

A Class Care Limited

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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

A Class Care Limited is registered to provide personal care to people living in their own homes. During this inspection personal care was provided to 26 people. The service provided both live in care workers and shorter visits.

This announced inspection took place on 11, 15 and 16 February 2016.

The service had a registered manager in place. 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.

Staff were only employed after the provider carried out satisfactory pre-employment checks. Staff were trained and well supported by their managers. There were sufficient staff to meet people's assessed needs. People received care and support from staff who were kind and respectful. Staff respected people's privacy and dignity.

Systems were in place to ensure people's safety was effectively managed. Staff were aware of the procedures for reporting concerns and of how to protect people from harm.

People's care needs were effectively met. People were provided with a balanced diet and staff were aware of people's dietary needs. People received their prescribed medicines appropriately and medicines were stored in a safe way.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. There were formal systems in place to assess people's capacity for decision making. Applications had been made to the authorising agencies for people who needed these safeguards. Staff respected people choices and staff were aware of the key legal requirements of the MCA and DoLS.

People were encouraged to provide feedback on the service in various ways both formally and informally. People, and their relatives, were involved in their care assessments and reviews. Care records were detailed and provided staff with sufficient guidance to provide consistent care to each person that met their needs. Changes to people's care was kept under review to ensure the change was effective.

The registered manager was supported by an operations manager, a liaison officer, an administrator and care workers. The service was well run and the registered manager and other staff were approachable. People's views were listened to and acted on.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were systems in place to ensure people's safety was managed effectively. People were supported to manage their prescribed medicines safely.

Staff were only employed after satisfactory pre-employment checks had been obtained. There were sufficient staff to ensure people's needs were met safely.

Is the service effective?

Good ●

The service was effective.

Staff were acting in accordance with the Mental Capacity Act 2005 so that people's rights and decisions were being promoted and respected.

People received care from staff who were trained and well supported. Staff knew the people they cared for well and understood, and met their needs.

People's health and nutritional needs were effectively met.

Is the service caring?

Good ●

The service was caring.

People received care and support from staff who were kind and respectful.

People and their relatives were involved in their care planning.

People had opportunities to comment on the service provided to them and be involved in the care planning process.

Staff knew people well and what their preferred routines were. Staff were responsive to people's needs and treated people with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People's care records were detailed and provided staff with sufficient guidance to provide consistent care to each person.

People knew who they could speak with if they had a concern or complaint. A complaints procedure was in place and complaints had been responded to thoroughly and investigated.

Is the service well-led?

The service was well led.

The registered manager was experienced and staff were managed to provide people with safe and appropriate care.

People and staff were enabled to make suggestions and comments about the service and actions were taken in response to these.

The service had an effective quality assurance system. This was used to drive and sustain improvement.

Good ●

A Class Care Limited

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.

This announced inspection took place on 11, 15 and 16 February 2016 and was undertaken by one inspector. We told the provider two days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office at other services that they manage. We need to be sure they would be present for our inspection.

Before our inspection we looked at all the information we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about. We also asked for feedback from the commissioners of people's care and Healthwatch.

During our inspection we spoke with five people and two relatives. We also spoke with the registered manager and six staff who work at the service. The staff included an operations manager, a liaison officer, three care workers and the on-call manager who also provides direct care.

We looked at three people's care records, records relating to staff training records and three staff recruitment records. We also looked at records relating to the management of the service including audits and records relating to complaints.

Following our inspection the manager sent us records relating to the staff handbook and newsletters and we received feedback from two community healthcare professionals.

Is the service safe?

Our findings

The people we spoke with said that they felt safe and did not have any concerns about the way staff treated them. A relative told us, "It's difficult to find [a service] where you are comfortable with the care being provided in your absence, but I can't speak highly enough about this [service]." They went on to tell us they trusted the staff with the care of their family member. A healthcare professional told us that they felt people were safe because the care workers always reported any issues and asked for help if they needed it. They said that the managers of the service responded appropriately when concerns were raised, forwarded information and attended meetings when requested. This showed that people and professionals had confidence in and trusted the staff and managers of the service.

All the staff we spoke with told us they had received safeguarding training. Staff showed a good understanding and knowledge of how to recognise and how to report and escalate any concerns to protect people from harm. One member of staff told us, "If I saw something not appropriate, I'd report it to my supervisor." They went on to tell us about the external agencies, such as the local authority, to which they could refer any concerns they had.

Our records showed that staff had been proactive in reporting any concerns they had about people's safety to the appropriate agencies including the local authority and the Care Quality Commission (CQC).

Care and other records showed that risk assessments were carried out to reduce the risk of harm occurring to people, whilst still promoting their independence. These included risks such as falls, the environment and the use of equipment to help people to move. For example, we saw that staff had completed risk assessments in relation to assisting a person to move. This included information about the person's ability to follow instructions and their need to be reminded to use their equipment to help them to move. The risk assessment and care plan included clear guidance for staff to reduce the risk of harm occurring during these manoeuvres.

Staff were aware of the provider's reporting procedures in relation to accidents and incidents. Actions were taken to reduce the risk of accidents recurring. For example, staff told us how a person's risk assessment and care plan had been reviewed following a fall.

Staff said that the required checks were carried out before they started working with people. One care worker told us, "[Senior staff] really grill you before they take you on. They don't just take anyone. [The provider is] a really good company." They went on to describe their interview and the checks that were carried out. The checks included evidence of prospective staff member's experience and good character. Records showed these checks included employer references, a criminal records check, and validation of the right to work in this county. We also saw that staff were expected to take a competency test of their abilities and understanding of financial transactions, reporting and work schedule. The manager also assessed their written work for legibility and accuracy. This showed that there was a system in place to make sure that staff were only employed once the provider was satisfied they were safe and suitable to work with people who used the service.

The provider employed sufficient people to meet people's needs. People told us that staff arrived when they expected them and that they usually saw the same care workers. One person told us, "There was a time when I was getting a lot of different carers. It's nice to get the same carer so you can get to know who's looking after you." They went on to tell us that the number of care workers visiting them had reduced greatly and this meant the care workers got to know them better. They also told us that when other care workers did visit them the care workers, "Know what they were doing," and were, "Very good".

People who had live-in carer workers also told us they were reliable and arrived when they expected them. One person told us they had had the same care worker for over one year, with other care workers covering when their regular care worker was on leave. They told us they appreciated having the one main care worker who provided continuity.

A healthcare professional and staff who worked for the service told us there were sufficient staff to meet people's needs. The registered manager told us that that they had enough staff to cover all the calls. This meant the provider employed sufficient people to meet people's needs.

People were safely supported with their medicines. Staff told us that they were trained to administer medicines and that their competency was checked regularly. One care worker told us the training for administering medicines was "fantastic". They said, "I know I have to check I have the right medicine, right dose, at the right time. [The training has] really helped me. I know to check the prescription against the MAR [medicines administration record] and the MAR to the [medicines received]."

Appropriate arrangements were in place for the recording of medicines received and administered. Regular checks of medicines and the associated records were made to help identify and resolve any discrepancies promptly.

Is the service effective?

Our findings

Staff members were knowledgeable about people's individual needs and preferences and how to meet these. People told us that the care they received met their needs. People said that the care workers knew how to meet their needs. One person told us, "They're all very confident." A relative commented on the "knowledge and wide experience" of a senior member of staff. A healthcare professional told us that most staff understood the needs of the people they provided care too, engaged with them and provided the information they requested. However, they told us this was not the case with all staff.

Staff were trained and supported to provide care that met people's needs. Staff praised the training they received from the senior team. They described, and we saw records of, a thorough induction into their roles. One care worker said, "[At first the training] felt too much. But I did it all and it was so helpful." An experienced care worker who had recently joined the service told us, "[Working for the service is] good. I'm quite impressed [with the training]." They told us they had completed a range of training before they provided care for people. This included safeguarding people from harm, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and medicines management. Although experienced, they told us they had "learned a lot" during this training.

Records showed that staff had completed a range of training. In addition to the those mentioned above, we saw that some staff held National Vocational Qualifications in care. Staff told us they were supported to access training that help them meet the needs of the people they cared for. For example, one staff member told us they had been supported to access training about epilepsy. They said this increased their confidence and meant they knew what to expect if the person had a seizure and when medical help should be called. They said, "[The training] helped me immensely."

The operations manager told us that training was on-going while staff worked for the service and that supervision formed part of this process. They told us that senior staff carried out regular 'spot checks' of the care workers provide to people. Records showed that good practice was recognised and any shortfalls in staff performance was addressed. For example, we saw that senior staff had discussed the need for one care worker to improve their standard of record keeping.

Care workers told us that senior staff contacted them at least fortnightly, but usually weekly, to check on them. Care workers said they found senior staff supportive and approachable. They told us that senior staff were always available by telephone. One member of staff told us, "[The office staff] look after us. They check on us every week." Another care worker told us that they had provided care for people who were at the end of their life. They said the senior staff were particularly supportive during that time. Senior staff told us that an employee assistance programme was available for staff to use. This included a counselling service if staff wanted to speak to someone external the provider service. This showed that staff were effectively supervised and supported.

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

The provider was in the process of sending referrals to the local authority for people who the provider had assessed not to have the mental capacity to make specific decisions. This was so the local authority could proceed to confirm people's mental capacity assessments and to make possible DoL applications to the Court of Protection. This showed that the provider had considered the guidance and code of practice associated with the MCA.

Staff were trained and knowledgeable in relation to the application of the MCA. Staff told us they always presumed people had capacity to make their own decisions. They told us they would take "practical steps" to help people with this. For example, showing them the choices of clothes rather than asking what they would like to wear. Staff told us that if they had concerns about a person's mental capacity to make a decision, they would alert a senior member of staff to this.

Where meal times formed part of the care provided, guidance was included for staff to follow to ensure that people were provided with sufficient, suitable food and drink. People told us that staff supported them satisfactory to eat and drink.

People told us that their health care needs were met. One person said, "[The staff] are very helpful. They escort me to the hospital and come in to see the doctor with me and listens. I sometimes find it difficult to hear what [the doctor is saying]." A healthcare professional and records confirmed that people were supported to access the services of a range of healthcare professionals, such as the community nurses and their GP. This meant that people were supported to help them maintain good health and well-being.

Is the service caring?

Our findings

People made positive comments about the service and said they were happy with the way staff treated them. A person told us, "[The staff have] been very good to me." One relative said, "The carer is very good." Another relative told us staff treated their family member with, "Compassion and time." They went on to praise the way a senior member of staff interacted with their family member during their initial and subsequent meetings. They told us, "It was having a family member there. I cant speak highly enough about [the staff member]."

All staff said they would be happy for the service to care for their family member should the need for care arise.

People told us that staff treated them and their homes with respect. For example, one person commented that the care worker always closed the door before providing personal care.

Care records had been written in a manner to encourage staff to treat people with respect. For example, care plans explained people's preferences, for example about food, but stressed the importance of offering people a choice.

People said that they were involved in making decisions about their care. They told us they had been consulted about their needs prior to care being provided. Where people were unable to sign their care plan, they were represented by their next-of-kin.

Staff told us they felt it was important to involve people in their care and with every day decisions. The people we spoke with agreed that this happened. For example, people told us staff gained their consent before providing care and checked their preferred way of doing things.

Staff had a good understanding of people's preferences and needs. They also showed an understanding of the effects health conditions had on people. One member of staff told us about a person's health condition. They said the person needed to rest for periods during the day. They said these rest periods enabled the person to get up and spend time in their lounge for part of the day.

We saw that information about advocacy was available in the reception area of the agency office. Advocates are people who are independent of the service and who support people to decide what they want and communicate their wishes.

Is the service responsive?

Our findings

People told us that staff had a good understanding of their care needs and that these were met by the care workers. One person said, "[The staff] are very good. They do everything that's necessary." Another person said, "[The care workers] know me inside and out."

People's care needs were assessed prior to them receiving care. This helped to ensure that staff could meet people's needs. One person told us they had been "pleasantly surprised by how comprehensive [the assessments] were." These assessments were then used to develop care plans and detailed guidance for staff to follow. Assessments and care plans included information about people's health, physical and emotional needs as well as their preferences. A relative said that a senior member of staff had taken "a lot of time sorting out care plans" and that they believed this was instrumental in the success of the service their family member had received. They told us, "[The detail in the care plan] instils confidence that my [family member] is care for."

Care plans provided sufficient information for staff to follow so they could provide care safely and in the way the people preferred. Examples included guidance on assisting people to move and with personal hygiene, including bathing and dressing. Staff involved people and, where appropriate, their relatives in writing care plans. Staff told us, and records showed, that people's care plans were accurate and updated regularly and promptly when people's needs changed.

Where staff carried out calls to people, they completed records of each visit to each person. These provided a brief overview of the care provided and any changes in the person's condition from the previous visit. Where staff provided live-in care we saw the records were more detailed and provided a comprehensive record how well people were each day and the assistance they had received.

Staff described good communication across the team. They said they read people's care plans and guidance notes so they understood the care people required and wanted. They said that senior staff were very good at responding to the changes in people's needs and updating their care plans to reflect these changes. This ensured that staff were up to date with people's current care needs.

People said that they felt confident raising any concerns they had with the office staff. One person and another person's relative said they had raised some minor issues with senior staff. Both said that these had been addressed quickly and to their satisfaction. Staff had a good understanding of how to refer complaints to senior managers for them to address. We saw that the senior staff had thoroughly investigated and responded to complaints that had been made.

Is the service well-led?

Our findings

A registered manager was in post. They were supported by a team of senior staff and care workers. Staff members were clear about the reporting structure in the service. From discussion we found the registered manager and staff had a very good knowledge and understanding of the individual care needs and preferences of the people this service supported. People were very complimentary about the service, the staff and the way the service was run. One person told us they thought the service was, "Excellent." Another person said, "The care is very good." A third person said, "I'm very fortunate with the service." They went on to tell us that they had met both people "in charge" and had found them to be "very good." A relative said that they felt the agency provided, "A fabulous standard of care." They told us that they were, "Comfortable that the standards set [by the provider] would be followed through." A healthcare professional also told us the service provided was good. They told us they found staff and managers were approachable.

The registered manager used various tools to monitor the quality of people's care and the service provided. These included several checklists that helped them and staff to monitor the service. This included those used for gaining feedback from people and their relatives about the service, staff spot checks, and the monitoring of complaints. The forms included prompts for staff to record any actions taken and how the actions would be monitored. This helped the registered manager to be certain that all staff were working in line with the provider's policies.

The registered manager monitored various audits which senior staff carried out to check the quality of the service. These included for example, reviews of people's care and staff supervision. This helped the registered manager to ensure these tasks were being carried out at the frequency they set.

Senior staff had regular contact with the people who used the service. The operations manager told us they aimed to receive feedback from all clients and or their family members at least monthly. This was through visits, telephone or email. They asked people set questions to help them gauge people's satisfaction with the service. Records showed that any negative comments were followed up. For example, one person commented that they didn't like the smell of cigarette smoke on the care worker after they had been outside smoking. The staff member and person agreed to trial the staff member covering their clothes with a coat that they only used when smoking and that was stored in the person's garage. We saw that a note was made for the senior member of staff to monitor whether this improved the situation.

Staff told us that senior staff also carried out spot checks of their work. They told us, "We don't know when they are coming. If you've not done something right they do raise it with you." Records showed senior staff carried these out regularly and followed up on any short falls. For example, we saw that part of the spot check process was to check that staff had appropriate up to date training. We saw that one care workers spot check record identified that they needed training in assisting people to move. The care worker told us they had since attended this training. They told us, "[Senior staff] take no nonsense. You have to do all the training. They are very strict."

Staff told us that senior staff were very supportive. One care worker said, "[The office staff] are always very

helpful. They answer all my questions." Another care worker said, "The [staff in the] office are very supportive. They are always available. If you ring them you can always talk to them." A senior member of staff said, "It's a very supportive team. It makes a big difference."

Staff made positive comments about the ethos of the service. One member of staff said, "I've nothing bad to say [about the service]. This is the first company I have worked for where we all think alike: clients come first." Another staff member said, "It doesn't matter if it costs [the provider] money, they will do it for the clients [people who use the service]."

The operations manager told us they planned to send quality assurance surveys for people to provide feedback about the service they receive. This was planned to help the provider identify what worked well and if there were any areas that needed improvement.

We saw there was information in the service's office for staff to access about, for example, health and safety and safeguarding people from harm. Staff had recently been issued with pocket-sized books that provided them with information about their responsibilities. This included key information about safeguarding people from harm, the MCA and gaining consent and best interest decisions. They had also issued credit card sized key contact information, including telephone numbers for the service, the local authorities and the CQC. Information was also sent to staff in a regular newsletter. This included updates for staff and reminders about good practice. For example, the December 2015 issue contained articles about administering medicines, record keeping and the MCA. A member of staff commented that the operations manager provided updates on any changes in the legislation or guidance to staff. The staff member commented that the operations manager was "very efficient". This showed that the registered manager was proactive in providing information for staff.

All the staff we spoke with were familiar with the procedures available to report any concerns within the service's organisation. They all told us that they felt confident about reporting any concerns or poor practice to their supervisor. They all said they felt able to question practice, both formally through staff supervisions, or more informally. Staff told us they felt well supported by their supervisors, the operations manager and the registered manager. They told us that they received regular formal supervision. In addition, they said that senior staff were always available by telephone. One staff member told us, "[The senior staff] are always there for you." Another staff member said, "They are exceptional bosses. You can go to them with anything. They are the best."

Records we held about the service, and looked at during our inspection confirmed that notifications had been sent to the Care Quality Commission (CQC) as required. A notification is information about important events that the provider is required by law to notify us about.

The registered manager was committed to driving improvement of the service. The registered manager told us that in the past few months they had created new senior and administrative positions within the service to help the service continue to run smoothly. This included a liaison officer, a team leader and an administrator. They told us they were also advertising for a training officer. This showed that the registered manager planned for future events.