

1st Class Care Services2 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

About the service:

1st Class Care Services2 Ltd is a domiciliary care service that provides personal care to people in their own homes. It primarily supports older people and those living with dementia. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection, 36 people were using the service, 26 of whom were receiving personal care.

People's experience of using this service and what we found

People felt safe and comfortable receiving care from staff in their homes. Staff understood how to identify and report potential abuse involving people who used the service. The risks associated with people's individual care needs had been assessed and managed. People received a reliable and punctual service from staff who had undergone pre-employment checks to ensure they were suitable to support them. People had support to take and manage their medicines safely, where they needed this. Staff and management took steps to protect people from infections. Management sought to learn from any accidents or incidents involving people who used the service to keep them safe.

People's individual needs were assessed before their care started. Staff received an appropriate induction, training and ongoing management support to enable them to work safely and effectively. People had support to prepare meals and drinks where they needed this. Staff monitored people's general health and wellbeing, and helped them seek professional medical advice if they were unwell. Staff and management worked effectively with community health and social care professionals to ensure people's individual needs were met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff and management treated people with kindness and compassion and helped them to express their views on the care they received. Staff understood the importance of promoting people's right to privacy and dignity.

People's care plans were individual to them, provided clear guidance on their care needs and were read and followed by staff. People and their relatives were clear how to complain about the service, and felt comfortable doing so.

The management team promoted a positive, open culture within the service. Staff felt valued and well-supported in their work and were clear what was expected of them. People felt able to approach management at any time and had confidence any issues or concerns would be addressed. The provider had quality assurance systems and processes in place to enable them to assess, monitor and improve people's care.

Rating at last inspection

The last rating for this service was Good (published 26 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-led findings below.

Good ●

1st Class Care Services2 Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the provider 48 hours' notice of our intention to undertake an inspection. This was because the provider delivers a domiciliary care service to people in their own homes, and we needed to be sure that someone would be available in the office.

Inspection activity started on 25 October 2019 and ended on 18 November 2019. We visited the office location on 25 October 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included information about incidents the provider must notify us of, such as any allegations of abuse. We also sought feedback on the service from the local authority.

We used the information the provider sent us in the provider information return. This is information

providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with the registered manager, care manager, care coordinator, three senior care staff and two care staff. We reviewed a range of records. These included three people's care records, medicines records, three staff recruitment records, complaints records and records relating to the management of the service.

After the inspection

We spoke with five people, one relative and a community healthcare professional about their experiences of the care provided. We also spoke with a further member of care staff. In addition, we reviewed further documentation the management team sent us.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe receiving care from staff in their own homes. One person told us, "I feel very, very safe. They [staff] are so friendly and pleasant." A relative said, "We feel very safe with them [staff]. You feel like you are letting a ray of sunshine into your house."
- Staff received training in, and understood, how to recognise and report potential abuse involving the people who used the service. They told us they would alert management to any concerns of this nature without delay. One staff member explained, "When you get to know them [people] well enough, you can tell if something is not right. I would call the office straightaway."
- The provider had procedures in place to ensure any abuse concerns were reported to the relevant authorities, such as the local authority and police, and fully investigated.

Assessing risk, safety monitoring and management

- The risks associated with people's individual care and support needs had been assessed, recorded and kept under review. This included an assessment of people's mobility needs and risk of falls, any help needed to take their medicines safely and any potential hazards within their home environment.
- Plans were in place to manage any identified risks to people. One person told us, "They [staff] are most meticulous in watching the state of my skin so that there is no chance of pressure sores."
- Staff confirmed they read people's risk assessments and care plans to understand how to support them safely.
- The management team maintained good communication with staff to ensure they had up-to-date information on how to keep people and themselves safe. A staff member told us, "We are kept well-informed of any changes [by management]."

Staffing and recruitment

- People told us they received a consistent and reliable service from the provider. One person explained, "I have never had a missed call and they [staff] are never more than five to 10 minutes beyond their agreed time. If my call time has to be changed, I'm always told."
- Staff felt the provider employed enough staff to cover any planned or unplanned staff absences. They explained management stepped in to provide people's direct care whenever needed.
- Pre-employment checks were completed on all prospective staff to ensure they were suitable to provide care and support to people in their own homes.

Using medicines safely

- The provider had systems and procedures in place to ensure people received the level of support they

needed to manage their medicines safely.

- Staff received annual training in the provider's medicines procedures, and their competence in this area was checked during unannounced spot checks.
- Staff maintained accurate and up-to-date medicines records to confirm people had taken their medicines as prescribed.

Preventing and controlling infection

- Staff received training on their role in protecting people from the risk of infections.
- Staff were supplied with personal protective equipment (disposable gloves and aprons) to reduce the risk of cross-infection and were clear on when they were expected to use this.

Learning lessons when things go wrong

- Staff understood the provider's procedures for reporting any accidents or incidents involving the people who used the service.
- The management team reviewed accident and incident reports to identify any actions needed to keep people safe and reduce the risk of things happening again. One staff member described the steps taken to remove potential trip hazards within one person's home following a recorded fall.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Before people's care began, the management team met with them and, where appropriate, their relatives to assess their individual needs. This assessment informed initial risk assessments and care planning designed to ensure people received safe and effective care from the outset.
- Staff and management understood the need to promote equality and diversity through their work, and to consider people's protected characteristics. People's care plans emphasized the need to avoid any form of discrimination in their delivering care. Staff praised the management team's commitment to equality and diversity. One staff member told us, "They [management] are very accommodating and everyone is included. There is no form of discrimination whatsoever."

Staff support: induction, training, skills and experience

- People expressed confidence in the knowledge and skills of the staff who provided their care. One person told us, "They [staff] are certainly well trained. They never do anything but provide an excellent service."
- New staff underwent the provider's induction training to help them understand and settle into their new roles. Staff talked positively about their induction experience, which included initial training and the opportunity to work alongside more experienced colleagues. One staff member told us, "The role was explained to me fully during my induction. My initial start to the job was very good."
- Following induction, staff participated in a rolling programme of training, designed to enable them to meet people's individual care needs safely and effectively. Staff told us their training enabled them to work with confidence. Two staff members described the benefits of their training on how to support people living with dementia. One of these staff members explained, "It [dementia training] has helped me immensely in so many aspects of my work, such as how to defuse situations whilst keeping the service user at the centre of what I am doing."
- Staff had regular opportunities to meet with a member of the management team on a one-to-one basis to receive feedback on their work and discuss any additional support needs they may have.

Supporting people to eat and drink enough to maintain a balanced diet

- People received the support they needed from staff to prepare meals and drinks of their choosing, where this was an agreed part of their care package.
- Procedures were in place to manage any risks associated with people's eating and drinking, including ensuring people had support and encouragement to eat enough where they had a poor appetite.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- People's care files included information about their medical history and current medical conditions to help staff understand their health needs and any potential impact upon their care.
- People spoke positively about the role staff played in monitoring their general health and wellbeing, and helping them to seek professional medical advice and treatment when they needed this. One person described how staff had contacted the district nurses, which had resulted in them receiving the treatment they needed.
- Staff and management understood the importance of working effectively with community health and social care professionals, such as GPs, district nurses and social workers, to ensure people's individual needs were met.

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People told us staff and management respected their right to make their own decisions and choices in their day-to-day care.
- The staff we spoke with understood the need to support people's decisions-making and to seek their permission before carrying out their care. One staff member told us, "We give people the time they need to make their own decisions. We don't make decisions for them."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and compassionate and that they treated them well. One person said, "They [staff] are very easy to get along with and will do anything for you. They are most definitely caring." Another person explained, "The staff are definitely very caring. For example, in the evening, they [staff] make quite certain I am sitting comfortably and safely in my recliner chair before they leave."
- Staff and management talked about the people who used the service with respect and affection and a commitment to people's continued wellbeing.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives felt able to freely express their views on the care provided to staff and management at any time.
- The management team organised six-monthly care reviews with people to check the care they received was still meeting their needs, and to invite their suggestions as to how this could be improved.

Respecting and promoting people's privacy, dignity and independence

- People told us staff spoke to them politely, listened to them and treated them with dignity and respect at all times. They confirmed staff helped them to maintain their independence. One person told us, "They [staff] are very careful to let me do what I can for myself and to support me unobtrusively."
- Staff gave us examples of how they promoted people's privacy and dignity through their day-to-day work. One staff member told us, "It's about checking with people that it's OK to do things before you do them and talking to them politely and professionally." Another staff member said, "It's being chatty and cheery with people, building up a positive rapport with them and giving them a window into the outside world. I make sure I give them private space during personal care and I take my time and don't rush things so they are safer and their dignity is protected."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us the care they received from staff reflected what they wanted and needed from the service. One person said, "All staff are very careful to make sure things are done my way. I enjoy them coming."
- People's care plans were individual to them and kept under regular review to ensure they remained effective. In addition to clear guidance on how to meet people's needs, care plans included information about their personal history to encourage a person-centred approach.
- Staff confirmed people's care plans were accessible to them, and that they read and followed these.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider had the facility to produce information in alternative accessible formats upon people's request.
- People's care files included information about their individual communication needs, to help staff maintain effective communication with them.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint to the provider and told us they felt comfortable doing so. One person told us, "I can't recall having ever made any complaint. However, I would have no hesitation in approaching them [management] with any concerns." Another person expressed satisfaction with how the management team had resolved a previous complaint.
- The provider had a complaints procedure in place to ensure people understood how to complain, and that all complaints were handled fairly and consistently.

End of life care and support

- At the time of our inspection, no one using the service was receiving end-of-life care.
- The registered manager assured us they would work with the relevant community health and social care professionals to ensure people's end-of-life needs were identified and met.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People had confidence in the management team whom they found approachable, willing to listen and responsive to any issues or concerns. They explained they knew management well as they sometimes provided their direct care. One person told us, "I like the fact [registered manager] comes out doing [care] calls herself, so she is very aware of what staff have to face and the quality of care clients are receiving. The management are very concerned with the welfare of the clients and staff. They are both very caring and efficient people." A relative said, "I cannot fault them [management] for the attention and help they have given us when it was needed. They [management] step in to provide our care as needed."
- People were supported by staff who were motivated in their work, and who benefitted from a strong sense of teamwork with their colleagues and management. One staff member told us, "I love my job. It's the sense of achievement when I leave people happy, safe and with a smile back on their faces."
- Staff felt management were approachable, supportive and fair. One staff member told us, "They [management] are kind, always there for you and willing to listen. All you have to do is ring them and they will point you in the right direction." Another staff member said, "They [management] are fantastic. They are firm, but fair and very, very approachable at any time. They are always on hand to help you."
- The management team ensured staff knew their work efforts were valued and appreciated. One staff member told us, "I do feel valued. Sometimes it can just be a text from management to say, 'Thank you so much'. The smallest things you do get recognised. I think the praise we get is brilliant."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team understood the legal requirement upon them to inform people, or those acting on their behalf, if they were harmed as a result of the care and support provided.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

- The management team had a close and effective working relationship and were clear about their respective roles.
- They maintained a shared understanding of any changes in people's needs, risks and any quality performance issues, and communicated these effectively across the staff team.
- The management team took steps to keep themselves up to date with current legislative requirements and best practice guidelines through, for example, accessing adult social care resources online.

- Management carried out quality assurance activities to enable them to assess, monitor and, where necessary, make improvements in the quality of people's care. These included periodic telephone and face-to-face reviews with people about their care and the distribution and analysis of annual feedback surveys. They also organised unannounced spot checks with individual staff members.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- People and staff felt their views and feedback on the service were welcomed and taken on board by management. Staff meetings were organised to provide staff with an open forum to have their say about the service as a group.

- Management and staff worked collaboratively with community health and social care professionals to ensure people's individual needs were met. A community professional spoke positively about their working relationship with the management team. They told us, "They [management] are really approachable; we have a good relationship. They are always quick to call us about any changes or decline in people. They are also always quick to respond to any emails or calls."