

Unannounced Care Inspection Report 26 April 2018



One 2 One Care and Support Services (NI) Ltd

Type of Service: Domiciliary Care Agency

**Address: Unit 3, Glenravel House, 1 Moores Lane, Randalstown,
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Tel No: 02894227050

Inspector: Aveen Donnelly

User Consultation Officer: Clair McConnell

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Assurance, Challenge and Improvement in Health and Social Care

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 653 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 199 staff that provides services commissioned by the Northern Health and Social Care Trust.

3.0 Service details

Organisation/Registered Provider: One 2 One Care and Support Services (NI) Ltd	Registered Manager: Leanne Murray (Acting)
Responsible Individual: Paul Bradley (Acting)	
Person in charge at the time of inspection: Leanne Murray (Acting)	Date manager registered: Not applicable

4.0 Inspection summary

An unannounced inspection took place on 26 April 2018 from 10.00 to 16.00 hours.

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

The inspection sought 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 training, adult safeguarding and risk management. Care records were generally well maintained. Communication between service users, agency staff and other key stakeholders was well maintained. The culture and ethos of care in the agency, generally promoted treating service users with dignity and respect, where service users and their representatives were listened to and valued. There were good governance and management arrangements in relation to the day to day operations of the service.

Areas for improvement were identified in relation to staff appraisals, reporting of notifiable events, the service user agreement, the annual quality report and policies and procedures.

Service users and relatives spoken with by the User Consultation Officer (UCO), provided feedback regarding the service provided by the agency in regards to safe, effective, compassionate and well led care. Some examples of good practice were highlighted and complimented and have been detailed within the body of this report. The staff members and Health and Social Care (HSC) representatives spoken with during inspection provided valuable feedback in terms of the performance of the agency.

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

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	Regulations	Standards
Total number of areas for improvement	2	3

Details of the Quality Improvement Plan (QIP) were discussed with Leanne Murray, acting 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 11 May 2017

No further actions were required to be taken following the most recent inspection on 11 May 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

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

As part of the inspection the User Consultation Officer (UCO) spoke with two service users and six relatives, by telephone, on 08 and 09 May 2018 to obtain their views of the service. The service users interviewed informed the UCO that they received assistance with personal care and meals.

The following records were examined during the inspection:

- three staff recruitment records
- staff induction and supervision records
- staff training records for 2016/2017
- records relating to adult safeguarding
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- daily logs returned from the service users' homes
- four service user records regarding review, assessment, care planning and quality monitoring
- RQIA registration certificate
- a selection of policies and procedures
- complaints and compliments records
- service user guide/agreements
- statement of purpose
- monthly quality monitoring reports.

During the inspection the inspector spoke with the manager, two care staff and four Health and Social Care (HSC) representatives.

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 provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. Staff feedback is included in the main body of the report.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 11 May 2017

There were no areas for improvement made as a result of the last care inspection undertaken on 11 May 2017.

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.

The agency's registered premises are located at 1 Moore's Lane, Randalstown and were suitable for the purposes of the agency.

At the time of the inspection, the agency had a manager in post, who managed the agency with the support of six senior carers and a team of carers. The agency's staffing arrangements were discussed and the inspector was advised that there were sufficient staff employed, to meet the current level of care provision. No concerns were raised in relation to the staffing provision.

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 users or relatives; examples given included manual handling and use of equipment. 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:

- "Consistency is great as XXX would be anxious around strangers."
- "Couldn't do without them."
- "Absolutely no complaints."

Three recruitment records were reviewed, relating to recently appointed staff, which confirmed that pre-employment information had been obtained in compliance with Regulation 13 and Schedule 3.

There was a system in place to monitor the registration status of staff in accordance with NISCC. The manager discussed the system in place to identify when staff are due to renew their registration and the system being planned to assist staff in meeting their continuing professional development (CPD) requirements.

A review of records confirmed that all staff, had received a structured induction programme in line with the timescales outlined within the regulations.

There were systems in place to monitor staff performance and to ensure that they received support and guidance. Staff consulted with confirmed that this included mentoring through formal supervision meetings and observation of practice. However, a review of the records identified that staff appraisals had not been undertaken in some time. The manager advised that the current system of undertaking appraisals was being reviewed to ensure that appraisals were provided to staff, in keeping with the regulations. This has been identified as an area for improvement.

A review of the training records confirmed that training had been provided in all mandatory areas. Additional training in areas such as dementia awareness, diabetes, mental health awareness, skin care, continence and stoma care, end of life care and assessing needs had also been provided.

Staff spoken with were knowledgeable about their specific roles and responsibilities in relation to adult protection and how they should report any concerns that they had. Discussion with the manager and a review of records evidenced that safeguarding incidents had been managed appropriately. The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspector was advised that the registered manager holds this responsibility and ensures that the agency's safeguarding activity is in accordance with the regional policy and procedures. Refer to section 6.7 for further detail.

A review of the accident and incident records confirmed that they were managed appropriately and were notified to the HSC Trust in keeping with local protocols. The inspector was satisfied that staff had been recording the details of any incidents within the service users' records. The timeliness of staff completing incident reports was discussed with the manager and advice was given in this regard.

Records confirmed that Trust risk assessment and care plans were in place. During the inspection the inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. The inspector noted that a folder had recently been put in place to ensure staff had access to any alerts issued by the HSC Trust.

The inspector observed the records management arrangements within the agency and concluded that appropriate storage and data protection measures were being maintained in respect of archived records.

Areas of good practice

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

Areas for improvement

An area for improvement related to staff appraisals.

	Regulations	Standards
Total number of areas for improvement	1	0

6.5 Is care effective?

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

The full nature and range of service provision was detailed in the Statement of Purpose and Service User Guide. The agency's arrangements for appropriately assessing and meeting the needs of the service users were examined during the inspection.

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.

The inspector examined four service users' care records and found these to be detailed, personalised and reflective of the individuals' preferences.

The manager advised that care reviews with the HSC Trusts were held annually or as required and that agency staff attended, when invited. The review of the care records identified that the care review notes were not consistently in place. This was discussed with the manager, who agreed to follow this matter up with care management. The records reviewed identified that risk assessments and care plans were reviewed in keeping with the agency's policy and procedures.

Service User Agreements were discussed with the manager, who was aware that these were not consistently provided to service users within five working days, in keeping with the minimum standards. This has been identified as an area for improvement.

The manager described the quality monitoring systems in place to audit and review the effectiveness and quality of care delivered to the service users. However, there were no formal audits undertaken and no evidence available to demonstrate where identified deficits had been dealt with. This was deemed to be important, given that the review of the daily records returned from the service users' homes, identified discrepancies in recording the times of care provision. Following the inspection, the manager confirmed to RQIA, by email on 27 April 2018, that a new system of auditing had been implemented.

Quality monitoring reports indicated consultation with a range of service users, relatives and HSC Trust representatives.

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

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

- “Marvellous job.”
- “First class.”
- “More than happy.”

There was evidence of effective communication with the service users, their representatives and with relevant HSC Trust representatives, as required. Staff consulted with stated that they felt that there was effective communication between all grades of staff.

Areas of good practice

There were examples of good practice found in relation to the review of care needs and the agency’s engagement with the service users.

Areas for improvement

An area for improvement was made in relation to the service user agreement.

	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.

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. Service users, as far as possible, are given their choice in regards to meals and personal care.

Views of service users and relatives have been sought through home visits, phone calls and 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:

- “We have all got extremely fond of the girls.”
- “Get on well with each other.”
- “Nice friendly girls.”

One relative spoken with commented positively about the staff and the quality of care. They stated that the agency was ‘very well organised’ and had great relationships with the trust professionals.

The agency carried 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.

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. Records reviewed by the inspector highlighted no concerns regarding staff practice during spot checks and this was confirmed by the manager.

Staff members 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.

A review of the compliments records evidenced that the staff treated service users with respect and dignity. Staff had been described in positive terms, such as 'kind and caring' and 'dedicated'.

During the inspection, the inspector spoke with two staff members and four HSC representatives. Some comments received are detailed below:

Staff

- "The care is good."
- "There is a high standard of care, I really like working for this company."

Trust Representatives

- "I have no concerns, there have been no issues raised."
- "They are very good and I have had no complaints from service users."
- "There are no concerns."

There was mixed feedback from one Trust representative in relation to staff attitude and the responsiveness of management when concerns are raised. This feedback was shared with the manager for review and action, as appropriate.

Two staff responded to the staff survey. Both respondents indicated that they were either 'satisfied' or 'very satisfied' that the care was safe and compassionate. There were conflicting responses in relation to the care being effective and the agency being well-led. One written comment was received. Refer to section 6.7 for further detail.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users. Staff discussions and compliments reviewed supported good practice in the area of compassionate care.

Areas for improvement

No areas for improvement were identified in this domain 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.

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. No concerns regarding the management of the agency were raised during the interviews.

The organisational and management structure of the agency were outlined in the Statement of Purpose; it details lines of accountability. Discussion the staff indicated they understood the organisational structure within the agency and their role and responsibilities.

The agency had a range of policies and procedures in place, however the majority of the policies had not been updated since September 2014. The manager advised that a number of policies were in the process of being updated; however the inspector was not assured that there was a systematic process in place to ensure that the policies were reviewed in keeping with the minimum standards. This has been identified as an area for improvement.

There was a process in place to ensure that complaints would be managed in line with the regulations and minimum standards. The inspector acknowledged that there was a low rate of complaints received by the agency.

All those the inspector spoke with stated that they were confident that staff/management would appropriately manage any concern raised by them. However, one staff member provided written comment to RQIA, via the staff survey, which indicated that they were not confident in management addressing their concerns. This comment was relayed to the manager, who provided assurances that this matter would be addressed.

As previously discussed in section 6.4, discussion with the manager and a review of records evidenced that safeguarding incidents had been managed appropriately. However, the review identified that one incident had not been reported to RQIA, in keeping with regulation. Although the incident was reported to RQIA, following the inspection, an area for improvement has still been made.

The inspector discussed arrangements in place in relation to the equality of opportunity for service users and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of service users. The agency collected equality data on service users such as; age, gender, race, disability, marital status via the commissioning trust referral information.

There was a process in place to ensure that monthly quality monitoring visits were completed in accordance with Standard 8.11 of The Domiciliary Care Agencies Minimum Standards, 2011.

The annual quality review report for 2017 was reviewed. Although the report included feedback from service users and their representatives in relation to the quality of care provided by the agency, it did not include staff comments or sufficient comment from trust representatives. Advice was also given in relation to including other quality monitoring processes, including monthly quality monitoring processes and quality improvement initiatives that may have been implemented. This has been identified as an area for improvement.

The staff members consulted with indicated that the manager and management team were supportive and approachable.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the governance and management arrangements. There was evidence of good working relationships with key stakeholders.

Areas for improvement

Areas for improvement related to the annual quality report, policies and procedures, and the reporting to RQIA of notifiable events.

	Regulations	Standards
Total number of areas for improvement	1	2

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 16.— (2)(a)</p> <p>Stated: First time</p> <p>To be completed by: 25 June 2018</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> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: All appraisals have been completed.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 15.— (12) (b)(i)(ii)</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 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> <p>Ref: 6.7</p> <hr/> <p>Response by registered person detailing the actions taken: I received my web portal for the RQIA and have updated the incident that was mentioned in the report. i am now fully aware of things I need to report to the RQIA and will continue this process.</p>
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011	
<p>Area for improvement 1</p> <p>Ref: Standard 4.1</p> <p>Stated: First time</p> <p>To be completed by: 25 June 2018</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> <p>Ref: 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: We have set up a new system within the office to manage the time between a careplan leaving the office and enterin a service users home. This system lets us know if we do not have the care plan in the home within 2 days.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 8.12</p> <p>Stated: First time</p> <p>To be completed by: 25 June 2018</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: 6.7</p>
<p>Area for improvement 3</p> <p>Ref: Standard 9.5</p> <p>Stated: First time</p> <p>To be completed by: 25 June 2018</p>	<p>Response by registered person detailing the actions taken: We have devised a new document to enable us to gather information from our employees and we will carry this out on a annual basis and add the information within our annual report.</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> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: All policies and procedures are currently being reviewed.</p>

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



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