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One 2 One Private Care Services

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This comprehensive inspection took place on 9 and 10 January 2019 and was announced.

One 2 One Private Care Services provides personal care for 8 people. The service provides personal care to adults who want to remain independent in their own home in the community.

At our last inspection in June 2016 we rated the service Good. At this inspection we found the evidence continued to support the rating of Good. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

The service was not required to have a registered manager and was managed on a day to day basis by the provider. People continued to be protected from abuse. Staff understood how to identify and report concerns. Medicines were managed safely, and people received their medicines when they needed them.

Peoples' care met their needs. Care plans continued to accurately reflect people's needs. Risks were assessed and there were mitigations in place to minimise risk and keep people safe. Where people needed support to eat and drink or access healthcare this was provided, and staff knew how to keep people safe.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. Staff were aware of people's decisions and respected their choices.

There continued to be sufficient numbers of staff who had the skills and knowledge they needed to support people. Staff were appropriately supervised and supported. New staff had been recruited safely and pre-employment checks had been carried out.

People were treated with kindness and compassion. People's privacy was respected, and they were supported to maintain their independence. People were encouraged to be involved in their own care and were involved in developing their own care plans. There were systems in place to seek feedback from people and their relatives to improve the service. People and their relatives told us that they were listened too.

Staff and relatives told us the service was well-led and that they had a positive relationship with the provider. The service was regularly audited to identify where improvements were needed, and actions were taken.

Where things had gone wrong incidents were recorded, investigated and acted upon. Lessons learnt were shared and trends were analysed. The service worked in partnership with other agencies to develop and share best practice.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

One 2 One Private Care Services

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 9 and 10 January 2019 and was announced. We gave the service 48 hours' notice of the inspection visit because the service is small, and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection was undertaken by one inspector. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at the previous inspection report and notifications about important events that had taken place in the service which the provider is required to tell us by law. We used this information to help us plan our inspection.

During the inspection, we visited two people in their own home and spoke with them about their experience of the care provided. We also spoke to four relatives on the telephone. We looked at three people's care plans and the recruitment records of two new staff employed at the service since the last inspection.

We spoke with the provider and four other staff. We viewed medicines management, complaints and compliments, meetings minutes, health and safety assessments, accidents and incidents logs. We also looked at what actions the provider had taken to improve the quality of the service.

Good

Is the service safe?

Our findings

People and their relatives told us that they felt that the service was safe and that there was good continuity of care. One person said, "They are always very punctual, on the clock." One relative said, "I can fully trust what is happening when I am not there."

People continued to be protected from abuse. Staff understood how to identify and report abuse. The provider was aware of their responsibilities to raise any concerns with the local authority. Staff told us they were confident that any concerns would be dealt with appropriately. There had been no safeguarding concerns since the last inspection.

Staff continued to assess risks to people and knew how to keep people safe. For example, one person was supported with their continence needs Staff had the appropriate training and there was guidance on how to ensure that the person was not dehydrated or had an infection. Where there had been concerns staff had identified these and had acted appropriately to keep people safe. Where staff used equipment to support people the provider had checked that this had been serviced appropriately. Checks to people's personal alarms were also made to ensure that they were working.

There continued to be sufficient staff to meet people's needs safely. People and their relatives were very positive about staff's punctuality and told us that calls were not rushed. The provider told us that they would call people if staff were more than 10 minutes late and people and their relatives confirmed this. The office staff had the skills and knowledge they needed to undertake care where needed, for example, if a carer was off sick. There had been no missed calls recorded this year. People usually had the same staff to support them and there were good levels of continuity of care. The provider continued to ensure that staff were suitable to work with vulnerable people before they started, including carrying out pre-employment checks.

Only two people needed support with their medicines as most people were able to do this for themselves or with family support. People's medicines continued to be managed safely. Medicine administration records where complete and accurate. Where people used creams, there was information for staff on where to apply these. Where people had been prescribed medicines on an 'as needed' basis, there was information on what these medicines were for and when to administer them. The administration of cream was accurately recorded in a cream record book. Staff had received training in medicine administration and had their knowledge and competency checked.

Risks of infection continued to be minimised by the use of personal protective equipment such as gloves and aprons which were available to staff. Staff had completed infection control and food hygiene training so that they knew how to keep people safe.

Incidents and accidents were recorded by staff and action was taken where needed. Where incidents had occurred, these were fully investigated and analysed. For example, one person had fallen on one occasion. The service had sought support from an occupational therapist and changes were made to the person's care to prevent further concerns.

Good

Is the service effective?

Our findings

People's needs were assessed prior to them receiving a service. People and their relatives told us that there were involved in the assessment and that the provider and care co-ordinator had visited them in their home.

The assessment was used to develop the care plan and address all areas of the person's needs including risks, personal care, cultural, social and religious. Where people had expressed that they had religious needs there was information in the care plan about this and how the person was to be supported. For example, one person liked to keep important items close to them and there were instructions to care staff to ensure that this was done. When new people came to the service the provider or care coordinator would deliver care in the first instance to ensure that the care plan was complete and assess which staff would be suitable to support the person.

Staff had the skills and training they needed to be effective. Training included manual handling, mental capacity, fire safety, medicine administration and moving and positioning. Staff had also completed training relating to specific needs such as dementia, stroke, and diabetes awareness.

Staff were positive about the training and told us if they had questions the provider would ensure that these were answered. One staff told us, "The provider is a stickler for making sure that staff are doing things correctly." New staff continued to complete an induction before working alone with people, this included shadowing a more experienced member of staff delivering care to the people they were going to support when they worked alone. Staff had supervision and a yearly appraisal and competency checks were undertaken to ensure that staff were following the correct procedures.

Not everyone receiving a service needed support to prepare food and drink. Where people needed this support, there was information in the person's care plan to ensure that staff knew how to provide this support. Where people had been assessed by the speech and language team (SaLT) because they had difficulty swallowing, staff were aware of this and knew how to support people safely. Staff were also aware where people needed a special diet to remain healthy and helped the person to monitor their intake of sugars where they had a long-term condition.

Staff continued to support people to remain healthy and access healthcare services where they needed it. When people were not well we saw evidence that staff had identified this and acted appropriately. For example, one person was referred to the district nurse when their needed the nurses' support with their continence. Another person was referred to the nurse when staff were concerned about their skin. Relatives told us, "They know my relative so well, and spot when they are unwell or upset. They always let me know."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. When people live in their own homes this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS) through the court of protection. We checked whether the service was working within the principles of the MCA and found that they were. Staff understood the principles of the MCA.

Good

Is the service caring?

Our findings

People and their relatives spoke highly of the service and the staff that supported them. One person said, "I am very happy, we have a good working relationship." Another told us, "The care is fantastic." One relative said, "The carer is amazing, and the care is second to none. It's made a massive difference to my [relatives] life." Another said, "There is a flexibility when we need it, if I am stuck in at work I know that the care will be provided."

Relatives continued to be positive about the levels of care and compassion shown by staff. They told us, "The care is unbelievably brilliant." And, "When I see my [relative] they tell me that they have had a lovely day. They make their life worthwhile for her. It took all the worry away and made a big difference to us as a family. There is real care."

Staff respected people and their home. One person told us, "They leave the bathroom very tidy after assisting me."

We looked at the compliments received by the service from people and their relatives. Comments included, 'Marvellous agency, thank you so much to everyone involved in caring so beautifully for [my relative] we could not have managed without you.'

People continued to be supported to express their views and be actively involved in their care. People told us they felt listened to and that "The staff know how I like things done". One relative said, "They engage with my relative to offer choices such as what they want to wear. They listen to them and involve them". And said, "The carer lets my relative lead the way."

People told us that they continued to be supported to remain as independent as possible. One relative said, "They encourage my relative to be independent, it's really important that they do things for themselves. The carer is there when they are needed for support." One relative said, "They know what my relative can do and they encourage them to do as much as they can for themselves." Staff told us that people had become more confident to do things for themselves and relatives agreed. One relative told us, "They stick to the routine and that's really important for my relative. The staff absolutely know what they are doing. There are no surprises and my [relative] is more confident." And, "The carer helps my relative to feel more confident about doing things for themselves."

Staff continued to understand the importance of respecting people's privacy and dignity. For example, by ensuring that people's modesty was protected whilst helping people to wash and dress. When staff had a key to access people's homes they always knocked first and ensured that people knew they were there before entering the house. People's care plans were kept securely to maintain the privacy of people's records.

Good

Is the service responsive?

Our findings

People told us that their care continued to be personalised and based around their needs and choices. Care plans were personalised to the individual and gave details about each person's needs and how they liked to be supported. Plans contained information on a range of aspects of people's needs including mobility, communication, pain, diet, interest's, speech and hearing. Care plans were updated annually or when people's needs had changed. New care packages were reviewed after one month, then again at three months and then annually or when people's needs had changed. For example, when a person's mobility had changed, there was information for staff about how people likes things to be done. For example, what support people needed to brush their teeth and do their hair.

People and their relatives told us that they were involved in the review of their care. People told us, "We all meet and review the care plan." Relatives told us that they were also involved in reviews of people's care. One relative said, "We constantly look at the plan and review and amend it." Another said, "We built the care plan together." Relatives told us that they were kept well informed by the service and that there was a positive working relationship.

There had been no complaints since the last inspection. Everyone we spoke to told us that they had no cause to complain. There was a copy of the complaints procedure in people's care file in their home and people knew it was there. One person told us, "If there is a problem I am sure [the provider] will fix it." A relative said, "My relative would let me know if they were not happy and I would complain if I needed to, but I have never needed to." And, "We get a first-class service and we benefit from that. No complaints what's so ever."

At the time of the inspection, the service was not providing end of life support to people. However, the provider was aware of their responsibilities if they needed to do so in the future. For example, to ensure that people had a plan in place so that that their wishes and preferences at the end of their life were respected.

There was information about the service in care plan folders in people's homes. Information included what they could expect from staff, contact numbers and how to make a complaint. The service was working according to the Accessible Information Standard (AIS) and its requirements. AIS is a framework put in place in August 2016 making it a legal requirement for providers to ensure people with a disability or sensory loss can access and understand information. For example, information was provided in plain English using clear large print format and, where needed, staff could use these documents to discuss and explain information to people.

Good

Is the service well-led?

Our findings

The service continued to be well-led by a committed and passionate provider who had the necessary skills and experience. The service was managed by the provider and there was no requirement for there to be a registered manager in place. The provider continued to be involved in the day to day management of the service, for example by undertaking assessments of people's needs and delivering care where staff were off sick or on holiday.

The provider had owned and managed the service for 14 years. People and their relatives all knew the provider very well and spoke positively about them. The provider knew about people's support needs, their lives and their life history. One person told us, "The provider leads from the front." Relative said, "I know the manager, they keep in regular contact, they let me know what's going on." And, "The service is very well run."

The provider had a clear vision which was based on providing continuity of care. Staff, relatives and people were all aware of this vision and the service had high levels of staff continuity. One relative said, "I appreciate the continuity of care. They are very good, understanding and they are caring." There continued to be a positive culture at the service. Records demonstrated that there were staff meetings at the service and staff told us that they were listened to and felt supported.

The provider continued to undertake checks on the quality of the service including audits of care plans, medicine records and daily contact sheets. There were also checks on staff performance through regular competency checks including medicine administration and manual handling.

Peoples and their relatives told us that their views continued to be listened to. There were regular surveys of people's views. The provider also spoke to people and their relatives frequently. The provider told us, "We talk to clients on the phone a lot, we are a smaller agency, so we give people a bit more time." The people and relatives we spoke to confirmed this. One relative said, "I don't think a week goes by where we don't talk about something." The feedback from people and their relatives was consistently positive. One relative said, "We have struck gold with this care service."

The provider continued to work closely with health professionals such as the occupational therapists and district nurse. The provider also attended conferences and events to keep up to date with best practice and share information. The staff in the office had all recently become 'Dementia Friends' learning more about living life with dementia.

The provider was aware of when notifications had to be sent to CQC. These notifications would tell us about any important events that had happened in the service. We used this information to monitor the service and to check how events had been handled. This demonstrated the provider understood their legal obligations.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had clearly displayed their rating at the service and on

their website.