lots of PPE provided to us; gloves, masks, aprons, visors and all of good quality. We also are provided with hand sanitiser."
- "I had a good induction with training days and shadowing. We have had lots of training and the training is very useful to our work."
- "I have had a spot check recently, you don't know the manager is coming and they check for things like you are wearing your PPE correctly and time keeping."
- "We have received lots of information and guidance on donning and doffing PPE."
- "I have not missed any calls and if there happened to be an issue in the house I was in and I was going to be a little late to the next service user I would call the office and let them know."
- "PPE always available and of a good standard."
- "Very good communication from the office and the team leader."
- "Risk assessments and care plans are placed in the new client's house for us coming to deliver the care."
- "Good support and communication from the manager."

Covid-19:

We spoke to the operations manager and to seven staff members who were knowledgeable in relation to their responsibility in relation to Covid-19. Staff stated they were aware of the guidance in relation to the use of PPE for activities that brought them within two metres of service users. Staff were also aware of the need to replace PPE between service users and how to appropriately dispose of used PPE. There was evidence that staff had completed training with regards to IPC and they had been provided with clear guidance.

We reviewed the current practices relating to the following areas of guidance and good practice relating to Covid-19:

- dissemination of information to staff
- IPC policies and procedures have been updated to address all current guidance in relation to Covid-19
- PPE storage and disposal
- staff training and guidance on IPC and the use of PPE equipment in line with guidance.

We reviewed records relating to IPC policies which were in-line with the guidance. The policies and procedures had been updated to include Covid-19.

The procedure and guidance in place show that:

- robust systems are in place to ensure that current IPC guidance is available and accessible to staff.
- all staff working in the service are able to demonstrate their knowledge of IPC practice commensurate to their role and function in the service.

From feedback, it was positive to note that staff were working well together to support the best outcomes for service users, in a caring manner whilst being caring and compassionate to both service users and their relatives.

It was also noted that staff were committed to working in line with Covid-19 guidance to ensure that the impact of current measures, strikes the correct balance between keeping people safe and promoting a good quality of life, as highlighted by relatives in their comments. Staff are being vigilant in terms of monitoring people for symptoms and are adhering to the public health guidance in order to minimise the risk of introducing or spreading Covid-19.

Spot checks on staff adherence to PPE guidelines had commenced in May 2020 and where deficits were identified in staff practice, there was evidence that appropriate action had been taken to address any concerns raised. However, the review of records confirmed that spot checks had only been undertaken on 26 of the 195 staff. The spot checks also had not been consistently undertaken, given that there were none recorded for June or September 2020. An area for improvement has been made in this regard.

Areas of good practice

Evidence of good practice was found in relation to Access NI, staff registrations with the Northern Ireland Social Care Council (NISCC) and staff training.

Good practice was also found in relation to all current Covid-19 guidance and the use of personal protective equipment (PPE) guidelines, Covid-19 education and management including infection prevention and control (IPC) measures.

Areas for improvement

Eight areas requiring improvement were identified in relation to the management of complaints, monthly quality monitoring reports, the provision of job descriptions, care plans, annual quality review report, the auditing of returned daily logs, the completion of spot checks and records management.

	Regulations	Standards
Total number of areas for improvement	2	6

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the operations manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
Area for improvement 1 **Ref**: Regulation 22 (6) **Stated:** First time **To be completed by:** Immediate and ongoing	The registered person shall ensure that every complaint made under the complaints procedure is fully investigated. Ref: 6.1
	Response by registered person detailing the actions taken: New procedure in place to ensure employees are aware that complaints can come in different methods and are not always written. Checklist now in place to ensure complaints are dealt with properly.
Area for improvement 2 **Ref**: Regulation 23 **Stated:** First time **To be completed by:** Immediate and ongoing	The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided. This area for improvement relates to seeking views in relation to the quality of service provided to service users from a range of stakeholders. Ref: 6.1
	Response by registered person detailing the actions taken: As part of the compliance role, Shari Michael will manage Monthly Monitoring. On a monthly basis there will be 24 service views documented. This will a selection of service users from random areas each month. Issues/concerns will be documented and the relevant information passed on to the area manager for their action should this be a requirement.
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011	
Area for improvement 1 **Ref**: Standard 8.10 **Stated:** First time **To be completed by:** Immediate and ongoing	The registered person shall ensure that working practices are systematically audited to ensure that they are consistent with the agency's documented policies and procedures. This refers specifically to the auditing of daily logs returned from service users' homes. Ref: 6.1
	Response by registered person detailing the actions taken: Auditing of daily logs remain the responsibility of the area managers. Report sheets should be spot checked when the documents are returned to the office. Service User logs should be checked for: No entries, time should reflect tasks required, tasks are completed as per assessment, reports are legible, in black ink only, signed by the correct person and have accurate times documented.

Area for improvement 2 **Ref**: Standard 3.3 **Stated:** First time **To be completed by:** Immediate and ongoing	The registered person shall ensure that the care plans include specific direction in the use of bedrails. Ref: 6.1
	Response by registered person detailing the actions taken: Area Managers are responsible for liaising with the service user's named workers for specific instruction pertaining to that of bed rails/lap belts. This information should be added to the "Additional Comments" section of the assessment. Our management team have been asked to updated any careplans/files already in homes.
Area for improvement 3 **Ref**: Standard 1.9 **Stated:** First time **To be completed by:** 30 November 2020	The registered person shall review their annual quality review report to include any actions to be taken for improvement, arising out of key stakeholder feedback. A summary of the key findings to be provided to service users and their representatives, and a copy of the full report to be made available on request. Ref: 6.1
	Response by registered person detailing the actions taken: Registered person shall address any issues and follow up. Annual report will be printed and sent out to all service users along with the key stakeholders each year.
Area for improvement 4 **Ref**: Standard 11.5 **Stated:** First time **To be completed by:** Immediate and ongoing	The registered person shall ensure that job descriptions are issued to staff on appointment. Ref: 6.1
	Response by registered person detailing the actions taken: HR Manager to ensure that all staff have a current job description. This should be read, signed and remain in the staff folder.
Area for improvement 5 **Ref**: Standard 8.10 **Stated:** First time **To be completed by:** Immediate and ongoing	The registered person shall ensure that the spot checks are undertaken on staff, in keeping with the agency's policies and procedures. This relates to spot checks on staff adherence to the PPE guidelines. Ref: 6.1
	Response by registered person detailing the actions taken: Training/Compliance Manager Shari Michael will meet with Team Leaders to discuss the implementation of increased spot checks per area. Operation Manager Marina Potter shall ensure that the Infection Control Policy is to be updated to reflect additional/changes to the guidelines as received by the relevant bodies. From the inspection we have had a further 105 spot checks completed and we will continue to do these along with our biannual ones.

Area for improvement 6 **Ref**: Standard 8.10 **Stated:** First time **To be completed by:** Immediate and ongoing	The registered person shall ensure that working practices are systematically audited to ensure that they are consistent with the agency's documented policies and procedures. This relates specifically to the use of WhatsApp. Records of audits undertaken should be retained to ensure that the entries are appropriate and maintained in line with professional standards. Ref: 6.1
	Response by registered person detailing the actions taken: In relation to the use of WhatsApp, from Monday 16.11.2020 the group chats are Administration only. From this date the chats can only be accessed by Team Leaders and Area Managers. This is currently being monitored whilst we wait to hear back from the RQIA in regards to any advice given from ICO.

The Regulation and Quality Improvement Authority

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