

## Just One Recruitment and Training Limited

# 12 Tipton Way

### Inspection report

12 Tipton Way  
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Date of inspection visit: 21 September 2015, 26  
October 2015  
Date of publication: 25/11/2015

### Ratings

#### Overall rating for this service

Requires improvement 

Is the service safe?

Requires improvement 

Is the service effective?

Requires improvement 

Is the service caring?

Requires improvement 

Is the service responsive?

Requires improvement 

Is the service well-led?

Requires improvement 

### Overall summary

This was an unannounced inspection carried out on 21 September 2015. We also spoke with a number of people who used and worked for the agency on 26 October 2015. We carried out this inspection at this time due to concerns we had received from a local authority and from relatives of people using the service. These concerns related to staff not arriving on time or insufficient numbers of staff arriving to support the person.

12 Tipton Way is a domiciliary care agency registered to provide personal care to people in their own homes. The registered provider is Just One Recruitment and Training

Limited. The agency office is based in Wavertree, Liverpool. At the time of this inspection they were supporting 34 people. This included adults and children, some of who had complex health needs.

The agency had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

# Summary of findings

We last inspected 12 Tapton Way in August 2013. At that inspection we looked at the support people had received with their care, staff training, record keeping and complaints. We found that the provider had met regulations in those areas.

**At this inspection we found a number of breaches relating to keeping people safe, supporting people to consent to their care, and good governance of the service.**

**You can see what action we told the provider to take at the back of the full version of this report.**

The agency had not always identified and reported safeguarding incidents to the relevant authorities.

People had not always received their care as planned which had led to their safety being compromised. This had included staff not arriving to support people on time or insufficient staff arriving to meet people's planned needs.

Senior staff were aware the agency needed to improve the service they had provided and had implemented plans to address this.

Staff had been recruited safely and sufficient staff were employed to meet people's planned needs.

Staff had not always received the training they needed to support people safely and well.

The agency had not followed the law in obtaining people's consent to their planned care or ensuring decisions were taken in the person's best interests if they were unable to consent.

Records were out of date and inaccurate. This included medication records, care plans, staff training and supervision records and policies.

People received the support they needed with their health care.

People using the agency and their relatives were happy with the care staff who supported them. Staff were knowledgeable about the people they supported and had built warm relationships with people based on respect.

Senior staff were aware the agency needed to improve the service they had provided and had implemented plans to address this.

# Summary of findings

## 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 was not always safe.

The agency had not always identified and reported safeguarding incidents to the relevant authorities.

People had not always received their care as planned which had led to their safety being compromised.

Medication records were out of date, therefore staff did not have up to date guidance to follow.

Action was being taken by the agency to improve their service and keep people safe.

Sufficient staff were available to meet people's needs.

Requires improvement



### Is the service effective?

The service was not always effective.

Staff had not always received the training they needed to support people safely and well. Plans were in place to address this.

The agency had not followed the law in obtaining people's consent to their planned care or ensuring decisions were taken in the persons best interests if they were unable to consent.

People received the support they needed with their health care.

Requires improvement



### Is the service caring?

The service was not always caring.

A number of people using the agency and their representatives did not have confidence in the agency. This was because they had experienced staff arriving late or insufficient numbers of staff arriving to provide their care.

People said they had not always been able to speak to senior staff from the agency when they requested to do so.

People using the agency were happy with the care staff who supported them. They told us they had confidence in care staff who supported them.

Staff were knowledgeable about the people they supported and had built warm relationships with people based on respect.

Requires improvement



### Is the service responsive?

People had not always received their care as planned or in a timely manner.

Requires improvement



# Summary of findings

Care files were out of date and contained inaccurate information. This meant staff did not have up to date guidance available to support people safely and well.

Complaints were recorded and steps were being taken to address these. However no clear records of the actions taken to address complaints was available.

The agency had commenced the process of reviewing people's care plans and were aware of the need to improve these aspects of their service.

## **Is the service well-led?**

The service was not always well led.

A number of records including polices, care records and staff records were out of date or inaccurate.

Senior staff were aware of the need to improve the service and had implemented plans to address areas of concern. It had taken some time before this action was taken which had resulted in people receiving a service that was at times unsafe and failed to meet their planned needs.

**Requires improvement**



# 12 Tapton Way

## 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.

The first day of the inspection was carried out by a team of three inspectors. The team included an Adult Social Care (ASC) inspection manager, a lead ASC inspector and a second ASC inspector.

Prior to our visit we looked at any information we had received about the agency including contact from people using the service or their relatives and any information sent to us by the manager since our last inspection in October

2013. We also spoke with Halton Local Authority who had safeguarding responsibility for some of the people using the agency and had concerns about the service and the care people were receiving.

During the inspection process we spoke with three people who received support from the agency and with three of their relatives. We also used information we had received from a further four relatives representing people who used the agency. We spoke with ten members of staff including the registered manager, Nominated Individual (NI) who was representing the provider and care staff.

We visited two people receiving support in their home and observed how staff interacted with them and the support they provided. We looked at a range of care records including six care files, training and recruitment records for staff and records relating to complaints and managing the agency.

# Is the service safe?

## Our findings

Prior to the inspection we had received information from relatives of people who used the service. They told us that staff did not always arrive on time. One relative told us staff could be "Up to 3 hours late ie. morning call at noon." One of the people using the service told us that staff had often arrived late or too early to support them to go to bed or only sent one carer when they needed two to help them. One of the people using the service told us there had been a big turnover of staff and commented, "We need consistent staff."

We had received information from a local authority who funded several people receiving support from the agency. This showed that on a number of occasion's staff from the agency had not arrived on time to support the people or only one carer had arrived when the person required two carers. This meant that people were not getting the support they needed provided in a way that would keep them safe.

On one occasion records showed that staff had arrived at a person's house at 11 am instead of 8 am. On arrival staff found the person had fallen and been unable to get up.

The agency did not report these incidents under safeguarding adult's procedures.

The agency had policies and procedures in place for safeguarding adults and for whistle blowing. Whistleblowing protects staff who report something they believe is wrong within the work place. Staff we spoke with had an understanding of these polices and their role in identifying and reporting any safeguarding concerns that they had. Information on how to report safeguarding issues was available for senior staff within the 'on call folder' and the registered manager was aware of her role in reporting safeguarding incidents. The safeguarding policy stated it had been reviewed in 'September 2015'. We saw a copy of a safeguarding policy in the office of a block of flats where staff were based, this was dated October 2014. Having different versions of the policy available for staff could prove confusing.

Not all of the staff working at head office had identification badges, this included the registered manager and a team leader who visited people the agency supported. We looked at one and saw that it had a photograph and date of issue but no date of expiry. We asked three members of care staff if they had an ID badge. One told us they did not,

two others told us they did, however one added this was only after a request by the family of someone they supported. It is important that staff have ID badges so that people using the agency can check their identification before letting them into their home.

**These were breaches of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider had not ensured systems and processes operated effectively to prevent abuse of service users.**

The manager and nominated individual (NI) told us that they had returned a number of contracts to one local authority and had given notice on some other contracts as they were aware that they needed to significantly improve the service they provided. They told us that they were committed to meeting their current contracts and would not be taking on any further work until their staffing levels increased. We confirmed this with the local authority. The manager also told us that they had assumed responsibility for the rotas and had revamped them to minimise travelling time for the staff.

We looked at the rotas and we saw that the service now had adequate staff to meet the needs of the people using their service a because they had recently reduced their contracts. We looked at staff rotas for a nearby block of flats where the agency supported a number of people. We saw that sufficient staff were available to fulfil the contracted hours of support people were entitled to. We also saw that staffing was arranged to accommodate people's preferences for a male or female carer.

We asked the registered manager how they ensured staff had access to personal protective equipment including gloves and aprons. We saw that they had a supply at head office and staff told us that they always had these available in people's homes. The agency's policy for infection control said that staff should use 'alcohol based hand rub' after supporting people with personal care. However when we asked we were told that this was not currently supplied by the agency for staff use.

We looked at recruitment processes in the home and at five staff files. We saw that all the required checks had been carried out prior to the staff members commencing work for the service. We saw that all staff had a Disclosure and

## Is the service safe?

Barring service (DBS) check completed and that references had been received and recorded. These checks helped to ensure staff were suitable to work with people who may be vulnerable.

We asked about staff disciplinary procedures and the provider told us that they had clear procedures in place. They told us they had commenced a number of investigations that would have potentially led to disciplinary action being taken but that the staff members concerned had left the service before any investigations could be concluded.

We saw that one person's care file said they took no medication. Whilst speaking with the person we observed the person did take medication which they managed

themselves but needed staff support if they dropped it. A second person's care records said that they did not take any medication however other records stated that they did. Care records for a third person contained a list of medication they took which was incorrect. This lack of clarity within care records regarding the medication people take means that staff did not have the information available that they needed to support people safely.

**These were breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider had not ensured that accurate up to date records were maintained for people using the service.**

# Is the service effective?

## Our findings

One of the people supported by the agency told us they had asked a member of staff to help them with a piece of medical equipment they used. They said the member of staff was unaware of how to do this and added, "I'm training their staff." They told us they did not think staff always had the right skills to support them.

Staff had mixed views about the training they had received from the agency. One member of staff told us training had often been cancelled and not re-arranged. They said this included training on how to meet people's health care needs and use medical equipment safely. Another member of staff told us training was provided but often, "left until the last minute". A third member of staff said they had received all the training they needed.

We asked the registered manager about staff training and they told us they had recognised that staff training had not been managed consistently within the agency and were taking steps to address this.

We saw evidence that during the previous two months all staff had undertaken the company's three day mandatory training. The company employed a trainer who provided all their training face to face. We found that the records relating to the recording of the training were poor. We were shown a number of different training matrixes that were not up to date. We asked for confirmation of specialist training that staff had received and the manager was unable to locate all of this and told us that some of it was not recorded anywhere. It was therefore not possible to ascertain whether staff had received the training they needed particularly around peoples specialist healthcare needs or equipment that they needed.

One person's care plan stated that knives were to be kept of out their reach. Staff provided a verbal explanation as to their reasons for this; however we saw no written risk assessment as to why this decision had been reached and whether it had been reviewed. We also saw a care plan which recorded that the person smoked and stated, 'which staff will give me as and when I require them.' In fact we

saw that the persons cigarettes were locked up by staff in the office and not in the persons flat and that there was a daily limit to the number of cigarettes the person could have . When we asked about this we were told the person had not agreed to this but a relative of theirs had. No written assessment of the person's capacity to make this decision was recorded and no 'best interest meeting' had been held to decide if this was the best decision for the person.

We discussed the requirements of the Mental Capacity Act (MCA) 2005 with the manager and the provider's nominated individual (NI). The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions the person cannot make are made in their best interests. Neither the manager nor the NI demonstrated a full understanding of the MCA. No one who worked within the organisation had received any training in the application of the MCA. The service was not able to demonstrate that they could support a person safely within the law who did not have the capacity to make their own decisions.

**These were breaches of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider had not ensured the support people received was planned and delivered with the consent of the person or in line with guidance in the Mental Capacity Act (2005)**

In discussions with staff they were able to explain the specific health care needs of the people they supported and were able to explain how they met these.

We saw that staff had monitored and clearly recorded observations around one person's health. These were used to provide the persons GP with the information they needed to prescribe new treatment. A second person had written their own care plan for staff to follow, this detailed how staffs should meet their health needs. This is good practice as it helps to ensure the person is as involved as possible in their own care and is receiving that care in the way they prefer.

# Is the service caring?

## Our findings

People using the agency and their relatives all told us they liked the care staff who supported them. One person described care staff as, "Fine." Another described them as, "Very good" adding, "They help me with the things I can't do."

A relative we spoke with described care staff as, "Fantastic" and another said they had provided, "The best service I have had, absolutely brilliant." They told us that staff knew their relative well and provided them with, "Top notch" support.

People told us that they found their care staff respectful and polite and said that they listened to them. A member of staff commented, "I love working with the clients."

We spoke with two members of staff who were supporting people at the time. Both members of staff were respectful of the person and obtained their permission before speaking with us.

Staff were knowledgeable about the people they supported and had built relationships with them. This included knowing the things the person liked and disliked as well as the things the person needed practical support with. The interactions we saw between staff and people using the service were warm and friendly.

However prior to the inspection we had been contacted by relatives, people using the service and a local authority with concerns that staff did not always arrive to support people or arrived much later or earlier than planned.

Several relatives and people using the service told us that they had not always been able to speak to someone senior in the office when they had concerns and that their calls had not always been returned.

One person had their care package cancelled at short notice, this was later extended after the local authority intervened. This had caused upset and concern to the person.

These examples indicated to us that the agency had not always been caring towards the people it supported.

# Is the service responsive?

## Our findings

One of the people supported by the service told us staff were polite, arrived on time and provided the support they needed in the way they preferred. However other people told us staff had not arrived on time. One person explained staff had arrived on several occasions late in the morning this impacted on their planned activities for the day and meant they had to ask family, colleagues and friends to help with personal care. Staff had also arrived earlier than booked to help them get ready for bed which did not suit their lifestyle.

Care files we looked at were not up to date or accurate and did not provide the guidance and information staff would need to support people safely and well.

One care file contained a moving and handling assessment which was not personalised to the person's needs. It referred to a, 'manual handling procedures' eight times, however when we asked a senior staff member what this meant they were unable to explain. We also saw from the person's daily notes that they used a piece of medical equipment which staff supported the person with up to 10 times daily. No guidelines for staff to follow were detailed within the person's plan. A care file reviewed in April 2015 contained details of one person's evening routines that were no longer applicable as they did not receive this support from the agency. A third person's care plan had been written in December 2013 and had not been reviewed.

Care plans contained a number of medical terms and references to illnesses or syndromes the person had,

however there was no detailed guidance provided for staff on how these may affect the person and what impact they may have. Staff who had not had medical training may not understand some of the terms used with care plans and therefore may not fully understand the person's support needs.

**These were breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider had not ensured that accurate up to date records were maintained for people using the service.**

The manager was aware that care plans needed to be updated and advised us that this formed part of their overall plan to improve the quality of the service.

We looked at the complaints procedure and saw that a copy was contained in the service user guide. We saw that the complaints policy had recently been updated. We asked to see the complaints log but one was not produced. The provider showed us their notebook and we saw that they had identified a number of complaints or concerns that they were managing as complaints but these were not recorded or stored appropriately. There was not a clear audit trail of the complaints and the action being taken in response to them. The provider told us that they were aware of this and that they were planning to record the complaints and the actions taken. They also told us that they had plans to visit and review every person receiving a care package and would be recording all concerns as complaints. We saw that that visits to people using the service had been planned

# Is the service well-led?

## Our findings

People who used the agency and their relatives had mixed views as to how well it was managed. One person told us, "I don't like Just One." A relative told us they had not always been able to speak to the registered manager and their calls had not always been returned. However another relative told us, "As soon as I ask them to sort something they do it," and a person supported by the agency told us things had improved recently and said the new manager, "Seems to be listening." They told us communication had improved and they felt the agency was, "On the right track."

The registered manager and nominated individual told us that they were aware the service needed to improve and explained that in order to give them time to do so they had decided to stop providing support for several people and informed their local authority of this decision. They had also taken the decision not to agree to support any new people until some of their planned improvements had been made.

We were however concerned that a period of time had passed before action was taken by the provider. This meant people had not received the service they should have and led to a number of people not getting the care they needed in a safe way and not getting the care they had chosen in a way which promoted their dignity and independence. This had led to a local authority carrying out a number of safeguarding investigations into the support the agency had provided.

We looked at a number of policies and saw that many of them were out of date. The manager told us that a number of policies had been updated. We viewed some of these but had some concerns that the updated versions had not been shared with staff. For example we visited premises nearby where the agency supported a number of people and had a small office for staff to use. The safeguarding policy in this office referred to the Welsh regulator rather than the Care Quality Commission who are the regulators for this service. We also saw that records relating to people supported by the agency were out of date and had not always been reviewed correctly.

We had also seen that training records were poor and records relating to staff supervision were not maintained.

We also saw that the service user guide had been updated. We noted that the guide stated that the service could

provide support to people who had tracheostomies. We asked the manager about this and they told us that they could not support people with this need as they did not have suitably qualified staff. This meant that the service user guide was not up to date even though it had been reviewed.

**These were breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider had not ensured that systems and processes operated effectively to assess, monitor and mitigate risks relating to the health and safety of people using the service. They had also failed to ensure records were accurate and complete.**

We saw that a new call system was being introduced within the agency to monitor the times care staff arrived at and left peoples' home. This was currently used for people being supported in Halton with plans to roll it out in other areas. Each member of staff will have a unique identification number and ring free of charge from the person's home phone on arrival and departure. If no phone is available then a box is fitted in the person's house which provides a unique number for staff to text. This system will enable the agency to monitor whether people are receiving the support they are contracted to receive.

An on call system operated at the agency to deal with any queries or concerns outside of office hours. Staff had mixed views as to how well this worked. One member of staff told us the office could be, "A bit disorganised". They said at weekends in particular they may text a question and not get a response or get a different response to the question they had asked, however they added things had been, "not too bad" recently. Another member of staff told us they had always got a response to queries telling us they are, "Really good, always there on the end of the phone." We saw that there was a system in place for on call cover 24 hours a day. This included staff on call having access to relevant information including phone numbers and advice on managing safeguarding issues.

The registered manager had plans in place for improving the service. We saw a spreadsheet she had devised to record all paperwork, reviews and contact relating to individual people using the service. This should provide a central point for checking and ensuring information is up to

## Is the service well-led?

date. Similarly the registered manager was aware that training records were poor and some training was not recorded or was overdue. We saw that the process of providing training for staff had commenced.

We also saw that senior staff had been visiting people using the service to gain their views of the quality of the service and to discuss their care with them. This helps to make sure people are getting the care they need in a way they prefer it also helps to plan future improvements to the service.

We asked about staff meetings and were told that one had taken place recently and the concerns about the service had been discussed with all staff. We asked to see the

minutes of this meeting and we were told that none were available yet as they had not been typed up but we did see the notes from the meeting. We saw that all staff had been emailed by the manager highlighting a number of concerns. We saw that staff had raised concerns relating to the 'double up' calls, travel time and communication from the office. We saw that the manager had responded to these concerns. The 'double up contracts' had been relinquished. The rotas had been revisited to minimise travelling time and the communication concerns were being explored with the manager emailing all the staff. This demonstrated that the manager was trying to listen to and support the staff.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Personal care

### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

Care and treatment of service users was not always provided with consent of the relevant person.

Regulation 11(1)

### Regulated activity

Personal care

### Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

Systems and processes did not operate effectively to prevent abuse of service users.

Regulation 13 (2)

### Regulated activity

Personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Systems and processes did not operate effectively to assess, monitor and improve the quality and safety of the service provided and to maintain accurate records relating to people using the service and the management of the regulated activity.

Regulation 17 (2) (a) (c) (d) (ii)