

**We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## One to One Support Services Limited

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Hasland, Chesterfield, S40 2HA

Tel: 01246200018

Date of Inspection: 22 January 2014

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2014

We inspected the following standards as part of a routine inspection. This is what we found:

**Respecting and involving people who use services** ✓ Met this standard

**Care and welfare of people who use services** ✓ Met this standard

**Requirements relating to workers** ✓ Met this standard

**Assessing and monitoring the quality of service provision** ✓ Met this standard

**Records** ✓ Met this standard

## Details about this location

Registered Provider	One to One Support Services Limited
Registered Manager	Mrs. Melanie Coley
Overview of the service	One to One Support Services Limited provides personal care to people who want to retain their independence and continue living in their own homes. There were 65 people using the service at the time of this inspection. The agency provided 1,400 hours of personal care and support each week.
Type of services	Domiciliary care service Supported living service
Regulated activity	Personal care

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 22 January 2014, talked with people who use the service and talked with carers and / or family members. We talked with staff.

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

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### What people told us and what we found

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One person told us they were able to choose what activities they wanted to do each week and another person told us that they could always choose what time they wanted support. Another person said, "I always know what's planned, sometimes I go to the bank, the staff are very good at helping me, I like them."

We looked at five people's care records and saw that people's needs were assessed before they received care and any risks to their health and welfare were identified.

We found that appropriate checks were undertaken before staff began work and that people were cared for, or supported by, suitably qualified, skilled and experienced staff.

We found that people were asked for their views about their care. Recent feedback obtained from people by the provider showed they were happy with their care and the staff supporting them. One person commented, "Staff are very friendly and patient;" Another person said, "Staff wear a uniform which looks smart and professional."

We saw that people's personal records were accurate and regularly checked to ensure they were fit for purpose.

You can see our judgements on the front page of this report.

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## More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected and their diverse needs, views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

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At our visit we found that people understood the care and treatment choices available to them. Three people told us about some of the arrangements that were agreed with them. This included the times that care staff visited and the personal support planned for each visit. One person told us they chose activities they want support with each week and another person said they chose the time for their support. One person said, "I always know what's planned; sometimes I go to the bank; the staff are very good at helping me and I like them." We looked at the information given to people about the service, which explained the support available to them. This also assured that people's choices and preferences would be valued and supported.

We found that people expressed their views and were involved in making decisions about their care and treatment. Five people's care records that we looked at showed they were asked for their views and preferences about their care and support. In one person's care record we found their care plan had been updated to show where they had requested changes to the times of their care calls. We saw the provider had circulated questionnaires to people asking them for their views about the service. We looked at some of the completed returns from these and saw these were positive. One person had commented, "Staff are always respectful and prepared to listen and help with any changes in my care." We visited three people at home who used the service, Two of them showed us their care plans and said they had signed their agreement to these. Another person said they had chosen whether they wanted either male or female care staff for their personal care and support.

One person told us they enjoyed attending social events and activities in the local community and their care plan record showed how they were supported to do this. Another person told us about how staff had helped them to become more independent and said they were pleased as they could now do more for themselves. They also told us how staff supported them with their meal preparation and we saw that their care plan reflected this.

We looked at another completed provider questionnaire and saw that the person completing it had commented, "The support has made me more independent." This meant that people were supported in promoting their independence and community involvement.

We found that many of the people using the service were deaf or hard of hearing. The manager told us that all care staff were trained to use British sign language to help them to communicate with people. We spoke with two people receiving care who were deaf and used British sign language. One of them said, "Staff are good at signing;" and the other person said, "Staff communicate well with me". We spoke with one care staff who told us they used different methods to help them communicate with people in a way that suited their individual needs. This included simplified hand signing and picture signing.

We also saw that staff used identity cards, which contained pictures showing people who they were. This helped people with learning disabilities to check the identity of care staff visiting them. The manager told us about the arrangements for supporting people with more than one sensory impairment, for example anyone who may be both deaf and blind. This included staff wearing personal objects of reference to enable those people to check the identity of the care staff visiting them. This meant that people's diversity, values and human rights were respected.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan and in a way to ensure people's safety and welfare. At our visit two people told us that the manager spoke with them about the care and support they required before the service started. Five people's care plan records we looked at showed that their needs were assessed with them before they received any care and included any known risks to their health and welfare. For example, we saw that a risk assessment was recorded for one person's use of kitchen equipment and for their preparation of food. Two care staff we spoke with told us that people's needs were always assessed and they were given the opportunity to meet staff providing their care before this began. One person receiving care told us, "The manager always brings new staff round to introduce them to me" and, "The staff are wonderful and they always make sure I have everything I need before they leave."

The manager told us that from time to time, staff were directly observed providing care to people to ensure this was delivered correctly. We looked at a written record of this for one of the care staff observed. This showed they had delivered care in line with the person's care plan and at a pace that was comfortable for the person receiving care.

There were arrangements in place to deal with foreseeable emergencies. This included a business continuity plan and procedures to be followed in the event of an emergency of where significant risks to people were identified. For example, such as in the event of severe weather conditions that may prevent staff from attending work. The manager and two people's relatives described the last use of severe weather procedures.



## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

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### Our judgement

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The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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At our last visit we found there were effective recruitment and selection processes in place and the appropriate checks were made before staff began work. We looked at the records obtained by the provider for their recruitment of three care staff employed. These included staff's identity, employment history, character references and evidence of their experience and qualifications. We found the provider had obtained information about each staff member from the Disclosure and Barring Service (DBS). The Disclosure and Barring Service helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA). We found evidence that the provider made DBS checks for staff employed in the service and had a policy of renewing DBS checks every two and a half years and the date of renewal had been recorded on the files. This meant that the provider was checking to ensure people employed were of good character and had the skills and experience necessary for the role.

We saw that the provider had a written policy for the recruitment and selection of staff. Records we looked at of three care staff's employment interviews showed that the questions they were asked were relevant to their expected job roles and responsibilities and enabled the provider to assess the care staff's suitability for their role.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of care that people received and to manage risks to their safety..

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### Reasons for our judgement

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At our visit we found that people using the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We looked at four of the providers questionnaires recently completed by people using the service, which asked them about their experiences of their care. These showed they were happy with their care service and support. One person had made a written comment, which said, "Staff are very friendly and patient". Another person commented the same, that, "Staff wear a uniform which looks smart and professional."

There was evidence that learning from incidents took place and appropriate changes were implemented. Records we looked at showed that staff completed accident and incident reports when required. We found that the required records were in place, which showed that business continuity was ensured in the event of a recent emergency at the home of a person supported by the provider where a gas leak had occurred. Minutes of staff meetings that we looked at showed that any accidents and near misses were discussed. This included any learning and changes to be made from these.

## Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

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### Our judgement

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The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

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### Reasons for our judgement

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At our visit we found that people's care plan records including medical records were accurate and fit for purpose. We looked at six people's care plan records, two people's medicines records and saw these were accurate and up to date. Records of senior staff meeting minutes we looked at showed that regular checks were being made to care plans to ensure they were accurately maintained and that where improvements were needed, this was raised with staff and monitored.

We found that staff records and other records relevant to the management of the service were accurate and fit for purpose. Three staff files we looked at showed they contained the required information for their recruitment and training and had been updated where there were any changes. This included any changes to staff personal details.

We saw that records were kept securely and could be located promptly when needed. Records were kept in locked cabinets and the provider was able to provide us with the files that we requested on the day of the inspection. We found that the service had appropriate policies and procedures to follow for keeping records secure and confidential.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.



## Contact us

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