

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

One 2 One Private Care Services

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9QZ

Tel: 01233610542

Date of Inspection: 04 November 2013

Date of Publication:
November 2013

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Care and welfare of people who use services	✓	Met this standard
Management of medicines	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Ms Beverley Gregory
Overview of the service	One 2 One Private Care Services provides care and support to people who want to retain their independence in their own home. It provides a service to mainly older people and some younger adults.
Type of service	Domiciliary care service
Regulated activity	Personal care

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether One 2 One Private Care Services had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Management of medicines
- Requirements relating to workers
- Assessing and monitoring the quality of service provision

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 4 November 2013, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

On 28 June 2013 we inspected One 2 One Private Care Services and found non-compliance in the areas relating to care and welfare, management of medicines, requirements relating to workers and assessing and monitoring the quality of service provided. This was a follow up inspection to check compliance against those areas.

During this inspection we visited the office and spoke with the provider and a member of staff. We later spoke to two people who used the service, three relatives and four staff by telephone.

People spoken with told us they were satisfied with the service received and that their care was personalised to their needs. Comments included, "They are a damn site better than any other agency in this area". "I give them eight or nine out of 10". One relative told us, "They are excellent, Mum loves them coming".

People said they got their medication when they should.

People felt that the service recruited the right calibre of staff.

People spoken with told us they had been asked for their feedback on the service they received. There were systems in place to assess and monitor the quality of service people received.

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

More information about the provider

Please see our website 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

Care and welfare of people who use services

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were protected because care plans contained guidance to staff in order that care and support could be delivered in a safe and consistent way that would reduce any risks to people's health and welfare.

Reasons for our judgement

Our inspection in June 2013 found that people were not protected against the risks of receiving inappropriate or unsafe care, because there was a lack of care planning and risk management.

The provider wrote to us on in August 2013 and told us that they were taking action to address the non-compliance.

During this inspection we looked at five care plan folders. We saw that a new care plan format had been introduced. The provider told us that each person who used the service had had their needs reassessed and a new care plan agreed with them. We saw that the files we looked at each contained the new format care plan. Some people had signed these as an indication of their agreement with the content. We saw that care plans contained better detail about people's wishes and preferences. People's skills and abilities were recorded, so that staff could promote and maintain people's independence. In addition the visits people received, such as morning or evening visit, had been discussed with the person who used the service and a preferred routine for that visit was incorporated into the care plan.

Records showed that any risks associated with people's care had been assessed and guidance put in place to reduce these, in order that people remained as safe as possible. For example, if someone was to become unwell due to their diabetes, or if someone was at risk of poor skin integrity or choking.

Most people confirmed (some could not remember) that they had had a copy of their new care plan and that it reflected what they required from the service and what staff did on each visit. One person when asked if the care plan reflected what happened said, "Absolutely". People told us they were satisfied with the service they received. Their comments about their care included, "They are perfect, and exactly what we want". "We

know when and who is coming, they are on time, in uniform and very pleasant and cheerful". "They are absolutely marvellous, they never let me down and they are the kindest of people".

Staff we spoke with also confirmed that a new care plan was in place for each service user. Staff felt the new care plans were "brilliant" and "very good". One staff member said, "They are very good, easy to follow and they clearly state what you have to do".

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines, because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Our inspection in June 2013 found that people were not protected against the risks associated with the administration of medicines, because the provider did not have appropriate arrangements in place to manage medicines. There was insufficient guidance in place for staff on the use of some medicines.

The provider wrote to us on in August 2013 and told us that they were taking action to address the non-compliance.

During this inspection we saw that a new medication policy and procedure had been introduced. This contained clear guidance for staff in order to handle and administer medication safely. Records showed and staff we spoke with told us that most staff had received medication training since the last inspection. We saw that in addition a knowledge competency check had also been completed following the training.

People told us they got their medicines or their creams applied when they should. We saw that people's medication, including their prescribed creams, were listed in their care plan. The care plan also detailed staffs involvement in the administration of an individual's medication. Where people were prescribed medication or cream on an "as required" basis, in some cases there was clear guidance about when, how or where this should be administered. The provider told us that although they had felt the instructions for these medicines were clear, they had started updating each plan with better detail.

Staff told us that at the time of the inspection only one person was assisted in the administration of all their medication. In all other cases staff were only applying prescription creams. There were no records of medication administration available at the office, during this inspection for us to examine. The provider told us that following the last inspection, where staff were involved in administration of medication including applying prescription creams, individual medication administration records had been put in place. However the provider might wish to note that in discussions with some staff they were still not clear about completing an individual medication administration record when applying prescribed creams.

Requirements relating to workers

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Robust recruitment checks were in place to protect people who used the service.

Reasons for our judgement

Our inspection in June 2013 found that recruitment checks were not completed as robustly as required, which could have left people who used the service at risk.

The provider wrote to us on in August 2013 and told us that they were taking action to address the non-compliance.

During this inspection people told us they felt the service recruited the right calibre of staff. One person said, "They certainly do (recruit the right calibre of staff), they are all very very nice".

Staff told us they thought the recruitment process was very thorough. We looked at two staff files where staff had been recruited since the last inspection, for the purpose of checking compliance on staff recruitment. These showed that there was an effective recruitment and selection process in place, to help ensure that staff who are employed were safe to work with vulnerable people.

The regulations required that certain information be obtained from people seeking employment at the service. This included a recent photograph, proof of identity, health information, a Disclosure and Barring Service (DBS) check (formerly Criminal Records Bureau (CRB) check), employment history, and references. We found that the files checked contained the required information.

Records showed that each staff member's file had been rechecked since the last inspection and a full employment history recorded, if it had not already been in place. The provider might wish to note that in one file examined it was not clear if a full employment history was recorded.

There is a requirement to check a job applicant's reason for leaving their previous employment, where they had been employed working with children or vulnerable adults. We found that this information had been recorded on the new application forms, which had been introduced.

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

Our judgement

The provider was meeting this standard.

The provider had systems in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and others.

Reasons for our judgement

Our inspection in June 2013 found that the provider did not have effective systems in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and others.

The provider wrote to us on in August 2013 and told us that they were taking action to address the non-compliance.

During this inspection we found that the service was using a computer system to help assess and manage the service. We saw that people's needs had been reassessed. Their care and support needs had been recorded on the new care plan format. Staff told us that when a care plan was due for review; the system would flag this as a reminder. We saw that issues that were discussed with other services and/or families were recorded on the computerised records, together with the outcome of action taken.

Accidents and incidents were also recorded, together with action taken to reduce the risk of them occurring again.

People were very complimentary about the service. People told us that they had opportunities to give feedback about the service provided. This was through visits or telephone calls made by the provider. One person said, "We see the boss of the agency once a week". No one spoken with had any concerns and all felt confident any concerns would be sorted out and quickly. One person said, "There have been some issues previously, but they are always resolved either over the phone or by a visit". No complaints had been received by the service since the last inspection.

Records showed that people were also visited during unannounced spot checks on staffs' practice. These visits were recorded and included comments from people who used the service as part of the visit, which were all positive. The provider told us that it was planned that the supervisor would conduct two spot checks visits per week. Staff felt very well supported. One staff member said, "I couldn't wish for a better manager". Another said, "They are very very fair, if I have any queries I go to X (the provider) and she does

something about it. She will come straight out; it really really is a great agency".

Staff told us there had been one staff meeting since the last inspection, which had doubled as a medication training session. In addition further staff training had also taken place. Competency checks had been completed on staffs' knowledge following the training. Staff told us the computer system was being used to monitor what training had taken place and what was due for updating.

The service was keeping up to date with changes and legislation within the health and social care sector by using the internet and also other organisations. They were receiving regular newsletters and emails about changes.

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.

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.

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.

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

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)

(Registered) Provider

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'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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