



## Inspection Report on

**Care One 2 One**

**Douglas House  
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Pontygwindy Ind Est  
Caerphilly  
CF83 3HU**

## **Date Inspection Completed**

05/07/2023

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## About Care One 2 One

Type of care provided	Domiciliary Support Service
Registered Provider	Care One 2 One Ltd
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	29.01.2020
Does this service provide the Welsh Language active offer?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

### Summary

Care One to One is a domiciliary support service operating in Caerphilly and Newport. People and their families are complimentary about the service, and value the good relationships they have with familiar care workers. People appreciate the good communication with care workers and management. Care plans reflect peoples' needs and are updated regularly but need more involvement from people and their families. Care plans should focus on individual goals that are meaningful to people.

Care workers feel valued and enjoy working at the service. Care workers are passionate about their roles and know people well. More robust recruitment practices and better oversight of care worker training are needed to ensure people are safe and well cared for. Care workers require more consistent supervision to help them develop.

The Responsible Individual (RI) is also the manager of the service. Quality assurance processes are in place but need strengthening to provide effective managerial oversight of the quality of the service. Better oversight of call monitoring is needed to ensure people are receiving support as outlined in their care plans.

## Well-being

People receive care in a way that is meaningful to them. People told us they have strong relationships with a familiar staff team. One person told us *“I look forward to seeing them. I am delighted with the care. Me and the carers have built up good relationships. All of them are wonderful”*. We were told that communication between care workers and people and their families is *“excellent”*.

People are treated with dignity and respect. People told us that care workers take the time to talk and listen to them. However, peoples' care plans do not always reflect the personalised approach that care workers deliver. People and their families should be more involved with development of care plans which centre on goals to improve wellbeing. Peoples' views should be sought more frequently by the RI so their feedback can be taken into consideration. We acknowledge the provider has started work to improve care planning. The RI provided us with assurances people would be engaged with more frequently. The RI had recently undertaken a shift as a care worker to engage with people.

An electronic call monitoring system is used to schedule care visits. Visits are not always scheduled in-line with peoples' care plans. We identified a high volume of visits that occurred significantly earlier or later than the expected call time. A person's family member told us this causes their relative anxiety. The provider should enhance its scrutiny of the electronic call monitoring system to ensure people are receiving care that promotes their wellbeing and which is in-line with their care plans.

People told us they feel safe. However, we found a high number of staff had not received or are overdue safeguarding training. Overall mandatory training statistics are low. The providers recruitment processes are unsafe. We identified several gaps in safe recruitment checks, and found some staff were overdue their disclosing and barring service checks.

## Care and Support

People are happy with the care and support provided. We received positive feedback from people about the staff team, who they described as “wonderful” and “marvellous”. One person told us “My care is excellent. I can’t fault them. They go above and beyond”. People told us staff treat them kindly, and with dignity and respect. Peoples’ families also spoke positively about the care and support delivered. One person’s family member described staff as “lovely” and “nice”. Another person’s family member told us “I have seen such a change in X. He loves the company. The carers have such a good rapport with him. He loves them being there. All of his needs are being met. I have no concerns”.

An electronic care management system is used to record care worker visits. This can be accessed by people and their families via a mobile app, where they can see care being delivered in real-time. The system provides a list of person-orientated tasks for staff to undertake on their visits. Work is ongoing to further personalise these tasks to include the finer details of care and support needs that are important to people, i.e., how they like their tea or coffee. We found that tasks are consistently completed and that visits are well documented. We were also told that staff consistently fill in paper communication books for people and their families who do not use the mobile app.

People who are dependent on support with medication are prioritised for care visits. However, due to visits taking place earlier than expected, care workers sometimes leave medication out for people to take after they leave. Some staff incorrectly record this as ‘administered’ on the medication administration records. The providers own medication policy does not permit this practice due to the risks involved. The RI provided us with assurance that a risk assessment has since been implemented for the specific issue we identified. However, further review is needed of medication practices and the medication policy.

Peoples’ care plans are accessible via the electronic system. We found that these are updated regularly and reviewed at least every three months. Prior to our inspection, the provider had already identified that care plans require improvement and has started to embed a more individualised approach to care planning. We found the provider has recently involved some people and their families in the development and review of care plans, but a more consistent approach to co-production is needed. Care plans should focus on individual goals important to people, and they require more information to inform staff of how people like to be supported. The Responsible Individual (RI) assured us work would continue to improve care planning.

## Leadership and Management

The Responsible Individual (RI) has good working relationships with people and the staff team. The RI is currently acting as manager of the service. They complete detailed quarterly visit reports and six-monthly Quality of Care reviews in a timely manner. These reports outline what is working well at the service and any improvements needed to enhance the quality of care. The RI should ensure all information within these is factual, as we found some inaccuracies relating to staff training statistics. Going forward, these reports should include more thorough detail on how improvements will be made, and more input from people and their families should be sought.

The RI has introduced various internal monitoring processes to provide assurance on the quality of the service, but these need to be more robust to achieve effective managerial oversight. Improved observation and scrutiny of the electronic call monitoring system is needed to make sure support is delivered in line with peoples' care plans. We found a high number of some people's visits were more than an hour outside of the times detailed in their care plans, and calls were regularly shorter than expected. We expect the provider to address these issues and we will review progress at the next inspection.

Care workers told us they feel valued in their roles. Care workers feel management are approachable and supportive, and described the culture of the service as "*positive*" and "*friendly*". Some staff told us that the training programme could be improved. We identified a high number of staff who have not completed key mandatory training that enable them to carry out their roles safely and effectively. This includes safeguarding, personal care, and medication administration training. Better systems are needed to monitor staff training data. More consistent spot-checks of staff competencies is needed to ensure staff are capable of supporting people in a safe and appropriate manner. We expect the provider to take immediate action to improve training levels so that care workers have the appropriate knowledge and are suitably qualified to carry out their work.

A staff recruitment policy is in place and is reviewed regularly. However, we found that the service is not following this policy and identified numerous weaknesses in its recruitment practices. During our review of care workers personnel files, we identified some missing references and gaps in employment history. Some staff members disclosing and barring service checks were overdue. Management undertakes monthly personnel file audits but had failed to identify these issues. We expect the provider to take immediate action on this issue.

We also note inconsistent staff supervision and appraisal records. We found the quality of supervisions varied significantly. Supervisions are not always delivered at regular intervals, and some staff were overdue supervision and appraisal at the time of our inspection. New staff should receive more consistent supervision and competency checks so that management can be confident they are competent for sign-off. This should be reflected in a staff development policy.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people's well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

### Priority Action Notice(s)

Regulation	Summary	Status
35	Care worker safe recruitment checks should be more robust to ensure they are suitable for the role. Care workers should be suitably trained to ensure they are competent to carry out their roles safely and effectively.	New

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

**Area(s) for Improvement**

Regulation	Summary	Status
8	More robust internal monitoring and auditing is needed to give assurance on the quality of the service.	New
41	More robust monitoring of the Electronic Call Monitoring system is required to ensure people are receiving care in-line with their personal plans.	New
59	Regulation 59 (1). We found that the service provider did not ensure records specified in of Schedule 2, Part 1, 7. A record of all complaints made by individuals or their representatives or by persons working at the service about the operation of the service, and the action taken by the service provider in respect of such complaint., and, Schedule 2, Part 1, 8. (b) copy of the person's birth certificate and passport.	Achieved



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