

Klass Care Limited

KLASS CARE LTD

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?	Requires Improvement ●

Summary of findings

Overall summary

KLASS CARE LTD is a domiciliary care agency. It provides personal care to people living in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

At the time of the inspection, the service was supporting 14 people with personal care in Bournemouth, Poole and the Purbecks.

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

Quality assurance systems did not always operate effectively. The service did not seek formal feedback about the standard of care provided and therefore did not use this to drive improvements. We have made a recommendation about their quality assurance systems. The provider had started to put robust plans in place during the inspection.

People and their relatives told us they felt safe with the support and care of staff from Klass Care. People felt listened to and the service was responsive to their changing needs. Medicines were managed safely, and infection prevention and control procedures were adhered to. There was enough staff and recruitment was ongoing.

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. The registered manager and provider were seeking further guidance about assessing capacity for people to make decisions about their care and support.

People were supported where needed to eat and drink well. They had access to timely healthcare support as needed. A regular staff team supported consistency and continuity within the service. Staff were introduced to each person before they were assigned to provide care. People had personalised care plans that were responsive to their needs. The registered manager was keen to develop plans which explored people's wishes about the end of their life.

There was a complaints procedure in place. People felt confident that they could speak about any concerns and that they would be acted upon. Staff had received safeguarding training and knew who to report to, including whistleblowing. Staff were kind and caring and often went the extra mile for people. Communication within the service was good, people were kept informed and updated if there were changes to their schedule of care.

Staff were proud to work for Klass Care and got on well with their colleagues, explaining to us they were like a big family. Committed to Klass Care they had confidence and respected the registered manager. Every piece of feedback was positive about the provider and the registered manager.

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

Rating at last inspection

This service was registered with us on 5 July 2019 and this is the first inspection.

Why we inspected

This was a planned inspection.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

KLASS CARE LTD

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector who visited the service office and an Expert by Experience who made telephone calls to families of the people using the service. 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 and support to people living in their own houses and flats.

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 30 July 2021 and ended on 3 August 2021. We visited the office location on 2 August 2021.

What we did before the inspection

We reviewed information we had received about the service since it was registered with us. 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 took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and six relatives on the telephone about their experience of the care provided. We spoke with 13 members of staff including the provider, registered manager, director, administrator and care workers.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at six 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 continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us the care and support they received made them feel safe. Comments we received were, "I feel perfectly safe", "Certainly feel safe" and, "Feel very safe with the care."
- Staff had received training in safeguarding people. They told us how they would recognise signs of abuse and who they would report them to. Staff told us they were confident that the registered manager would follow up concerns.
- The service had a safeguarding policy and procedure. Staff were aware of the whistleblowing policy and told us they would be confident to raise concerns outside of the service if needed.
- The registered manager told us in which circumstances they would refer to safeguarding, they felt confident to do so.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People had risk assessments in place for their care and support. However, some were limited in detail. The registered manager told us they needed to be more detailed and had started to develop them further. They showed us a new style risk assessment they had created for a person which was detailed and personalised.
- Environmental risks had been assessed, including risks to lone workers. Staff had a good understanding of people's risks. They knew people well and how to support them.
- Accidents and incidents were recorded, and these had oversight of the registered manager who ensured they were dealt with appropriately. However, there was no formal review of accidents as a service and we raised this with the provider. The provider acted immediately by putting a monthly review for analysis in place.
- Learning was shared with staff through meetings, staff messaging groups, supervisions and updates to the electronic care system.

Staffing and recruitment

- There were enough staff to meet people's needs. The service worked on providing a consistent staff team for people.
- The service had a recruitment process in place. Checks demonstrated that candidates had the required skills and knowledge needed to care for people. The service was actively recruiting staff, and this included working on advertising as an ongoing process.
- Staff files contained appropriate checks, such as references, health screening and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with people in a care setting.
- Staff new to the service were allocated to work with a senior member of staff and were introduced to each

client before working with them. Improvements were in place to ensure this process was documented.

Using medicines safely

- The service managed people's medicines safely. There were arrangements for the ordering, storage and disposal of medicines. Staff responsible for the administration of medicines had received medicines training.
- Medicine Administration Records (MAR) had information about when a person took their medicines and prescribed creams. The MAR was on an electronic system and if administration had not taken place or was delayed it alerted the system which was monitored in the office.
- Staff told us they checked people's medicines with their MAR to ensure the correct medicine was given to the correct person at the right time.
- Where people were prescribed medicines that they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.

Preventing and controlling infection

- Staff understood their responsibilities for keeping people safe from the risk of infection. Procedures had been enhanced following the start of the coronavirus pandemic.
- Staff had enough supplies of personal protective equipment (PPE). People and their relatives confirmed staff always wore their PPE and were complimentary about staff helping to keep them safe. They told us, "I feel safe [staff] have been very careful with COVID", and, "They [staff] wear PPE."
- Staff had received training in the control and prevention of infections. The service had included all government and public health guidance on COVID-19 into their own policies and procedures.
- The service was participating in the COVID-19 staff testing and vaccination programme.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 had their needs assessed before they started using the service. Each person had a health and welfare assessment in place which documented their needs.
- People's outcomes were identified and guidance on how staff met them was recorded within their care plans. Staff knowledge and records demonstrated plans had been created using evidence-based practices. This was in relation to medicines, mobility and nutrition.

Staff support: induction, training, skills and experience

- Staff told us they felt supported. However, formal supervisions had not been recorded within the guidance of the providers policy, this had been identified and was being addressed by the provider.
- Records showed the supervisions were two-way conversations that gave staff opportunities to ask questions and receive guidance, feedback and praise. A member of staff told us, "I am constantly praised by the registered manager [name] and the directors [names]."
- Staff had received an induction and a period of shadowing for each new person they attended. Some of the subjects covered in training were safeguarding, medicines, duty of care and communication.
- The registered manager told us that staff who were new to care were enrolled on the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training.

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

- People's needs in relation to eating and drinking had been assessed. The information available to staff included people's likes and dislikes.
- Where people were at risk of a deterioration in health due to poor intake of food and drink, there were recording charts in place to ensure staff could monitor this. An example was, for the purposes of weight gain or loss.
- People's care plans reflected their needs and staff reported any concerns about this. Regular reminders for staff to encourage people to drink were sent to them through the secure messaging application. This had been especially relevant during a recent heatwave.

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

- People had access to healthcare services and support as they needed. This had been affected by the pandemic and staff had made calls to relevant health and social care professionals to get advice over the phone.

- People had 'grab sheets', these were information about the person that went with them should they need to go into hospital. The grab sheet gave detailed information about the person such as, medical conditions, next of kin details, communication and likes and dislikes.
- Records showed input by a variety of health and social care professionals such as, community nurses and doctors.
- People were supported by medical input in a timely manner. Staff told us they would either contact the doctor or speak to the office and they would call to make an appointment with the doctor.

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.

- The service was supporting some people who were living with dementia, which affected some people's ability to make decisions about their care and support.
- The service had consulted with the person, their relatives and professionals where needed. MCA assessments had been completed. However, assessments were not always considering individual decisions. The provider and registered manager told us they would seek further guidance about MCA assessments.
- People were supported to be involved in their decisions; staff told us they always asked people for consent. Records showed they were involved in their care.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Staff were kind and caring, according to feedback about Klass Care. Some comments we received were: "[Staff] are caring and all very lovely", "[Staff] are caring, all very lovely" and, "Carers are very friendly and approachable."
- People's cultural and spiritual needs were respected. People were asked about their beliefs and practices during their assessment. These were recorded in their care plans.
- Staff received training in equality and diversity. Staff told us they would care for anyone regardless of their background or beliefs.

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

- People were supported by regular staff who understood their needs. The registered manager told us it was important that all new staff were introduced to the person before they provided care to them.
- People and those important to them had been involved in creating and reviewing their care plans. Records showed involvement and that people's views were listened to and acted upon.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Staff told us how important it was, giving examples of how they show and treat people with dignity and respect. A person told us, "I am always treated with dignity and respect". A relative told us, "They [staff] very much treat my loved one [name] with dignity and respect. They go out of their way to try and encourage her to enjoy life and still have a laugh, they interact really well with them."
- Staff promoted independence for people within their care and support, this was important to people. A person said, "I do what I can for myself." A relative told us, "They [staff] definitely encourage my loved one [name] to do what they can, they help them to wash and dress but let them have a go herself."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Care plans were personalised, they were clear and gave the staff the necessary information to be able to support the person.
- Plans were reviewed regularly and as needed, involving all relevant people. The registered manager told us they updated care plans as they went along. Making changes was easy to the service as they had an electronic care planning system. This meant staff were receiving the most up to date information about people.
- People and their relatives were positive about the care planning process. Some of the comments were: "We completed the assessment, it was very thorough, they are good at picking up on things", "The registered manager [name] visited and spoke to me and my loved one [name] before care started", "I explain what I need, they write it down and they ask me each morning if there are any changes."

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 and highlighted in care plans. These reflected people's needs and were shared appropriately with others.
- The service had made adjustments for people when communicating with them. For example, providing a visits schedule in large print for a person who had a visual impairment.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure. Although the service had not received any formal complaints records showed any feedback or minor concerns had been addressed to the persons satisfaction.
- Everyone we spoke with felt comfortable to speak to staff or the registered manager about any concerns and felt confident it would be taken seriously and addressed. A person told us, "No complaint's, would indeed complain if I needed to". A relative said, "The registered manager [name] is very good, I chat with them and can raise any concerns."

End of life care and support

- The service did not always routinely plan for end of life needs. However, the service worked with palliative care nurses when required and took their lead from them.
- Some people had given their preferences to the service which they had discussed with their doctor and

family. For example, choosing whether or not to receive emergency treatment.

- The registered manager told us they wanted to make improvements in this area and develop an end of life plan for each person to take account of their wishes and preferences.

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.

This is the first inspection for this newly registered service. This key question has been rated requires 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

- Quality assurance systems did not always operate effectively. Audits were not always present, complete or robust. Evidence showed the registered manager made improvements as problems arose but there was not an effective system for recording the process and actions.
- The registered manager had created a plan for auditing which included monthly checks of the systems but told us they had not been able to complete these due to staff shortages. The provider told us they were making immediate changes to this process and submitted to us a schedule of audits and monitoring.
- The service had not actively sought formal feedback on the quality of the service. The registered manager told us they encourage people to feedback to an online review site. This meant the service was not always recording the views of people to drive improvements and shape the service.

We recommend that the service strengthen their governance systems to ensure they are always operating effectively.

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

- Staff felt proud to work for KLASS CARE Ltd. They were complimentary about their colleagues and worked well as a team. Some of their comments included: "I feel very proud to have been chosen as a caregiver for Klass Care", "They not only provide excellent care in the community but they also care about their staff, which is very important so that their staff can provide the best care possible", "I am proud because of the people that I work with knowing that they put as much effort in taking care of each other as well as the people we see each day", "I feel extremely proud to work for Klass care."
- Feedback about the management of the service was positive. Comments included: "The registered manager [name] is a well organised manager with a friendly, approachable manner", "The registered manager [name] is only at the end of the phone and I feel very relaxed with her, as managers go they are very hands on and only wants the best for their carers and clients alike", "The registered manager [name] is excellent", "The registered manager is very attentive", "The service seems to be managed well, they do their best".

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 registered manager understood the requirements of the duty of candour, that is, their duty to be

honest, open and apologise for any accident or incident that had caused or placed a person at risk of harm. They told us the circumstances in which they would make notifications and referrals to external agencies.

- The registered manager told us they had not had to submit a statutory notification to CQC but understood when they needed to. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.

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

- People, their relatives and staff told us they were kept informed and communication within the service was good. The registered manager was accessible to people and their loved ones and this was appreciated.

- The service was keen to be involved more in the community with the easing of COVID-19 restrictions. The provider told us they were working on a marketing campaign to become more visible in the local area.

- Learning and development was important to the registered manager. They had received support with training and development from the provider.

- The service had good working partnerships with health and social care professionals.