Inspection Report

18 August 2022

One 2 One Care and Support Services (NI) Ltd

Type of service: Domiciliary Care Agency
Address: Unit 6, Glenravel House, 1 Moores Lane, Randalstown, Antrim, BT41 3GE
Telephone number: 028 9422 7500

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1.0 Service information

Organisation/Registered Provider: One 2 One Care and Support Services (NI) Ltd **Responsible Individual:** Mrs Fiona Josephine Dawson-Pugh (Registration pending)	**Registered Manager:** Mrs Leanne Murray **Date registered:** 17 May 2022
Person in charge at the time of inspection: Mrs Leanne Murray	
Brief description of the accommodation/how the service operates: One 2 One Care and Support Services NI (Ltd) is a domiciliary care agency based in Randalstown. The agency currently provides personal care to 460 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 180 staff that provides services commissioned by the Northern Health and Social Care Trust (NHSCT) and to a small number of private service users.	

2.0 Inspection summary

An unannounced inspection took place on 18 August 2022 between 10:30 a.m. and 5:00 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 Safeguarding (DoLS), restrictive practices, Dysphagia and Covid-19 guidance was also reviewed.

Areas for improvement identified related to service user's care plans and complaints.

Good practice was identified in relation to service user involvement. There were good governance and management arrangements in place.

For the purposes of the inspection report, the term 'service user' is used, in keeping with the relevant regulations.

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 there were no service users, relatives or staff members in the domiciliary care agency office.

Comments received from returned RQIA service user questionnaires included:

- "Happy with the support and kindness shown to me."
- "Overall, I am happy."

Returned questionnaires indicated that the respondents were very satisfied with the care and support provided.

None of the staff or visiting professionals responded to the electronic survey.

5.0 The inspection

5.1 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 20 April 2021 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 20 April 2021		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		**Validation of compliance**
Area for Improvement 1 **Ref**: Regulation 22 (6) **Stated**: Second time	The registered person shall ensure that every complaint made under the complaints procedure is fully investigated. **Action taken as confirmed during the inspection**: The service's complaints records were made available and were up to date at the time of inspection. These were reviewed during inspection and complaint records provided evidence that complaints had been investigated. The manager had recently reviewed the domiciliary care setting's complaints policy, procedures and revised the service's recording of complaints templates. Processes are in place to ensure both the responsible person and manager sign off on all complaints.	**Met**
Area for Improvement 2 **Ref:** Regulation 15 (12) (b) **Stated**: First time	The registered person shall ensure the Regulation and Improvement Authority to be notified of any incident reported to the police, not later than 24 hours after the registered person— (i) has reported the matter to the police; or (ii) is informed that the matter has been reported to the police.	**Met**

	Action taken as confirmed during the inspection: The manager stated information had been shared with all relevant persons within the organisation. The out of hours on call manager will ensure that the manager is updated should there be a need to contact the PSNI out of regular office hours. Review of the notifications received by RQIA since the previous care inspection conclude the domiciliary care setting has notified RQIA of any incidents involving the PSNI. A review of a sample of notifications during the inspection process would concur with this.	
Area for improvement 3 **Ref:** Regulation 14 (b) **Stated**: First time	The registered person shall ensure where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided— (b) so as to safeguard service users against abuse or neglect;	**Met**
	Action taken as confirmed during the inspection: Inspector confirmed via a review of a random sample of Safeguarding Vulnerable Adults records, accidents, incidents and complaints records that service users are being protected against abuse or neglect. Review of notifications received by RQIA pertaining to the safeguarding of service users confirms this also to be the case.	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021		**Validation of compliance**
Area for Improvement 1 **Ref**: Standard 8.10 **Stated**: Second time	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.	**Met**

	Action taken as confirmed during the inspection: Since the previous care inspection the manager has introduced a new process with associated documentation to audit the daily logs returned from service users' homes. These audits and spot checks of working practices were randomly sampled during this inspection. They had been completed by the service's area managers and senior managers and it is confirmed these were reflective of the agency's policies and procedures.	
Area for improvement 2 **Ref**: Standard 5.4 **Stated**: First time	The registered person shall report any changes in the service user's situation and issues relevant to the health and wellbeing of the service user to the referring HSC Trust, and keeps a record of such reports. This refers specifically to the reporting of consistently short call time to the relevant trust key workers.	**Met**
	Action taken as confirmed during the inspection: Since the previous care inspection the manager has introduced a new auditing process of the daily log sheet used in service users' homes. A review of a random sample of completed log sheets during this inspection provides evidence that records are kept detailing any changes in the service user's situation, health and wellbeing. There was evidence these matters had been reported to the referring HSC Trust as well as any consistently short call times with service users. Review of a random sample of service users' care notes provided evidence that communications with the HSC Trust and any relevant health care professionals involved with service users are recorded.	

Area for improvement 3 **Ref**: Standard 14.5 **Stated**: First time	The registered person shall ensure all suspected, alleged or actual incidents of abuse are reported to the relevant persons and agencies in accordance with the procedures. This refers specifically to the completion of NISCC fitness to practice referrals.	**Met**
	Action taken as confirmed during the inspection: Review of the receipt of notifications to RQIA, a sample of accident and incident records confirmed that the relevant persons and agencies are being notified of occasions where the service has informed NISCC of concerns about care staff in relation to fitness to practice referrals.	
Area for improvement 4 **Ref**: Standard 1.9 **Stated**: First time	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.	**Met**
	Action taken as confirmed during the inspection: The agency's annual report for 2021 was reviewed during this inspection. This was qualitative and reflected the views and opinions of service users and their carers / representatives. It also incorporated the comments made by a range of stakeholders e.g. relatives of service users, social workers, named workers and other professionals. The manager has recently distributed questionnaires to service users as part of the agency's 2022 annual report.	

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 not reviewed during this inspection.

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.

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.

The agency provides service users with information about keeping themselves safe and the details of the process for reporting any concerns.

The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

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 records confirmed that where the agency was unable to provide training in the use of specialised equipment, this was identified by the agency before care delivery commenced and the agency had requested this training from the HSC Trust.

The manager reported that a small number of service users currently required the use of specialised equipment. Management is aware of how to source such training should it be required in the future. 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. The agency's Moving and Handling policy was not reviewed during this inspection. The manager was advised to ensure the agency's policy pertaining to moving and handling training and incident reporting identifies there is 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. A discussion took place with the manager about reviewing their medicines management policy to ensure it included direction for staff in relation to administering liquid medicines should service users require this. 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. Advice was given in relation to developing a resource folder containing DoLS information which would be available for staff to reference.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records, there was evidence that some service users had input into devising their own care plans, the review of records identified that this was not consistently in place. Two service user's care plans were scant in detail and did not specify the support and assistance agency workers provide to service users. Nor did they detail the approximate times of calls to service users or the allocated duration of each call to the service user. This is an identified area for improvement.

Care and support plans are kept under regular review and services users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

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

New standards for thickening food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). Whilst none of the service users had swallowing difficulties, the manager was aware that training in Dysphagia could be accessed, if required in the future. 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. 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 in the setting was safe and effective.

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, including criminal record checks (AccessNI), 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 the Nursing and Midwifery Council (NMC) 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 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. Written records were retained by the agency of the person's capability and competency in relation to their job role.

A review of the records relating to staff that were provided from recruitment agencies also identified that they had been recruited, inducted and trained in line with the regulations.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken; this included staff that were supplied by recruitment agencies.

All registrants must maintain their registration for as long as they are in practice. This includes renewing their registration and completing Post Registration Training and Learning. The manager was advised to discuss the post registration training requirement with staff to ensure that all staff are compliant with the requirements.

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, 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 for the previous year 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 there was evidence of current certificates 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. The manager had recently reviewed the domiciliary care agency's Complaints policy and procedures. It is noted that the agency's complaints policy and procedures stated they do not investigate anonymous complaints. A discussion took place with manager about this as Standard 15 of the Domiciliary Care Agencies from the Department of Health, Social Services and Public Safety's states "all complaints are taken seriously and dealt with…." Advice was given to the manager to update their complaints policy and procedure to accurately reflect this.

Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the agency's quality monitoring process. It was noted that when a complainant said they were not satisfied with the outcome of the agency's investigation into their area of concern, it had not been recorded if they had been advised of who to contact or if they required support services, including independent advocacy. Two areas for improvement were identified in relation to the complaints process.

The manager said the Statement of Purpose will be updated to reflect the domiciliary care agency's revised complaints procedure. The manager was signposted to Part 2 of the Minimum Standards, to ensure the Statement of Purpose included all the relevant information.

RQIA has received an application for a registered person of the domiciliary care agency, this is currently being reviewed by RQIA's Registration Team.

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 Conclusion

7.0 Quality Improvement Plan (QIP)/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 (revised) 2021.

	Regulations	Standards
Total number of Areas for Improvement	1	2

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

Quality Improvement Plan

Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
Area for improvement 1 **Ref:** Regulation 15 (2)(a)(b)(c) **Stated:** First time **To be completed by:** 31 December 2022	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: (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. Ref: 5.2.2
	Response by registered person detailing the actions taken: One2One has bought a new management system which gives a lot more detail in the care plan that goes into the home. We are currently importing all the data onto this system and will have this finished for 31st December. One2One will also ask for more information if and when needed from the referrer.
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021	
Area for improvement 1 **Ref:** Standard 15 **Stated:** First time **To be completed by:** 31 October 2022	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. Ref: 5.2.6
	Response by registered person detailing the actions taken: One2One has changed policy to reflect that anonymous complaints will be investigated moving forward.
Area for improvement 2 **Ref:** Standard 15.6 **Stated:** First time **To be completed by:** Immediate and Ongoing	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. Ref: 5.2.6
	Response by registered person detailing the actions taken: One2One has changed the format of handling a complaint and will ensure to record if the complainant is staisfied or not.

Please ensure this document is completed in full and returned via Web Portal

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