

First Class Healthcare Ltd

# First Class Healthcare Ltd

## Inspection report

8 Realgar Court  
Sittingbourne  
Kent  
ME10 5JZ

Tel: 07794762832

Date of inspection visit:  
14 September 2021  
15 September 2021

Date of publication:  
01 November 2021

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

First Class Healthcare is a domiciliary care provider registered to provide personal care to people in their own home. 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. The service was supporting 20 people with personal care on the day of inspection.

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

There were appropriate levels of suitably trained staff to support people with their assessed needs however, we identified staff were working without necessary legal checks to ensure they were suitable to work with vulnerable people. The provider did not have robust recruitment procedures in place to identify these shortfalls.

Records with checking and auditing people's care and support plans were inconsistent in the level of detail they contained. It was not clear when people's care packages were reviewed, or if changes identified had been made.

Accident and incidents were reported correctly by staff providing care however, records did not show they had been recorded, investigated or learnt from. Records lacked detail of actions taken as a result.

Feedback we received on the handling of complaints was mixed. Monthly audits of the service were not adequate to ensure that the service is operating safely. Audits and checks provided on inspection had identified the same issues each month with no actions to take or things to do to stop it happening.

People told us that they felt safe and care staff treat them the way they want to be treated, describing staff as cheerful, talkative, caring and dedicated.

One person's relative told us, "They understand my [relatives] needs. It's clear they have the skills to meet them also."

Staff had been trained in protecting people from the different types of abuse. Safeguarding investigations had been completed appropriately and had involved all necessary professionals.

People were supported to have maximum choice and control of their lives and staff them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Care plans and risk assessments involved the person they related to and also people's representatives appropriately. Care plans were developed with goals and had details of how these were to be achieved.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was Good (published 17 August 2018). The rating for the service has now deteriorated to requires improvement.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service

We have identified breaches in relation to shortfalls with records and recruitment practices at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### 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 not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# First Class Healthcare 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

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### 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 who is also the provider. This means they 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 service 24 hours' notice of the inspection. This was because it was a small service and we needed to be sure the provider, who is also the registered manager, would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and 10 relatives about their experience of the care provided. We spoke with four members of staff including the registered manager, deputy manager, and care workers. We reviewed a range of records. This included two people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We reviewed evidence requested on inspection relating to staff recruitment, record keeping and the provider's policies and procedures on safeguarding and infection prevention and control and end of life care. We reviewed staff training and accident and incident records which the provider had updated. We continued to seek clarification from the provider to validate evidence found.

# 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 now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- People were at risk as staff had not been recruited safely. Staff were providing support to people without appropriate pre-employment checks. Four staff were providing care without a Disclosure and Barring Service (DBS) check. A DBS check is required by law to prevent unsuitable staff from working with people who required care. The provider had not ensured the four staff were of good character and were suitable to provide care and support to people before they started work. This placed people at risk of harm. Following the inspection, the provider sent us evidence these checks had been completed.
- A reference had not been obtained for one staff member's last employer. This had been a social care employer. The provider explained they requested this reference but had not received this. There was no evidence to demonstrate what actions had been taken to obtain this reference. References from other employers had been obtained and were positive. This staff member did not have a current DBS check. This increased risk to people.

We found no evidence that people had been harmed however, the provider failed to operate effective recruitment procedures to ensure staff were of good character and were suitable to provide care and support to people. This placed people at risk of harm. This was a breach of Regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were suitable numbers of trained staff to support people in line with their assessed care needs. Staff had been allocated 'travel time' which is a scheduled amount of time between people's care visits to allow care staff to get to people without impacting on the assessed allocated call durations.
- People told us they had the same carers visit them and having regular carers who they knew well provided high levels of assistance and constant reassurance.

### Assessing risk, safety monitoring and management

- Risks to people were assessed by the provider on initial risk assessments completed when people first start using the service. However, some documentation we reviewed lacked detail. A risk assessment for one person did not contain the necessary detail to enable staff provide safe care. For example, one person required equipment to assist them to get in and out of bed. The equipment was highlighted on the assessment and under the question of 'any risks associated with this' was marked 'no.' however, the updated and relevant information was available to staff in different sections of the care records.
- We discussed the above with the provider following the inspection. The provider told us that any updates to people's care records relating to risks or change in need were reflected in the clients 'task lists'. An example of this was shown to the inspector.

- Staff we spoke with were able to explain safe practices and confirmed training had been delivered to enable them to safely support people. The provider told us when updates to task lists or changes were made to records, the staff mobile phone application is updated in real time ensuring staff had the most up to date information when supporting people.
- Risk assessments of people's own homes were completed for each person. These assessments had details of any potential risks to people or staff visiting.

#### Learning lessons when things go wrong

- Systems were not in place to identify trends of concerns reported or to learn from things which had gone wrong. The provider did not keep records of things that had gone wrong in the service or complete an analysis of what could be improved in the future. The provider stated that this would be implemented following the inspection and we have seen evidence to support this.
- Accident and incident records were incomplete. We reviewed incidents for two people for the months of June 2021 to September 2021. There were details of concerns raised by staff, such as challenging behaviour or risks to people's skin. However, the records did not contain information of who was investigating the potential impact on people or what actions were taken to minimise risk of reoccurrence. Following the inspection, the provider supplied evidence of these records being updated.
- Staff we spoke with were confident to raise concerns to the provider and action would be taken and were able to tell us what had happened as a result of raising these concerns.

#### Systems and processes to safeguard people from the risk of abuse

- The provider had a detailed safeguarding policy in place to help staff protect people from harm and abuse. This gave staff information on how to recognise signs of abuse and report this correctly. The policy includes contact details for external organisations that could provide advice and support.
- Staff we spoke with told us they had completed safeguarding training and demonstrated they knew how to identify and raise concerns in accordance with the providers safeguarding adult's policy and procedure.
- When safeguarding concerns had been identified the provider had worked with the local authority safeguarding team to complete investigations.

#### Using medicines safely

- People were supported to manage their medicines in a safe way. People told us they were supported to manage their medicines at the times they were prescribed, and assistance needed was assessed with each person.
- Staff had been trained in medicine management, their competencies were assessed regularly.
- Details of medicines were highlighted on people's care plans and included in the tasks related to each care visit. How to store medicines safely and medicines administration guidance was in place. Levels of people's need around medicines ranged from independent, prompting to physical assistance.

#### Preventing and controlling infection

- Staff had received training on infection control, and this had been updated to include guidance and advice relating to the Covid-19 pandemic.
- The provider had updated the infection prevention and control policy for staff to provide guidance on minimising risks to people they support with clear guidelines on wearing personal protective equipment (PPE), testing and hand washing.
- When spot checks of staff were completed, they had been updated to include checks on COVID-19 prevention practice such as wearing correct face coverings and donning and doffing PPE safely.
- Staff were provided with appropriate levels of individual PPE.

# 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.

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.

- Care plans had details of people's ability to consent and make decisions relating to their own care. Reasons for a family member or representative signing on behalf people, were documented.
- Staff had received training in mental capacity and understood what this meant for people. Staff recognised the importance of gaining consent before carrying out support and what impact this has on delivering care.

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

- People who required support with eating and drinking had this identified on their care plan. Assessments recorded the level of assistance required so staff could balance assisting people alongside maximising independence with this task. For example, one person required assistance with making meals and drinks but did not require assistance to physically eat them.
- Records of what people had eaten or drunk was documented in care records we reviewed. People had been given choice of meals and drinks and daily notes reflected this.

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

- Staff rotas sent to us after the inspection showed people were receiving their support at regular times. Staff were allocated 'travel time' This was a small amount of time between scheduled care visits to allow care staff to get to people on time, without impacting on the assessed allocated call durations.
- Assessments were completed with people and their relatives to ensure care and support was in line with people's preferences. Care plans included information and assessments from health professionals and social workers involved in supporting the person. One relative we spoke with told us, "The management went through everything before the support started. There is now a detailed plan of care with [relatives]

needs and what the staff are there to help with. I think the service is very promising and the care plan is going to be reviewed after a month."

- Care plans covered all protected characteristics under the Equalities Act 2010.

Staff support: induction, training, skills and experience

- Newly recruited staff completed a comprehensive three-day induction which included face to face training, online learning, reviewing company policies and procedures and supervised practical shadowing of experienced staff. New staff had their competencies assessed before being permitted to work by themselves.

- Staff we spoke with had been trained in necessary areas to be able to provide high levels of support. Training records showed all staff had up to date training and along with core training, staff were also trained in people's individual needs when required such as supporting people with behaviour that can be challenging, diabetes and epilepsy, so they can support people safely. Some staff were studying for further recognised qualifications such as the Care Certificate.

- Staff felt supported by the provider and had regular supervisions and team meetings to help discuss any issues or concerns they may have.

- Senior carers and the provider completed spot checks of staff in people's homes. There were written records of what had been observed. A spot check is an observation of staff performance carried out at random with consent from people who were being supported. This was to identify any further training required and to ensure staff were providing support in line with the provider's policies and procedures.

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

- Staff supported people with their physical health care needs such as diabetes. Staff helped people to seek advice from the appropriate healthcare professionals when needed. One person told us, "I had a fall yesterday and the staff found me, the staff quickly involved my community nurse who came out and provided me with medical treatment."

- Details of people's past medical history and current medical conditions were contained in their care plans to help staff identify potential issues or areas of concern promptly.

- People were involved in regular monitoring of their health. Staff had identified any concerns and reported these to the provider or deputy manager. Referrals had been made to people's GPs, community nurses or other health professionals and records showed staff had been working closely with people.

# 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 remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Reviews of people's care plans had been completed and these were documented on the service's electronic system. People were asked about their care and support and feedback on what was and was not working well sought.
- One relative we spoke with told us, "My [relative] has had the same staff for several years. The staff know them well. They know their little ways and we have regular meetings with [provider] to discuss anything."
- Care plans had been created and developed with the person, and where appropriate someone who knew them well. Care plans were written from the person's perspective with detailed life histories, likes and dislikes. This helped staff to develop meaningful relationships with the people they were supporting.

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

- People felt staff treated them with respect and kindness. One person we spoke with told us, "The staff are very caring people, I really don't think they do this job for the money; it's because they care." And also, "The staff are always cheerful and friendly. They never talk inappropriately, I get on with them well, they are excellent."
- Staff we spoke with were able to tell us what person-centred care meant and had detailed knowledge of people they were supporting. This included people's likes and dislikes and things that were important to them enabling staff to respond to people's needs appropriately and in way people preferred.

Respecting and promoting people's privacy, dignity and independence

- The provider had developed systems to protect people's privacy. People's confidential information was held on password protected electronic systems. Staff used an application on their mobile phones to access this and they could only view information relating to people they were supporting at that time.
- One person told us, "I think they are great; they encourage me to be independent and to do as much as possible for myself. If I can't on a particular day the carers will always do it for me." People were supported to do as much for themselves as they could.
- Care plans contained details of goals people wished to achieve and staff had documented progress relating to this One person told us, "They ask what [person] would like, not just what they are going to do."
- Staff told us they respect people's dignity and privacy with making sure curtains were shut or bathroom doors were closed when people were supported to manage their personal care.

# 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 remained the same. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- Feedback on responses to complaints made were mixed with people telling us, "Any concerns are dealt with, comments are taken on board." And, "We have had some issues with [member of staff] which upsets [person] there can be problems with language barriers and when two carers are expected one is often waiting around for the other. We have spoken to management about this and that we often cancel visits, but the staff still come to the house. It can be very frustrating."
- The service had a complaints procedure which gave information to people on how they could contact the service to raise concerns. This procedure contained details of response times, who was responsible for investigations and contact details of the local authority, CQC and the Local Government Ombudsman to assist with resolutions.
- The provider showed us their log of complaints received by First Class Healthcare. This had the last complaint documented in August 2020. We discussed this with the provider, and they stated that the reason for this was they had not received any since that time. The complaints we reviewed had been investigated and responded to appropriately.

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.

- Policies such as the complaints procedure discussed above which contain important information as to how the service operates were not available to people in an accessible way. People would need to request these from the service when required however, people we spoke with told us they have no problems when contacting the provider and relatives told us the management team always respond.
- Care plans were completed electronically, and the provider informed us, there were no care plan files kept in people's homes. The provider had made this decision to protect sensitive data from any unauthorised person accessing this and stated if any person wished to have a paper copy or to see their care plan, they would be able to print this for them. The provider could also provide log in details to their electronic care plan system for family, if preferred.
- Individual communication needs were recorded and detailed on people's care plans to enable staff to know the most effective way to communicate when supporting people.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- A range of care plans and risk assessments were developed to provide people's care and support in the way they needed. Care plans included, social interests and hobbies, cultural needs, physical needs, mobility and eating and drinking. The electronic care planning system in place was organised into clear sections to assist staff to find the information they needed.
- Support delivered by the service covered a wide range of need. Packages of support ranged from single visits a day to check the welfare of people to full live in care which is provided over 24-hour period seven days a week. One relative we spoke with told us, "Both myself and my [relative] were involved in developing the care plan. All of us put it together. We have a live-in carer and we have made a messaging group between us so we can all be aware of any changes or emergencies."
- Care plans reviewed detailed people's likes and dislikes and included information about what people liked to do. For example, one person's care plan highlighted they wanted to continue attending church. Support was altered to ensure the person was supported early on that day so this can be completed.

#### End of life care and support

- People's electronic care plans included sections relating to end of life and palliative care. These were in place and to be used if people suddenly became unwell or deteriorated in health. These had not been completed for the people's records we reviewed as the service was not supporting anyone with end of life or palliative care at time of inspection.
- The provider had policies and procedures in place to guide staff in how to support people with dignity and respect at the end of their life.

# 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 now deteriorated to require improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider did have an audit and quality assurance system in place, but this was ineffective in monitoring quality and safety, mitigating risk and driving improvement increasing the risk of harm to people using the service.
- Audits relating to records were in place but were not robust and were unclear. Issues with employment checks (DBS) were identified in March 2021 however on inspection there were four staff still without these checks even though the shortfall had been identified previously.
- Monthly audits and checks of the service for February 2021 to July 2021 were provided to us following the inspection. Checks of the service had been completed and showed what had been found but no actions taken to address them were documented. Audits identified the same issues each month, for example with staff documentation in care records such as daily notes 'all care needs met' which was not detailed enough to understand if care was being delivered in the way people wished it to be.

The provider failed to have effective systems in place to check the quality and safety of the service and to address issues when identified through quality monitoring relating to safe recruitment and care planning and records. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had a website for the service, and they had displayed their current rating on both this website and in the registered office.
- Policies and procedures sent to us following the inspection had been recently updated to include relevant government guidelines and changes to legislation. These were available to staff and provided them with up to date and current information.

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 provider was aware of when notifications had to be sent to CQC. These notifications would tell us about any important events that had happened in the service however Issues identified on inspection were known to the provider prior to our visit. These issues were not brought to our attention until discovered by inspector. The provider had knowledge staff were working without correct and necessary pre-employment checks and had not informed the CQC or the local authority commissioning teams what had happened and

what they were doing to rectify it. When the provider was asked why they had not informed anyone and been open and honest they told us, 'I didn't know I had to. I was just trying to sort it out.'

- The provider told us, investigations and outcomes from raised concerns had been completed but this was not documented to ensure all could see what had been done and what would be put in place to minimise the risk of it happening again.
- Systems to assist in learning when things went wrong were not in place at time of inspection. The provider has sent evidence this has been developed and implemented into the service following our inspection.

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

- People we spoke with were satisfied with support care staff were providing. Feedback was positive about the service and the management of this.
- The provider demonstrated good knowledge of people and their needs. Staff felt there was an open culture within the service and people felt supported.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had systems in place to engage people using the service. Systems such as quality surveys had been developed for people, relatives, health care professionals and staff to provide feedback and monitor the quality of service. These benefit the service to check if there were any improvements which could be made.
- One person told us, "We have the [providers] telephone number which I use when needed. We also meet regularly. They are very good, and I have no problems at all."
- The provider showed us evidence of regular management meetings following the inspection, and staff told us they attend meetings held either in person or via video calls and felt able to speak up if they wanted to.

Working in partnership with others

- The provider worked in partnership with other agencies to enable people to receive 'joined-up' or integrated care. Links had also been formed with health and social care professionals, for example, community nurses and occupational therapists.
- The provider had signed up to receive updates from CQC and Skills for Care to stay up to date with current issues facing the sector and new guidance changes.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider failed to ensure that records were accurate and that checks were in place to monitor the safety of the service.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The provider failed to complete the necessary safe recruitment practices to ensure people were suitable to work in care setting.