

Unannounced Care Inspection Report 11 May 2017



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: 02894227050

Inspector: Caroline Rix

User Consultation Officer: Clair McConnell

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of One 2 One Care and Support Services (NI) Ltd took place on 11 May 2017 from 09.50 to 15.30 hours.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the domiciliary care agency was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

On the day of the inspection the agency was found to be delivering safe care. The agency operates a staff recruitment system and induction training programme to ensure sufficient supply of appropriately trained staff at all times. The welfare, care and protection of service users is ensured through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with the Health and Social Care Trust (HSC Trust). The inspection outcomes demonstrated sustained compliance with regulations and standards. No areas for quality improvement were identified.

Is care effective?

On the day of the inspection the agency was found to be delivering effective care. The agency responds appropriately to the needs of service users through the development and review of care and support plans. The agency's systems of quality monitoring were found to be in line with regulations and standards, providing continuous review of services in conjunction with service users and their representatives. The inspection outcomes demonstrated sustained compliance with regulations and standards. No areas for quality improvement were identified.

Is care compassionate?

On the day of the inspection the agency was found to be delivering compassionate care. The agency's daily operation includes communicating with, listening to and valuing the views and wishes of service users and their representatives. The inspection outcomes demonstrated sustained compliance with regulations and standards. No areas for quality improvement were identified.

Is the service well led?

On the day of the inspection the agency was found to be well led. The management had supportive structures to guide staff. Staff working within the agency had a clear understanding of their roles and responsibilities within the management structure, and had confidence in the lines of accountability. Service users and their representatives were provided with information on the organisational structure and how to contact the agency as necessary. The inspector reviewed evidence of effective communication by the agency with the HSC Trust regarding changes in service users' needs. The inspection outcomes demonstrated sustained compliance with regulations and standards. No areas for quality improvement were identified.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards 2011.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Jennifer Hall, registered person/manager, a company director, and the management team, as part of the inspection process and can be found in the main body of the report.

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

1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation/registered person: One 2 One Care and Support Services (NI) Ltd/Jennifer Blanche Hall	Registered manager: Jennifer Blanche Hall
Person in charge of the service at the time of inspection: Jennifer Blanche Hall	Date manager registered: 20 November 2014

One 2 One Care and Support Services is a domiciliary care agency based in Randalstown. The agency currently provides domiciliary care provision to 562 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 sitting services. The agency has a current staff compliment of 179 staff that provides services commissioned by the Northern Health and Social Care Trust.

3.0 Methods/processes

Prior to inspection the inspector analysed the following records:

- Previous inspection report
- Record of notifiable events for 2016/2017
- User Consultation Officer (UCO) report

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

- Discussion with the registered person/manager and management team
- Consultation with five care workers

- Examination of records
- File audits
- Evaluation and feedback

Prior to the inspection the User Consultation Officer (UCO) spoke with one service user and eight relatives, by telephone, on 10 May 2017 to obtain their views of the service. The service users interviewed have received assistance with the following:

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

On the day of inspection the inspectors met with five care staff to discuss their views regarding care provided by the agency, staff training and staff's general knowledge in respect of the agency. Staff feedback is contained within the body of this report.

The registered person/ manager was provided with 10 questionnaires to distribute to randomly selected staff members for their completion. The inspector's questionnaires asked for staff views regarding the service, and requested their return to RQIA. Six completed staff questionnaires were returned to RQIA. The content of the questionnaires is discussed in the main body of the report.

The following records were examined during the inspection:

- Four service user records in respect of referral, assessment, care plan and review
- Agency initial visit information regarding service user guide and agreements
- Four service user records in respect of the agency quality monitoring contacts
- Two staff recruitment and induction records
- Staff training schedule and records
- Four staff quality monitoring records
- Staff Handbook
- Staff meeting minutes from December 2016 to March 2017
- Complaints log and records
- Compliments log and records received during 2016/2017
- Annual Quality report for 2015/16
- Monthly monitoring reports for January to March 2017
- The agency's Statement of Purpose
- Policies and procedures relating to: staff recruitment, supervision, induction, safeguarding, whistleblowing, recording, confidentiality, incident notification, management of missed calls and complaints
- Record of incidents reportable to RQIA in 2016/2017

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 3 March 2017

The most recent inspection of the agency was an unannounced inspection due to whistleblowing information. There were no requirements or recommendations made as a result of this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 14 July 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 16 (4) Stated: Second time	The registered person/manager must ensure that each employee receives appropriate supervision.	Met
	Action taken as confirmed during the inspection: The inspector reviewed records to evidence that all staff have received supervision in line with their procedure timescales.	
Requirement 2 Ref: Regulation 13(d) Stated: First time	The registered person shall ensure that no domiciliary care worker is supplied by the agency unless full and satisfactory information is available in relation to him.	Met
	Action taken as confirmed during the inspection: Staff recruitment records reviewed confirmed to the inspector that full and satisfactory information had been obtained for each domiciliary care worker in line with the regulations.	
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 11.1 Stated: First time	The registered person should review their Recruitment and Selection procedure to ensure full and satisfactory staff recruitment information is retained for all domiciliary care workers.	Met
	Action taken as confirmed during the inspection: The agency's Recruitment and Selection policy and procedure had been reviewed in March 2017 and found to be compliant with regulations and standards.	

<p>Recommendation 2</p> <p>Ref: Standard 8.10</p> <p>Stated: First time</p>	<p>The registered person should develop a system to ensure daily log records are audited and appropriate action taken to address any staff practice issues identified.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The inspector viewed the system developed to monitor and audit daily log records. Records evidenced how any practice issues identified had been appropriately managed with individual staff.</p>		
<p>Recommendation 3</p> <p>Ref: Standard 8.12</p> <p>Stated: First time</p>	<p>The registered person should review their quality of services evaluation process to include evidence that the commissioning trust and staff views are sought.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Records evidenced that the views of the commissioning trust had been sought along with the agency's staff views; as part of their quality monitoring and evaluation process.</p>		
<p>Recommendation 4</p> <p>Ref: Standard 1.9</p> <p>Stated: First time</p>	<p>The registered person should provide a summary of their annual quality report findings to service users and other key stakeholders.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Records evidenced that the agency had shared their annual quality report summary with all service users and the commissioning trust during the summer of 2016.</p>		
<p>Recommendation 5</p> <p>Ref: Standard 15.4</p> <p>Stated: First time</p>	<p>The registered person should review their complaints procedure to include the role of RQIA in relation to unresolved complaints, update the contact details of the Northern Ireland Public Services Ombudsman and provide this revised information to all service users.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The agency had reviewed and updated their complaints procedure to include the role of RQIA in relation to unresolved complaints, the contact details of the Northern Ireland Public Services Ombudsman and provided this revised information to all service users.</p>		

4.3 Is care safe?

The UCO was advised by all of the service users and relatives interviewed that there were no concerns regarding the safety of care being provided by One 2 One. New carers had been 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 that the new carer had knowledge of the required care.

No issues regarding the carers' training were raised with the UCO by the service user or relatives; examples given included manual handling, use of equipment and management of medication. All of the service users and relatives interviewed confirmed that they could approach the carers and office staff if they had any concerns. Examples of some of the comments made by service users or their relatives are listed below:

- "It's great that I get the opportunity to sing the girls' praises."
- "XXX can be hard to work with but the girls are doing really well."
- "Consistency is great as XXX can't speak."

A range of policies and procedures was reviewed relating to staff recruitment, induction and training. The inspector found these policies to be up to date and compliant with related regulations and standards. Four staff files were sampled relating to care workers which verified that all the pre-employment information and documents had been obtained as required for each of these care workers. The organisation has a human resources department who assists the registered manager with the recruitment process, including the collection of appropriate pre-employment information.

An induction programme had been completed with each staff member that included competency assessments and subsequent supervision records were maintained. The review of this documentation was facilitated by a practical record held on their computer system for each care worker, clearly detailing the agency's structured system for induction training, supervision and competency assessment programme.

All of the staff members' recruitment records reviewed confirmed that they were or had applied to be registered with NISCC in line with the required timeframes and guidelines. A range of communication methods used by the agency to inform staff of their requirement to register were reviewed during inspection. The registered person monthly monitoring reports also made reference to the current status of staff registered and registering. The registered manager discussed the computerised system introduced to identify when staff are due to renew registration. The care staff spoken with during inspection described their registration process with NISCC.

The agency's policies and procedures in relation to safeguarding adults and whistleblowing were reviewed. The 'Safeguarding Adults at Risk' policy and procedure provided information and guidance as required; and referenced the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) guidance of July 2015 'Adult Safeguarding Prevention and Protection in Partnership'. The registered person/manager is named as the agency's Adult Safeguarding champion with key responsibilities detailed in their procedure in line with required guidance.

The agency's whistleblowing policy and procedure was found to be satisfactory.

Each of the five staff interviewed had a clear understanding of their role and responsibility to identify and report actual or suspected abuse. They each described their role in relation to reporting poor practice and their understanding of the agency's policy and procedure on whistleblowing.

A review of safeguarding documentation confirmed that potential concerns were managed appropriately in accordance with the regional safeguarding protocols and the agency's policies and procedures.

Staff training records viewed for 2016/2017 confirmed all care workers had completed the required mandatory update training programme. The training plan for 2017 was viewed which contained each of the mandatory training subject areas, along with other training relevant to service users' care needs including: dementia awareness, skin care and end of life care. Staff interviewed described the value of the additional training received in improving the quality of care they provided.

Staff questionnaires received by the inspector confirmed that they had received appropriate training for their role and that they felt service users were safe and protected from harm. One staff questionnaire included a comment; 'Care is very safe, managers often ring and check that all is ok with clients after our visits'.

The agency's registered premises include a suite of offices and staff facilities which are suitable for the operation of the agency as set in the Statement of Purpose.

Review of records management arrangements within the agency evidenced that appropriate storage and data protection measures were being maintained.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
-------------------------------	---	----------------------------------	---

4.4 Is care effective?

The UCO was informed by the service users and relatives interviewed that there were no concerns regarding the carers' timekeeping or that care has been rushed. The service users and relatives interviewed also advised that they had not experienced any missed calls from the agency. Service users are usually introduced to new carers by a regular carer.

No issues regarding communication between the service users, relatives and staff from One 2 One were raised with the UCO. The service users and relatives advised that home visits or phone calls have taken place as well as questionnaires from the agency to obtain their views on the service. Some of the service users and relatives interviewed were also able to confirm that observation of staff had taken place.

Examples of some of the comments made by service users or their relatives are listed below:

- "Delighted with them."

- “Well pleased with One 2 One.”
- “Can’t complain about anything.”

Service user records viewed on the day of inspection included referral information received from the Health and Social Care (HSC) Trust. The referrals detailed the services being commissioned and relevant risk assessments. The agency care plans and risk assessments completed by staff during their initial service visits contained evidence that service users’ and/or relatives’ views had been obtained and where possible, incorporated.

A sample of four service user files viewed confirmed that the agency management had carried out care review meetings with service users/relatives to ensure service user needs were being met. The registered person/manager explained that the agency is usually invited to attend or contribute in writing to the commissioning trust arranged care review meetings with service users/relatives. The registered person/manager confirmed they receive an amendment form from the trust detailing any agreed change to the original care plan. Service user files also contained evidence of communications between the agency and trust key workers, where changing needs were identified and reassessments resulted in amended care plans.

Staff interviewed on the day of inspection confirmed that they were provided with details of the care planned for each new service user or with changes to existing service users’ care plans.

The agency’s policies and procedures on ‘record keeping’ ‘reporting and recording’ were viewed and found to contain clear guidance for staff. The inspector reviewed four completed daily log records returned from service users’ homes. These records confirmed an audit of recording practice had been carried out by senior staff, with appropriate action taken with individual staff where issues had been identified.

The registered person/manager confirmed ongoing discussion of records management during staff supervision/ team meetings and during training updates and via memos to staff; discussion with care workers during the inspection supported on-going review of this topic. Staff interviewed demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their supervisor or manager if any changes to service users’ needs were identified. Staff demonstrated a clear understanding of their reporting processes if running late for a service user visit or had missed a call. Staff also described the action to be taken in the event of being unable to gain access to a service user’s home. The registered person/ manager confirmed that they had missed two service user calls had in January 2017; however the introduction of a new monitoring system had greatly reduced the number of late or missed calls to date.

Staff questionnaires received suggested service users are involved in care plan development and receive the right care, at the right time and with the best outcome for them.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
-------------------------------	---	----------------------------------	---

4.5 Is care compassionate?

All of the service users and relatives interviewed by the UCO felt that care was compassionate. The service users and relatives advised that carers treat them with dignity and respect, and care has not been rushed.

Views of service users and relatives have been sought through home visits, phone calls or questionnaires to ensure satisfaction with the care that has been provided by One 2 One. Examples of some of the comments made by service users or their relatives are listed below:

- “They’re just wonderful with XXX.”
- “XXX likes to have a yarn with them.”
- “Couldn’t speak more highly of them.”

The agency carries out service user quality monitoring on an ongoing basis through home visits, telephone contact and through the annual quality survey. Records reviewed during inspection support ongoing review of service users’ needs. Quality monitoring from service user contacts alongside monthly quality reports and annual quality surveys evidenced positive feedback from service users and their family members; this was supported during the UCO discussions with service users and families.

Observation of staff practice carried out within service users’ homes on a regular basis was confirmed during inspection through records viewed in the agency office and discussions with staff. Records reviewed by the inspector highlighted no concerns regarding staff practice during spot checks/monitoring visits.

Staff spoken with during the inspection described aspects of care provision which reflected their understanding of service users’ choice, dignity, and respect. Staff also demonstrated a clear understanding regarding service user confidentiality in line with the agency policy.

The agency’s compliments records were viewed; these contained extremely positive feedback from service users/relatives which had been shared with staff individually and with teams. Compliments reviewed during inspection provided the following information in support of compassionate care:

- ‘Thanks to the staff, she helped greatly getting the ambulance for xxxx.’ (Email from a service user’s relative).
- ‘Thank you to the staff member for staying the extra time to help; she was an absolute God send.’ (Phone call from a service user’s son).
- ‘Thanks from the family, xxx enjoys the staff visits, they are so kind, considerate and willing to do whatever is needed.’ (Thank you care from a service user’s family).

Staff questionnaires received indicated that staff believed service users were treated with dignity and respect and were involved in decisions affecting their care. Questionnaires also supported appropriate information is provided to service users regarding their rights, choices and decisions about care. One staff questionnaire included a comment; ‘If a client asks me for anything, I tell my manager, who does all she can to accommodate their request.’

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
-------------------------------	---	----------------------------------	---

4.6 Is the service well led?

The RQIA registration certificate was up to date and displayed appropriately. Under the direction of the registered person/manager, Jennifer Hall, and company director, senior managers, scheme managers, a human resources department, a finance manager, team leaders and their teams of care workers provides domiciliary care and support to service users living in their own homes.

The Statement of Purpose and Service Users' Guide were reviewed and found to be appropriately detailed regarding the nature and range of services provided. Both documents contained all information in compliance with Regulations 5 and 6 and Standards 2 and 4.

The agency's complaints information viewed within the service user guide was found to be appropriately detailed, including the contact information of independent advocacy services. Discussion with the registered person/manager and care workers interviewed indicated they understood the organisational structure within the agency and their role and responsibilities

The agency's complaints procedure viewed was found to be in line with regulations and standards. Care workers interviewed demonstrated a clear understanding of their role in relation to handling concerns or complaints in a sensitive manner.

The complaints log was viewed for the period 1 April 2016 to inspection date 11 May 2017 with a range of complaints recorded. The inspector reviewed a sample of two complaints records which supported appropriate management, review and resolution of each complaint.

All of the service users and relatives interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. One relative advised that a complaint had been made and that they were satisfied with the outcome. No concerns regarding the management of the agency were raised during the interviews.

Discussion with the registered person/manager and review of records evidenced that systems were in place to ensure that notifiable events were reported to RQIA and other relevant bodies appropriately. A review of records evidenced that notifiable events had been investigated and reported appropriately with safeguarding procedures implemented as required.

Monthly monitoring reports were viewed for January to March 2017. These reports evidenced that the responsible person had been monitoring the quality of service provided in accordance with minimum standards. Each report contained a summary of staff and service user monitoring, compliments and complaints; and evidenced how any issues arising had been managed. The reports evidenced that the views of the commissioning trust had been sought which were found to be very positive.

The annual quality review report for June 2015 to June 2016 viewed had been completed with a summary section of feedback and an action plan. The views of service users, relatives, staff and commissioners of their service had been obtained and included in their detailed report.

Records evidenced that the agency had shared their annual quality report summary with all service users, staff and the commissioning trust during the summer of 2016.

The care workers interviewed indicated that they felt supported by senior staff that they described as approachable and helpful. The on-call system in operation was described as valuable to staff seeking advice but also as a support and reassurance outside office hours.

Staff questionnaires received by RQIA indicated that staffs are satisfied that the current staffing arrangements meet the service users' needs. Two staff questionnaires included comments; 'The managers are all very helpful and understanding,' 'my manager is very easy to speak with; she is very compassionate about her clients.'

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
-------------------------------	---	----------------------------------	---

5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews