

Classic Care Services Limited

Classic Care Services Limited

Inspection report

Unit G9, Worth Corner
Turners Hill Road Poundhill
Crawley
West Sussex
RH10 7SL

Tel: 01293889080

Date of inspection visit:
10 December 2019

Date of publication:
17 January 2020

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

Classic Care Services Limited is a domiciliary care agency which provides support for adults in the community, including those living with dementia. At the time of the inspection 47 people were receiving personal care services.

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.

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

The culture of the service was positive, and people and staff were complementary of the management and provider. Systems and process were in place to monitor the quality of the service being delivered.

People were happy with the care they received and felt safe with the staff that were supporting them. Staff told us it was a good place to work and the enthusiasm from the team impacted positively on the people using the service. People received support from a consistent team who knew them well. There were sufficient numbers of staff to ensure people did not feel rushed and people received their support on time.

The service was safe. Systems were in place to protect people from the risk of abuse and improper treatment and staff knew how to identify potential harm and report concerns. People received their medicines safely from staff who were trained to administer these.

Care was personalised to meet people's care, social and well-being needs. Care plans provided detailed information and guidance for staff. Staff knew people well and provided support in line with people's preferences. People were treated with dignity and respect and their diverse needs were met.

People were cared for by staff who were well supported and had the right skills and knowledge to meet their needs effectively. Checks were carried out prior to staff starting work to ensure their suitability to work with people who used the service.

Positive and caring relationships had been developed between staff and people who used the service. People were treated with kindness and compassion and staff were friendly and respectful. People benefitted from having support from staff who had a good understanding of their individual needs.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 13 December 2018) and there were three breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was not always well-led.

Details are in our well-Led findings below.

Classic Care Services Limited

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 undertaken by one inspector and CQC support services.

Service and service type

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

The service had a manager registered with CQC. Like the provider a registered manager is 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 48 hours' notice of the inspection. This was because we needed to be sure that the provider would be in the office to support the inspection.

Inspection activity started on 4 December and ended on 11 December. We visited the office location on 10 December 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 five people who used the service and one relative about their experience of the care provided. We spoke with five members of staff including the provider, senior care workers and care workers. We reviewed a range of records. This included seven people's care records and multiple 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.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Learning lessons when things go wrong

At our last inspection the provider had failed to robustly record accidents and incidents in line with the provider's policy. This increased the potential risk that incidents were not always learnt from to reduce the likelihood of similar incidents happening again. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Systems and processes were in place to ensure that all accidents and incidents were recorded and reported appropriately. There was provider oversight and sign off of all accidents and incidents records.
- Processes were in place to track every accident and incident record over a four-week period. This ensured outcomes were clearly recorded and acted upon and care plans and risk assessments reflected up to date information.
- Accidents and incidents were audited to identify trends and learning points. For example, staff had sought medical assistance for a person who had a number of falls over a short period of time. A medical examination had identified an underlying medical condition. This was treated with prescribed medicines and the person had not experienced any further falls.
- The provider had a process to review and learn from incidents and prevent a reoccurrence. Outcomes were shared with staff so appropriate action could be taken to ensure people's safety and mitigate further risks.

Assessing risk, safety monitoring and management

- Risk assessments did not always provide sufficient details, so staff could support people safely. For example, they did not always include what equipment and support people needed to keep them safe. People had not experienced avoidable harm because of this lack of detail. Following the inspection, the provider acted to address this.
- Risks associated with the persons care and wellbeing were identified during assessment. There was a positive approach to risk taking which supported people's independence.
- Staff assessed people's health and well-being needs and identified any associated risks. Action was taken promptly when concerns were identified to ensure risks of a further occurrence were mitigated. For example, a person's support calls were increased to assist them with getting up in the morning and going to bed after they had been found on the floor during support calls. This reduced the risk of further falls for the person.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. Staff had completed safeguarding training and knew what action to take if they suspected abuse had occurred.
- Systems and processes were in place to protect people from the risk of abuse. Staff were aware of safeguarding procedures and how to report a concern. One staff said us, "To raise a concern I would go straight away to the manager, and I am confident I would be listened to." Another said, "If I had any concerns I would raise them straight to the office, someone is always on call to clarify things."
- People told us that they felt safe. One person said, "I have familiar staff", another said, "They don't manhandle me, and they are quite pleasant". A relative told us, "They talk through everything with her, as they are doing it, she can get worried or anxious if she doesn't know what is happening." This reassurance reduced their loved one's anxieties about feeling safe.

Staffing and recruitment

- There were safe systems and processes in place for recruitment of staff. The service followed safe recruitment processes to ensure people were suitable for their roles. This included undertaking appropriate checks with the Disclosure and Barring Service (DBS) and obtaining suitable references.
- There were enough staff to meet people's needs consistently and keep people safe. People told us they usually received their calls on time and staff would always call if they were running late. People felt staff had enough time to adequately provide their support, comments included, "The ones I have take their time, they are quite happy to do what I want them to do" and "they are prepared to have a chat, make me a cup of tea."
- People received 1-1 support from a core team of staff who knew them well, agency staff were not used. This ensured people received continuity of care from a familiar team. One person said, "We have got so used to the carers, we class them as friends."

Using medicines safely

- People received their medicines safely. Some people required staff to prompt them to take their medicines and some needed staff to administer them. One person told us, "I usually do this myself, but they know I can be forgetful, so they give me a gentle reminder." Staff had received training in the administration of medicines and only those staff who were assessed as competent were able to administer medicine to people.
- Systems and processes were in place to identify omissions and errors and appropriate action taken. For example, an investigation had been undertaken where gaps had been noted in a person's Medicine Administration record (MAR). The outcome of this was a recording error rather than an administration error as the person had received their medicines as prescribed. Refresher training was provided to staff when recording or administration errors occurred.
- Medication audits were completed monthly. These were reviewed and analysed to ensure appropriate action was taken to safeguard people and to mitigate potential risks. Audits also identified areas where practice could be improved, for example, the introduction of spot checks to assess staff's medicine competencies. This ensured people continued to receive their medicines safely.

Preventing and controlling infection

- Staff understood how to prevent and control risks of infection. They had received training in infection control. Staff used appropriate personal protective equipment and had access to suitable facilities to help prevent the spread of infection
- People told us that staff wore protective clothing whilst supporting them including shoe protectors, aprons and gloves. A relative said, "There is talk, because of the time of the year, there might be face masks as well, but I haven't seen those yet." Staff confirmed that when there was a risk of flu they wore disposable

facemasks to prevent cross infection.

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

- People were assessed before they started to receive support from the service to ensure their needs could be met. The information gathered included people's preferences, backgrounds and personal histories. Protected characteristics under the Equality Act (2010), such as disability, ethnicity and religion were considered in the assessment process.
- One person's care plan reflected some very specific needs in relation to their culture when receiving personal care. Staff were familiar with these requirements and fully respected the person's cultural heritage, ensuring their wishes were upheld.
- People were involved in planning their care. Individual choices and needs were assessed and known by regular staff who knew them well. Care plans provided staff with appropriate detailed information to enable them to support people in line with their preferences. One person new to receiving support said, "It hasn't been too bad so far, they know how I like my boiled eggs in the morning and stuff like that." Another person said, "Oh yes, they are well-versed in how to support me and what I want and how."

Staff support: induction, training, skills and experience

- People were supported by trained and knowledgeable staff. People told us they thought staff had the skills to support them. One person told us "Well, from my point of view they seem to know what they are doing, and they seem to look after me well enough."
- Staff had opportunities to learn skills to enable them to support people's needs. Staff told us that they had good access to training and were able to request training to meet people's specific needs such as dementia. One staff said, "The training is good, learning and development is encouraged, we have regular refresher training too."
- New staff received an induction in line with the Care Certificate. The Care Certificate is a nationally recognised set of standards which provides staff new to care with the expected level of knowledge to be able to do their job well. A staff member new to care told us they had received a good induction, which included information about the company's values and expectations of their role. They said, "My induction has been really useful and not too intense. I have just finished my Care Certificate. If I had questions staff were very helpful and everyone has been so supportive."
- People told us they were introduced to new staff before they provided them with support and they always shadowed an experienced staff member before they provided support alone.

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

- People received appropriate support to ensure their nutritional requirements were met. People's support plans identified the levels of support needed to ensure a person maintained a balanced diet. This included

support with shopping and preparing food.

- Where support with nutrition was an assessed need, people's daily care notes recorded the nutritional support provided.
- Staff received training in food hygiene and used this knowledge when preparing food for people. Where required, staff prepared snacks for people such as sandwiches and microwave meals. One person said, "They help me with sandwiches and things like that." Another said, "Staff always ensure I have plenty to eat and drink to hand before they leave."
- Staff were knowledgeable about people's nutritional needs and preferences. For example, where people preferred to eat their meals and their food choices. People were supported to retain as much independence as possible with meal planning and preparation and ensuring their food was in date and correctly stored.

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

- Staff liaised effectively with other organisations and teams, and people received support from specialist health care professionals when required.
- Care records showed people had access to routine and specialist health care appointments, and support plans reflected advice given. For example, one person had very complex health issues. Staff were familiar with this person's care needs and the signs that would indicate that the person's health might be deteriorating and when to seek medical assistance.
- We observed during the inspection staff seeking urgent medical support in a timely manner when they became concerned about a person's health. The person was admitted to hospital following examination by paramedics. Staff ensured the person's family were contacted. This is a demonstration of staff taking appropriate action to ensure the person received prompt medical assistance.

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 and they were.
- Staff had received training in MCA and demonstrated a good understanding of their responsibilities. Staff spoke of the need for presuming people had capacity to make decisions and to ensure people were supported in the least restrictive way.
- People told us that staff were always respectful and ask before they provide any support or assistance. One person said, "The first thing they say is what do you want done today and I tell them" another person said, "They always ask my permission before doing anything".

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 were treated with kindness by caring and dedicated staff. Staff showed a compassionate approach towards people and worked well together as a team. One person told us they had nothing but praise for staff and described them as "really kind."
- People were supported by staff who understood their needs and were committed to delivering kind and compassionate care. People said staff were caring and kind to them and did not feel rushed as staff had time to talk with them. Comment's included "They take their time and they do everything properly", and, "They have a chat and if I am getting myself ready, they are often chatting with my wife."
- Staff told us it was important to respect people's choices and feelings, and spend time getting to know people. A relative said, "Staff often sit here and talk about all sorts." One staff member said, "We make the visits not just about care, we have the time to spend getting to know people and that makes it a very social occasions and people look forward to the visits."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People and relatives were involved in and contributed to the development of their plan of care. Independence was promoted and maintained as much as possible, whenever possible. Staff told us that people want to stay living in their own homes and they make sure they encourage them to be as independent as possible within the support they provide
- Staff treated people as individuals and knew them well. People said staff respected their views and were kind and caring towards them. A relative described staff as "caring and helpful" and said, "They are absolutely brilliant, and we have no problems with them at all."
- People were encouraged to make decisions about the level of support they wanted. Staff told us they promoted choice at every opportunity for example when choosing what to wear and what meals a person would like. This enabled people to maintain some control and independence in their lives.
- People's privacy was respected. Staff told us they fully understood that they were working with in people's own homes and were mindful to respect people's wishes and preferences. People said staff were respectful of their dignity whilst supporting their care needs. We were told that staff ensured curtains were closed and covered their bodies in towels when assisting with 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 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 received personalised care and support that promoted their physical and mental wellbeing and enhanced their quality of life. Care records contained key information about the person including their preferences and interests. Information was up to date and provided guidance for staff.
- People were involved in the planning and review of their care. Support plans were person centred enabling staff to support people in a personalised way. These were reviewed regularly to ensure they were up to date and reflected any changes in people's needs or preferences. One person said, "I have folder and they keep that up to date, I am involved in any changes and reviews." Another person said, "I think they are keeping an eye on things as we go along."
- Staff told us that they knew people well and had a good understanding of their personal histories, interests and preferences. This enabled them to keep people's care requirements up to date and provide support in the way the person preferred.
- A relative told us reviews were held to check what was agreed was being undertaken. For example, their loved one's care plan had been updated about six months ago and again recently when their needs had changed. This is a demonstration of how people are included in reviewing their own care. This ensures people's wishes and preferences remain current and information is up to date.

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.

- People's communication needs were identified, recorded in their support plans. This information was shared appropriately with others. Staff recorded any communication needs people had such as speech, hearing or sight impairments.
- We were told that information was available to people in large print if they needed it and although no one currently needed written information in an alternative language or format the provider understood the requirement to make this available if the need arose in the future.
- Staff were aware of the individual needs of people to support their communication. Staff told us they did things to aid people's communication such as cleaning people's glasses every day and ensuring hearing aids were switched on and batteries working.

Improving care quality in response to complaints or concerns

- There was a complaints policy and process in place. The complaints process was given to people when

they began using the service. People told us they knew how to raise a complaint and felt they would be listened to. There was a process for responding to complaints and concerns. This ensured concerns were responded to in an open, honest and timely way.

- Staff and the management team treated people with compassion and encouraged people to speak about any matters that maybe of concern to them. People said they were confident to make a complaint about the quality of care and support they received. One person told us they had made a complaint about their care and this had been resolved in a satisfactory way.
- Relatives said they felt comfortable to raise any concerns. One said, "They are very good, I think I could just pick up the phone and talk to them and someone would come out and see me."

End of life care and support

- At the time of the inspection no one required end of life care. The provider told us that if the need arose they would source end of life training for staff.
- Staff understood which health and social care professionals would need to be involved to support people who were living with a life limiting illness. People's support plans would be updated to reflect people's end of life wishes and care needs.

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At the last inspection the provider was in breach of their requirement to have a manager registered with CQC. This was a breach of Regulation 5 of the Care Quality Commission (Registration) Regulations 2009.

At this inspection the provider was no longer in breach of this regulation. The provider had registered with CQC as the registered manager for the service.

At the last inspection the provider did not have robust oversight of the quality of the service to drive continuous improvement. Quality assurance systems and processes did not always identify areas in need of improvement and care records were not always complete or reflective of people's needs. The providers systems failed to consistently assess, monitor and improve the quality of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulations.

- There were systems and processes for quality monitoring, auditing and to drive improvement. There were systems and processes to monitor accidents and incidents. Accidents and incident records were analysed to identify key issues and mitigate risks. This ensured there was clear management oversight of any relevant trends and any actions taken to avoid or reduce risk and further incidents occurring.
- The provider demonstrated strong leadership and had day to day operational oversight of the service. There was a clear staffing structure with identified roles. Staff demonstrated an understanding of their roles and responsibilities and told us that they had confidence in the providers management of the service.
- Staff told us that they did not always have formal documented 1-1 supervision, but they had good access to the provider and had frequent informal catch ups. They said that the provider was visibly active within the service and on hand for advice and feedback on their performance and areas for development. Staff felt the provider showed an interest in their own-wellbeing and they felt supported and valued because of this.
- Staff performance was observed to check policies and procedures were being followed. Staff had opportunities to discuss their learning and development needs. Staff told us that the provider was supportive both personally and professionally. Staff told us that they received gifts as recognition for good work at Christmas which made them feel valued. One staff member said, "I have had loads of support from the management team. Nothing is too much trouble, it's great to have nice management and everyone is so

welcoming."

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 understood their legal duties and sent notifications to CQC as required. Notifications had been sent to us in a timely manner and were completed in line with requirements. The provider understood their responsibility to notify the local safeguarding authority of concerns. Records showed that this had happened appropriately and in line with safeguarding guidance.
- Policies and procedures for staff to reference to ensure care and support was provided in line with national guidance and regulations were kept up to date.
- The provider was able to demonstrate a good understanding of the duty of candour and when this would apply. One person said, "All I can say is the management team is approachable, some of the staff that come to see me have been working there ten years plus, so they must be doing something right."

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

- People received holistic person-centred care. The provider had embedded a values-based culture which was inclusive and reached out to people they supported along with family and friends.
- People were placed at the heart of the service and received planned, safe and effective person-centred care. Effective communication between the provider and staff team supported people to receive their preferred care and support.
- People and their families told us that they were involved in the planning of their care which meant they felt valued. We were told that communication was good, and that people could always get hold of someone in the office if they needed to.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- Staff had received training in equality and diversity and understood their responsibilities to uphold people's human rights. Staff gave us examples of how people had been supported with their equality and diversity needs.
- Feedback and ideas were regularly sought from the people who used the service. People had the opportunity to complete surveys and participate in meetings. The information from this feedback was used to drive improvement within the service and the wider organisation.
- There was a collaborative working relationship between the provider and staff. Staff were happy working at the service and were committed to providing high-quality care and support. They felt valued and listened to and able to share their views. One staff member told us, "I would recommend it as a place to work and would be happy if relative or friend received support from the service."
- Staff worked in partnership with health and social care professionals to ensure people's needs were met and they had the community services they were entitled to. Records showed that a range of medical service had been contacted when people had been unwell or required additional support. This enabled people to receive the appropriate support to meet their continued and changing needs.
- The service was quality assessed using an external consultant. Action plans were produced to address any shortfalls and ensure the service continued to provide good quality care.