

Unannounced Care Inspection Report 24 October 2019



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: Aveen Donnelly

www.rqia.org.uk

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 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 is a domiciliary care agency based in Randalstown. The agency currently provides personal care to 723 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 218 staff that provides services commissioned by the Northern Health and Social Care Trust and to a small number of private service users.

3.0 Service details

Organisation/Registered Provider: One 2 One Care and Support Services (NI) Ltd Responsible Individual: Mr William James Pugh (Acting)	Registered Manager: Not applicable
Person in charge at the time of inspection: Mrs Leanne Murray	Date manager registered: Leanne Murray - application received 12 March 2019 - registration pending

4.0 Inspection summary

An unannounced inspection took place on 24 October 2019 from 09.30 to 16.30.

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.

As a public-sector body, RQIA have duties 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 be seeking 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 choices and freedoms associated with any person living in their own home.

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.

There were examples of good practice found throughout the inspection in relation to staff recruitment, training adult safeguarding. There was evidence that the agency engaged well with the service users. There were examples of good practice identified throughout the inspection in relation to the provision of compassionate care. There were good governance and management arrangements in place.

It was evident in all four domains that the agency promoted the service users' human rights; this was evident particularly in relation to the areas of autonomy, equality, choice, dignity, and service user involvement.

Areas for improvement were made in relation to the recruitment process, the supervision template, the completion of risk assessments and care plans for the use of bedrails and the care records.

An area for improvement previously made in relation to the annual quality report has been stated for the second time.

Service users and their representatives informed the inspector that they were generally very happy with 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	3

Details of the Quality Improvement Plan (QIP) were discussed with Leanne Murray, registered 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 26 April 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 26 April 2018.

5.0 How we inspect

Prior to inspection the inspector reviewed the following records:

- previous RQIA inspection report
- all correspondence received by RQIA since the previous inspection

A range of documents, policies and procedures relating to the agency were reviewed during the inspection and are referred to within the body of the report.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as being partially met or not met.

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views and provided staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No staff responses were received prior to the issuing of this report.

The inspector requested that the person in charge place a "Have we missed" you card in a prominent position in the agency to allow service users and family members who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No feedback was received.

Questionnaires were also provided for distribution to the service users and their representatives. One questionnaire was returned; analysis of which is included within the report.

RQIA information leaflets ‘How can I raise a concern about an independent health and social care service’ were also provided to be displayed appropriately in the setting.

The inspector spoke with three staff on the day of the inspection. Following the inspection, the inspector spoke with six service users and three relatives, by telephone, on 13 November 2019. Comments received are included within the report.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 26 April 2018

The most recent inspection of the agency was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and was reviewed during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 26 April 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Regulation 16.— (2)(a)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that each employee of the agency— (a) receives appraisal which are appropriate to the work he is to perform;</p> <hr/> <p>Action taken as confirmed during the inspection: The review of the records confirmed that there was a system in place to ensure that staff received appraisal on an annual basis.</p>	Met
<p>Area for improvement 2</p> <p>Ref: Regulation 15.— (12) (b)(i)(ii)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the RQIA are 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.</p>	Met

	<p>Action taken as confirmed during the inspection: The review of records confirmed that RQIA had been notified of incidents appropriately.</p>	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011		Validation of compliance
<p>Area for improvement 1 Ref: Standard 4.1 Stated: First time</p>	<p>The registered person shall ensure that each service user and, if appropriate, his or her carer/representative is provided with a written individual service agreement before the commencement of the service or where this is not possible, it is provided within 5 working days of such commencement.</p>	Met
	<p>Action taken as confirmed during the inspection: The review of records confirmed that service user agreements had been provided within the recommended timeframe.</p>	
<p>Area for improvement 2 Ref: Standard 8.12 Stated: First time</p>	<p>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.</p>	Partially met
	<p>Action taken as confirmed during the inspection: The review of the annual report identified that whilst there had been improvements in the consultation process, views of trust' representatives had not been adequately included in the process. This area for improvement has been stated for a second time.</p>	
<p>Area for improvement 3 Ref: Standard 9.5 Stated: First time</p>	<p>The registered person shall ensure that the agency's policies and procedures are subject to a systematic three yearly review, and the registered person ratifies any revision to or the introduction of new policies and procedures.</p>	Met
	<p>Action taken as confirmed during the inspection: The review of the policies confirmed that they were reviewed every three years.</p>	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

At the time of the inspection, the agency had a manager in post, who managed the agency with the support of a senior manager, five managers, 16 team leaders and a team of support workers. The agency's staffing arrangements were discussed and the manager advised that they had not had any complaints regarding staffing levels. All those consulted with informed the inspector that there were no concerns regarding the service users' needs not being met.

The manager described their input into the recruitment process and advised that staff were not permitted to commence work until all the required checks had been undertaken. A review of two recruitment records indicated that whilst pre-employment information had been completed, there were deficits in relation to the way employment histories had been recorded. This meant that it was unclear whether gaps in employment existed. In addition employment addresses were not fully completed. Whilst the employee files were noted to include two references, discussion took place regarding the appropriateness of the references provided. An area for improvement has been made in this regard.

There was a process in place to ensure that new employees completed an induction which included training identified as necessary for the service and familiarisation with the service and the organisation's policies and procedures.

The review of the personnel records confirmed that staff had been provided with supervision in keeping with the agencies policy and procedures. However, the review of the supervision template (spot checks) identified that this had not been further developed to include a recommendation made by the HSC trust, following an incident which had previously occurred. This related to the need for the template to include observation that two carers are observed, delivering care together, in keeping with the care plan. An area for improvement has been made in this regard.

There was a rolling programme of training in place. It was good to note that additional training had been provided to staff in areas such as dementia awareness, record keeping and palliative care. The manager advised that training in General Data Protection Regulations (GDPR) and Human Rights was planned.

Arrangements were in place to embed the regional operational safeguarding policy and procedure into practice. The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspector was advised that the manager holds this responsibility and ensures that the organisation's safeguarding activity is in accordance with the regional policy and procedures. The review of records pertaining to reported safeguarding incidents confirmed that they had been managed appropriately. Advice was given in relation to the completion of the Annual Position Report which is due to be completed in March 2020. This will be reviewed at the next care inspection.

A review of the accidents and incident records confirmed that they had been managed appropriately. The inspector discussed the recent changes the ambulance service has made in relation to how they plan to respond where service users have fallen, but are uninjured. The inspector discussed the agency’s arrangements for managing this and the manager advised that they did not identify any potential challenges in this regard.

During the inspection the inspector reviewed the agency’s arrangements for identifying, managing and where possible eliminating unnecessary risk to the service users’ health, welfare and safety. However, the review of the care records identified that bedrail risk assessments and care plans were not consistently in place. An area for improvement has been made in this regard.

Care records and information relating to service users were stored securely and accessible by staff when needed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, training adult safeguarding.

Areas for improvement

Areas for improvement were made in relation to the recruitment process, the supervision template (spot checks) and the completion of risk assessments and care plans for the use of bedrails

	Regulations	Standards
Total number of areas for improvement	2	1

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The care records evidenced referral information, risk assessments and care plans. It was noted that the agency undertook an annual assessment of need, in addition to undertaking telephone reviews in between. The manager advised that when invited, they would attend the service users’ care review with the relevant HSC trust.

The review of the daily logs, returned from service users’ homes, identified that all calls were generally delivered as planned. However, it was evident in one care record reviewed that the calls were shorter in duration that that outlined in the care plan. The manager was advised to inform the relevant HSC trust representative in this regard.

The review of the care records relating to two service users who were receiving care at the same address identified that the daily records for both service users had been recorded together. An area for improvement has also been made in this regard.

No concerns were raised during the inspection with regards to communication between service users, staff and other key stakeholders. Review of service user care records evidenced that collaborative working arrangements were in place with service users’ next of kin and other key stakeholders.

Staff meetings were held on a regular basis and minutes were available for those who were unable to attend.

There are arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. This also included consultation with a range of service users, relatives, staff and where appropriate HSC Trust representatives.

Areas of good practice

There were examples of good practice found in relation to the agency's engagement with the service users.

Areas for improvement

An area for improvement has been made in relation to record keeping.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The agency's principles of care were included in the staff handbook. This clearly identified to staff, the agency's expectation in relation to treating service users as individuals, maintaining the trust and confidence of the service users and their family members, respecting their human rights and respecting their right to dignity and respect, promoting independence and supporting them to control their package of care and to make informed decisions.

The inspector discussed arrangements in place relating to the equality of opportunity for service users and the need for staff to be aware of equality legislation whilst also recognising and responding to the diverse needs of service users in a safe and effective manner. The agency's commitment to promoting equality and diversity was included in the service user guide. No complaints had been raised in relation to inequality. The manager advised that staff' training in equality and diversity was planned.

Some of the other areas of equality awareness identified during the inspection include:

- service user involvement
- adult safeguarding
- equity of care and support
- individualised person-centred care.

Reports of quality monitoring visits indicated the agency had systems for regularly engaging with service users and where appropriate relevant stakeholders. The annual quality report reflected that service users had commented positively in relation to the care and support they received. It was good to note that service users were specifically asked if they felt that the staff had been polite and respectful and if they were offered choice.

During the inspection, the inspector spoke with three staff, who indicated that they were satisfied with the service provided by the agency. All staff spoken with were knowledgeable

regarding the service users' right to privacy and their right to decline care if they so wished. Staff spoken with were mindful that they were working in the service users' homes and gave examples of how they treated the service users with respect.

As part of the inspection process the inspector also spoke with six service users and three relatives, by telephone, on 13 November 2019. Some comments received are detailed below:

Relatives

- "Everything is ok, the girls change quite a bit, but it's working out well."
- "They come on time, no problems."
- "They usually have been ok."

Service users

- "They are very good, no problems."
- "They are good girls, they know what they are doing."
- "They are respectful, never miss a call to mem I am treated very well."
- "They are doing a really good job, they are very punctual."
- "No problems."

One service user spoken with informed the inspector that the carers can be late at times and that a recent call had been 2 hours late. The service user reported that the agency's office staff had not phoned them in advance to advise that they were going to be late. Given that the majority of service users indicated that they were very satisfied with the service, this comment was relayed to the manager, for review and action as appropriate.

The returned questionnaire from one relative indicated that that they were 'satisfied' that the care was safe, effective and compassionate;

The respondent also indicated that they were 'unsatisfied' that the service was well led. Written comments included:

- 'I feel that management fails to keep the patient/carer informed of changes or variation in arrangements – very important where dementia patients are concerned'.

Following the inspection, this feedback was relayed to the manager, for review and action as appropriate.

Areas of good practice

There were other examples of good practice identified throughout the inspection in relation to the provision of individualised care and engagement with service users with the aim of promoting the safety of service users and improving the quality of the service provided.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The inspector reviewed the management and governance systems in place within the agency to meet the assessed needs of the service users. All those consulted with informed the inspector that they felt that management were responsive to any suggestions or concerns raised.

There was a process in place to ensure that all complaints would be managed appropriately and in accordance with legislation, standards and the agency's own policies and procedures. The manager advised that a small number of complaints had been received since the date of the last inspection. The review of the records confirmed that all matters raised had been managed appropriately.

All staff providing care and support to service users are required to be registered with the Northern Ireland Social Care Council (NISCC). A review of the records confirmed that all staff were currently registered with NISCC. The manager described the system in place which ensured that all staff were reminded when their registration renewal fees were due.

Information was also given to the manager in relation to the new Learning Zone, created by NISCC, which aims to provide registrants with a range of learning tools and information guides. The manager welcomed this information and agreed to share this with the staff.

Monthly quality monitoring visits were completed in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Advice was given in relation to using unique identifiers in the report, to ensure that there is traceability in relation to care records reviewed and the people consulted with. Discussion also took place in relation to increasing stakeholder input into the quality monitoring process. In addition, advice was given in relation to the need for complaints, accidents, incidents and missed calls to be recorded separately on the report template.

There was a system in place to ensure that the agency's policies and procedures were reviewed at least every three years. Policies were held in electronic format and in hardcopy format and were accessible to staff.

There was evidence of effective collaborative working relationships with key stakeholders, including the relevant HSC Trust representatives, families of the service users and staff.

On the date of inspection the certificate of registration was on display and reflective of the service provided.

Areas of good practice

There were good governance and management arrangements in place.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Leanne Murray, 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

<p>Area for improvement 1</p> <p>Ref: Regulation 3 (d) Schedule 3</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that the recruitment processes are improved to ensure that they are in keeping with best practice.</p> <p>This relates specifically to the provision of:</p> <ul style="list-style-type: none"> • appropriate references • full employment histories • dates of employment to be fully completed on the application forms <p>Ref: 6.4</p>
<p>Response by registered person detailing the actions taken: One2One has agreed moving forward the HR department are going to seek a third reference depending on who the last employer and length of service. One2One will also ask candidates to be more specific with dates dd/mm/yyyy.</p>	

<p>Area for improvement 2</p> <p>Ref: Regulation 15 (10)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that relevant risk assessments and care plans are in place with regards to the use of bedrails.</p> <p>Ref: 6.4</p>
<p>Response by registered person detailing the actions taken: One2One has checked the service users with bedrails and made sure the paperwork states use of them and any Risk Assessments are in place.</p>	

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011

<p>Area for improvement 1</p> <p>Ref: Standard 8.12</p> <p>Stated: Second time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>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.</p> <p>Ref: 6.2</p>
<p>Response by registered person detailing the actions taken: A questionnaire has been devised through survey mo key and it was agreed at the the trust meeting we would forward this to the contracts department and the would forward to teams and team leaders.</p>	
<p>Area for improvement 2</p> <p>Ref: Standard 8.10</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the staff supervision (spot check) template is further developed to ensure that staff are observed delivering care together.</p> <p>Ref: 6.4</p>

<p>To be completed by: Immediate from the date of the inspection</p>	<p>Response by registered person detailing the actions taken: This was amended and will be used in the future.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 10</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that the deficits in record keeping identified at this inspection are addressed.</p> <p>This relates to the need for service users who reside at the same address having separate records maintained.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: This was amended and will be in place for all future and existing service users.</p>

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



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