Onecare-uk Ltd

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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

Our inspection of Onecare-UK Limited took place on 21 December 2018. We returned to the service on 3 January 2019 to complete the inspection.

Onecare-uk Ltd is a domiciliary care agency based in the London Borough of Harrow. The service provides a range of support to adults living in their own homes. At the time of our inspection the service provided care and support to 90 people with a range of needs and disabilities including dementia and other conditions associated with ageing, learning disabilities, autism and mental health needs. The service has developed a specialism in working with people with hearing impairments.

At our last inspection during April 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The Service 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.

People who used the service spoke positively about the care and support that they received. They were complimentary about their care workers and their approaches to providing support

The provider had taken reasonable steps to identify potential areas of concern and prevent harm or abuse from happening to people. Staff members had received training in safeguarding and demonstrated that they understood how to safeguard the people whom they were supporting.

Person centred risk assessments had been developed for people. We saw that these included guidance for staff on managing identified risks. Actions had been put in place to review and improve the quality of people's risk assessments.

Some people received support to take prescribed medicine. Arrangements were in place to ensure that these were appropriately given and recorded.

Staff recruitment records showed that the provider ensured that workers employed by the service were suitable for the work they were undertaking. Staffing rotas met the current support needs of people. Systems were in place to monitor care visits.

Staff members working at the service received the support they required to undertake their roles in supporting people. We saw that a range of training was provided to new staff and that 'this was updated on

a regular basis. Staff members received regular supervision sessions with a manager. Arrangements were in place to ensure that staff members with hearing impairments were supported by a British Sign Language (BSL) interpreter to participate in training and supervision sessions.

The service followed guidance associated with the Mental Capacity Act (2005). 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 supported this practice. Capacity assessments had been put in place for all people using the service. People were asked for their consent to any care or support that was provided. Family members had been consulted where people could not give consent.

Staff members spoke positively and respectfully about their approaches to care, and the people that they provided care to.

People's religious, cultural and other needs and preferences were supported. The service had recruited staff members who were able to communicate with people using their preferred language.

Care plans contained information about people's care and support needs with guidance for staff about how these should be supported. People spoke positively about the quality of care that was provided and the information that they received.

The service had a complaints procedure that was available in an easy to read format. People who used the service knew what to do if they had a concern or complaint.

The service was well managed. People who used the service and staff members spoke positively about its management. A range of processes were in place to monitor the quality of the service, such as audits, spot checks of care practice and service user satisfaction surveys. Actions had been taken to address any concerns arising as a result of quality assurance processes.

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**

Onecare-uk Ltd

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.

We visited Onecare-uk Ltd on 21 December 2018 and returned to the service on 3 January 2019 to complete our inspection. The inspection team consisted of a single inspector. We gave the service 48 hours' notice of our visits as this is a domiciliary care service and we needed to ensure that the registered manager or other office staff members were available.

Before our inspection we reviewed the information that we held about the service. This included notifications and other information that that we had received from the service and the Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well, and the improvements that they plan to make. We also contacted a professional from a commissioning local authority.

During our inspection we viewed records held by the service. These included the care records for 14 people using the service and 12 staff records, along with records relating to the management of the service. We spoke with the registered manager and another member of the management team. Following out inspection we spoke with four care staff,11 people who used the service and two family members.

Good

Is the service safe?

Our findings

People who used the service told us that they felt that the service was safe and that they were confident with the quality of care staff. One person said, "The carers are lovely. They do all they can to make sure I'm alright."

The service had a policy and procedure on safeguarding adults and all staff members had received training in relation to this. The staff members that we spoke with were able to demonstrate that they understood the principles of safeguarding and the potential signs of abuse. They told us that they would immediately report any concerns to a manager.

Personalised risk assessments had been developed for people who used the service. These included information about a range of risks relevant to the person's needs, for example, moving and handling, mobility, community participation, behaviour and medicines. Risk management plans were in place with clear guidance for staff about the approaches that they should use to reduce risk. For example, we saw that guidance was provided for staff on identifying and managing a person's anxiety levels when being supported to participate in community based activities.

We noted that three risk assessments were more detailed than others. The registered manager told us that these assessments had recently been developed for people with complex needs. He said that the service was in the process of updating the care plans and risk assessments for everyone who used the service. When we returned to the service to complete our inspection we saw that the risk assessments for two further people had been reviewed and revised to contain more detailed information.

Some people received support from staff members to take their prescribed medicines and staff members had received training in safe administration of medicines. Information about people's medicines was contained within their care files. We looked at the medicines administration records (MARs) for three people. These were correctly completed with no gaps. However, the MAR chart for one person did not include medicines that were recorded within their care records. The registered manager investigated this and acknowledged that the care record for this person had not been updated to reflect that these medicines were no longer prescribed. He assured us that this would be amended immediately.

The service's recruitment records showed that actions had been taken to ensure that new staff members were suitable for the work they would be undertaking. Staff recruitment records included copies of identification documents, evidence of eligibility to work in the UK, two written references, application forms and criminal record checks.

There were sufficient staff members available to support the people who used the service. The service used an electronic call monitoring system which identified if there were missed or late care calls. The service received an alert if a carer hadn't logged into the system within 20 minutes of the due time, and this was immediately followed up by the service. Outside of office hours the system was available to the on-call manager via a tablet. Where staff members were unable to access the call monitoring system, they were

required to send a text to the service when they arrived and left a person's home. One person said, "They are sometimes late but they always let me know."

All staff had received training on infection control procedures and were provided with disposable gloves, aprons and anti-bacterial gel, along with information regarding safe disposal of these and other relevant waste.

Records of accidents and incidents were maintained by the service and actions had been taken to ensure that any further risk was minimised, such as the updating of people's care and risk management plans.

The service maintained a 24 hour on-call service. Staff members and people who used the service told us that they were aware of this and would use it if they had any concerns outside of office hours.

Good

Is the service effective?

Our findings

People spoke positively about the support that they received from staff. One person said, "My carer is really lovely. I look forward to them coming to see me." Another person told us, "They do extra things for me when they are there. Sometimes they have to rush off to see someone else but I can't fault them in any way."

Staff members received induction training prior to commencing work with any person who used the service. This followed the requirements of the Care Certificate which is a nationally recognised qualification for workers in health and social care services. Training provided to all staff members included safeguarding, infection control, safe administration of medicines, infection control, health and safety, emergency first aid, moving and handling and equality and diversity. In addition, staff members had also received training to support the specific needs of the people they supported, such as epilepsy awareness, autism awareness, mental health awareness, dementia care and pressure ulcer care. Staff members that we spoke with told us that they valued the training that they received.

Staff members had received regular supervision from their manager. The records of these meetings showed that these were used as opportunities to discuss their work with people who used the service as well as issues such as learning and development and safeguarding. Unannounced spot checks of care practice had also been undertaken in people's homes.

The service worked with some people with profound hearing impairments and had responded to this by recruiting staff members with hearing impairments who were able to communicate with people in British Sign Language (BSL). Support arrangements for these staff included communication with the office through text and emails and the use of BSL interpreters to provide support with supervision and training. The registered manager told us that the service also acted as an agency to link BSL interpreters with other providers where they required this support.

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.

We checked whether the service was working within the principles of the MCA. The care plans for people who used the service showed whether or not they had capacity to make decisions, and provided guidance for staff about how they should support decision making in day-to-day care. Staff members had received training in relation to the MCA.

People had signed their individual care agreements to show that that they had consented to the care that was being provided by the service. Where people were unable to understand or sign their care agreement family members had been involved in ensuring that the care provided was in their best interests.

People's care plans contained detailed information about their health needs and how these should be supported by staff, along with contact information for health professionals. Where staff had made contact with professionals, such as the person's GP or community nurse, this was recorded in their care records.

Care staff were involved in meal preparation. The care plans for people who were being supported with eating and drinking were clear about the reasons why support was required. They also provided detailed guidance for care staff about how to support people with these tasks. This included information about preferred food and drink, offering choice, and when and how people should be supported. We saw that people were supported to eat cultural foods where they had requested this. For example, where a person had requested to have a care worker who was able to cook African food the service had found a staff member who was able to provide the support the person required..

Good

Is the service caring?

Our findings

People told us that staff members were caring and treated them with dignity and respect. One person said, "My carer is really good. They do everything they can for me. I'd like her to come here more often." A family member told us, "They have really made a difference to [relative's] life."

The staff members that we spoke with talked about the people they supported in a positive, caring and respectful way. A staff member said, "I love my work and I feel that I can make a difference." Another staff member told us, "I think if you speak with people and show an interest in them it makes such a difference."

The registered manager told us that new staff members, or those new to the person who used the service, would shadow established staff members in order to understand the person's needs and establish a relationship with them. We saw records which showed that shadowing had taken place.

People's care plans included information for staff members on how they should support people to make choices about how their care was delivered. Plans included information about people's religious, cultural and other special needs and preferences and how these should be supported by staff.

We viewed information that was provided to people who used the service and saw that this was delivered in an easy to read format. People told us that they understood the information that they received. We asked the registered manager about the Accessible Information Standard which requires services to ensure that information is provided in a way which reflects people's needs. They described the service's work in recruiting deaf staff to support people with hearing impairments who communicated in BSL. They told us that the service would always work to ensure that written information was provided to people in an accessible format where required.

Good

Is the service responsive?

Our findings

People who used the service told us that they felt the service was responsive. One person said, "Sometimes I need to change my care times and they have always been very good about this. "

The care records that we viewed included assessments of people's care needs. The assessments contained information about people's living arrangements, family and other relationships, personal history, interests, preferences and cultural and communication needs.

People's care plans were clearly linked to their care assessments. Care plans were person centred and included, for example information about care and support tasks, mobility, health needs and social activities supported by staff. Guidance was provided to ensure that staff members understood how choice should be provided, and how best to support people with their daily living needs.

All care plans were clear about the importance of ensuring that staff members communicated with people about how their care was being delivered to enable choice and full participation in care activities. Information on people's individual communication needs was included in people's plans. Efforts had been made to ensure that people were supported by staff members who were able to meet their communication needs, for example, BSL communication and people who used first languages other than English.

Some people demonstrated behaviours that could be challenging. We saw that their care plans and risk assessments included guidance for staff on avoidance of potential triggers for these behaviours and how manage and reduce such behaviours where signs of anxiety were shown.

People's care plans were up to date and contained review dates. The registered manager told us that care plans would be reviewed and updated if they were aware of any changes in needs.

Some people who used the service received support to participate in community based activities. Care plans provided guidance for staff members on people's preferred activities, how to offer choice when planning activities and how best to support people when undertaking activities in the local and wider community. Activities supported by the service included outings within the local community such as shopping, trips to places of interest and church attendance.

The registered manager told us that the service had provided gifts and support to people who had no family members with whom to celebrate. For example, at birthdays, Easter, Christmas and Diwali. We saw photographs which showed people enjoying such celebrations with staff. A person said, "They came to see me on my birthday with a cake. That was wonderful."

Daily care notes were recorded and kept at the person's home. We looked at recent care notes for people and saw that these contained information about the care delivered, along with details of the person's response to this and any concerns that care staff had. They also showed where concerns had been reported.

The service had a complaints procedure that was available in an easy to read format. This was included in the Service User Guide that was provided to all people who used the service at the commencement of their care agreement. The people that we spoke with told us that they knew how to make a complaint. We looked at the complaints record and noted that complaints received during the past year that had been addressed in an appropriate and timely manner.

The records maintained by the service showed evidence of partnership working with other key professionals involved with people's care, for example general practitioners, social workers and community and specialist nursing services. We spoke with a representative from a local authority who told us that they had no concerns about the quality of support provided by the service.

Good

Is the service well-led?

Our findings

People who used the service and their family members knew who the registered manager was. They spoke positively of the management of the service. One person said, "I have met the manager and think he is very good." A family member told us, "The manager and office staff have always been helpful when we have needed to contact them."

We asked the registered manager about their plans and strategies for developing the service. They told us that the service would always ensure that they did not take on any new care contracts unless they had staff capacity to provide support. The registered manager also told us that the service already had a specialism in supporting people who are deaf or hearing impaired and was working increasingly with people who have learning disabilities and autism. They planned in future to develop this work,

The service undertook regular quality assurance activities to assess people's satisfaction with the service. These included, telephone interviews, paper questionnaires and home visits by the registered manager or other senior staff. We looked at the records of these and noted that there was a high level of satisfaction with the support that people received. Where people had raised concerns, action plans had been put in place. For example, where a person had said they were unhappy with a care worker, they had been provided with another.

We looked at the quality assurance records for the service. The service was using ISO 9001 which is a national standard for quality assurance. Quality assurance records showed that regular audits of documents had taken place, including care plans, risk assessments, medicines records, staff files and health and safety records. Actions identified as a result of these audits had been put in place. The registered manager told us that the service was developing a new care planning and risk assessment procedure as a result of quality assurance outcomes,

A range of policies and procedures were in place. These were up to date and reflected legal and regulatory requirements as well as good practice in social care.

Staff members spoke positively about the registered manager and other senior staff members and told us that they felt well supported in their role. Staff members said that they could contact their manager at any time and would not wait until a meeting if they had any questions or concerns.