

Classique Care Services 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

About the service

Classique Care Services Limited is a domiciliary care agency providing personal care. The service provides support to people living in their own homes in the community. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection the service was providing personal care to 62 people.

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

People were safe using the service. Staff had been trained to safeguard people from abuse and knew how to report concerns to the relevant agencies. Staff understood risks to people's safety and wellbeing and how to manage these to keep people safe. The provider carried out recruitment and criminal records checks to make sure staff were suitable to support people.

There were enough staff to support people and meet their needs. Staff attended care calls, on the whole, on time. The provider had systems in place to monitor late calls to help them take appropriate action to reduce the risk of these reoccurring.

Staff followed current practice when providing personal care and when preparing and handling food which reduced infection and hygiene risks in people's homes.

People were involved in planning and making decisions about their care and support. They could state their preferences for how this was provided. Staff were provided with relevant training to help them meet people's needs. Staff knew people well and understood how their needs should be met in line with their preferences. The provider supported and encouraged staff to continually learn and improve in their role. The provider carried out spot checks on staff to make sure they were carrying out their duties appropriately and to a high standard.

Where the service was responsible for this, staff helped people to eat and drink enough to meet their needs and to take their medicines. Staff understood people's healthcare needs and how they should be supported with these. Staff were observant to changes in people's needs or when they became unwell and sought support for this where appropriate.

Staff were kind and caring and treated people well. People's feedback indicated staff delivered good quality support. Staff enjoyed their work and supporting people using the service. They were encouraged to put people's needs and wishes at the heart of everything they did.

Staff supported people in a dignified way which maintained people's privacy and independence. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The provider monitored the safety and quality of care and support provided to people. They checked with people at regular intervals that the care and support provided was meeting their needs and sought their views about how the service could improve.

There were systems in place to investigate accidents, incidents and complaints and people to be involved and informed of the outcome. The provider worked proactively with healthcare professionals involved in people's care and acted on their recommendations to deliver care and support that met people's needs.

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

Rating at last inspection

The last rating for this service was Good (published 19 June 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service and in part due to concerns received about staffing, timeliness of care calls and quality concerns about the care and support provided by the service. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe, effective, caring, responsive and well led sections of this full report.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led.

Details are in our well-led findings below.

Classique 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 Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection. Inspection activity started on 11 January 2023 and ended on 16 January 2023. We visited the location's office on 11 January 2023.

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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people and 5 relatives about their experiences of using the service. We spoke with the head office team which included the registered manager, the deputy manager, the care coordinator, 4 care support workers and the director. All the head office team were trained to provide care and support to people using the service. We reviewed a range of records including 7 people's care records, records relating to staffing, recruitment, training and supervision and other records relating to the management of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- There were enough staff to meet the needs of people using the service. People told us staff who were their regular care support workers turned up on time for scheduled care calls.
- Two people told us, staff who were not their regular care support workers, did not always turn up at the time they were expecting. One person said, "The regular carer is good but the others don't come at the right time. They sometimes come too early." Another person told us, "They don't always stick to the times and don't let me know. I have to ring them."
- Our checks of records indicated the majority of care calls were attended at the times agreed with people. We were assured when staff had been late for a call, this was not a regular occurrence.
- The registered manager told us the new electronic call monitoring system used by the service, provided real time information and alerted the head office staff team if a staff member was late for a care call. This meant head office staff could call people to let them know.
- The registered manager said any late care calls were fully investigated and managers worked with staff to identify ways in which to reduce the risk of these reoccurring.
- The provider operated safe recruitment practices. They carried out appropriate checks on staff that applied to work at the service to make sure only those suitable, were employed to support people. This included checks with the Disclosure and Barring Service (DBS) who provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People were safe using the service. People's feedback to us indicated they had no concerns about their safety when being provided care and support by staff.
- Staff had been trained to safeguard people from abuse. They understood their responsibility to safeguard people and how and when to report safeguarding concerns to the appropriate person or authority. A staff member told us, "I have had safeguarding training and I feel confident to know what to look for. I would tell the office straight away about anything that wasn't right."
- The registered manager understood their responsibility to safeguard people and proactively liaised with the relevant agencies if a safeguarding concern about a person was reported to them. Records maintained by the service of safeguarding concerns confirmed this.

Assessing risk, safety monitoring and management

- The provider managed risks to people's safety and wellbeing. People's records contained information about identified risks to their safety and wellbeing and what staff should do to manage these risks to keep

people safe.

- Staff understood risks to people they were supporting and gave us examples of how they helped people to stay safe when they were providing care.
- Staff had been trained to deal with emergency situations and events if these should arise in people's homes.

Using medicines safely

- Where the service was responsible for this, people received their medicines safely and as prescribed.
- People's records contained information about their medicines and how staff should support them to take them in a timely and appropriate way. Our checks of records showed people consistently received the medicines prescribed to them.
- Managers undertook competency checks on staff and audits on people's records to make sure staff administered medicines safely.

Preventing and controlling infection

- The provider managed risks associated with infection control and hygiene.
- Staff had received training in how to keep people safe from risks associated with poor infection control and hygiene.
- Staff used personal protective equipment (PPE) effectively and safely. One person said, "They always wear gloves and aprons to put my cream on."
- Staff supported people to keep their homes clean and hygienic to prevent the spread of infection.
- The provider's infection prevention and control policy was up to date. The provider had plans in place to make sure that infection outbreaks could be effectively prevented or managed.
- Staff had been trained in food hygiene to help them reduce hygiene risks to people when preparing and serving food.

Learning lessons when things go wrong

- There were systems in place for staff to report and record accidents and incidents. Managers investigated accidents and incidents and took action when this was needed to reduce the risks of these reoccurring.
- Learning from accidents and incidents was shared with staff to help them improve the quality and safety of the support provided.

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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received relevant training to help them meet the range of people's needs. Training was refreshed at regular intervals so that staff stayed up to date with current practice. A staff member told us, "I am always learning. I have done loads of training and even refresher training. The training is helpful."
- Staff had supervision meetings with managers to support them in their role and to identify any further training or learning they might need. A staff member told us, "I think I have been very well supported by the service to learn the job and do the job."
- People's feedback to us indicated they were confident in the ability and experience of their regular care support workers. Some people said they felt less confident with staff who were newer and less experienced.
- Records showed new staff had to successfully complete a period of induction prior to supporting people unsupervised. This included an assessment by managers of their competency to meet people's needs.
- The registered manager told us they took on board people's feedback about the skills and experience of newer staff and told us quality monitoring checks were used by managers to identify any continuing learning and development needs of staff, to support them to embed the skills and experience required for their role.

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

- The provider had arrangements in place to make sure people's care and support needs could be met by the service. Prior to people using the service managers undertook assessments of people's needs to make sure these could be delivered in line with current practice and guidance.
- People and others involved in their care had been involved in assessments and were asked for information about their needs and how and when they would like care and support to be provided.
- People's choices about how and when support was provided had been recorded in their care records. This helped to make sure staff provided support in line with people's wishes and needs.
- Staff told us an up to date copy of people's care and support plan was available in people's homes. Staff said these were easy to read and clear about the care and support they should provide in line with people's preferences.

Supporting people to eat and drink enough to maintain a balanced diet; supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent, effective, timely care

- Where the provider was responsible for this, people were supported to eat and drink enough to meet their needs. One person told us, "They always ask me what I want to eat." Another person said, "They always ask if I have had enough."

- People's records included their preferences for meals and drinks. This helped people receive food and drink of their choice.
- People were supported to manage their health and medical conditions. People's records contained information for staff about how they should do this.
- Staff were observant to changes in people's needs or when they became unwell and sought support for this where appropriate. A relative told us, "They always mention if there is any issue or concern. Last year one of the girls noticed [family member's] tummy was distended. She told us about it and [family member] had to go into hospital."

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 MCA 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.

- Systems were in place to assess people's capacity to make and consent to decisions about specific aspects of their care and support. Where people lacked capacity to make specific decisions, there were processes to involve people's representatives and healthcare professionals to ensure decisions would be made in people's best interests.
- Staff had received training in the MCA and associated codes of practice. The registered manager understood their responsibilities under this Act.
- Staff told us they sought people's consent prior to providing any care and support and respected people's choices and decisions about this.

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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained 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

- People were treated well by staff. One person told us, "They are very kind. They do everything that is necessary." Another person said, "My regular carer is really kind." A relative told us, "They are like an extension of our family. [Family member] is always pleased to see them."
- Staff were caring when speaking about people they supported and had their best interests at heart. A staff member told us, "A lot of people don't see others day to day so I think we make a difference and keep people company and give them that social interaction." Another staff member said, "I give [person using the service] a lot of emotional support. I think I've made a difference to their life in terms of getting them the support they need (outside of the service's remit), as there is no one else in their life to do this for them."
- People, on the whole, received support from the same staff so that the care they received was consistent. The care co-ordinator showed us how they used the electronic call monitoring system to roster staff and allocate them to the same people wherever possible.
- People's preferences for who they received care from were respected. For example, people could state if they preferred to be supported by a male or female staff member.
- People's wishes in relation to how their social, cultural and spiritual needs should be met were recorded so that staff had access to information about how people should be supported with their needs.
- Some staff employed by the service came from different cultural backgrounds to those of people they supported. The registered manager told us staff were supported to deliver care and support in line with people's needs despite these differences. For example, staff were shown how to prepare and cook meals that reflected people's cultural preferences. The registered manager said staff were encouraged to talk about the differences in language they encountered so that managers could help staff better understand and communicate with people more effectively.
- Staff received equality and diversity training as part of their role. This helped staff understand what discriminatory behaviours and practices might look like to help them make sure people were always treated.

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

- People, and those important to them, took part in making decisions and planning their care and risk assessments.
- Managers obtained people's feedback through regular monitoring checks to make sure the care and support they received was continuing to meet their needs.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect by staff who maintained their privacy and dignity when providing care and support. A staff member told us, "I make sure I talk to people and make them comfortable and I ask them what they would like me to do."
- People were supported to be as independent as they could be. People's care records prompted staff to support people to undertake as much of the tasks of daily living as they could.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained 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; support to follow interests and to take part in activities that are socially and culturally relevant to people; supporting them to develop and maintain relationships to avoid social isolation

- People had choice and control over how their care and support was provided. People's records reflected their preferences and choices for how and when they received support, taking account of their specific needs. A staff member told us, "The care plans are in people's homes and they are easy to understand and sets out what we are meant to do at each visit."
- People's records contained information about their life history and interests to help staff get to know people and meet their needs more effectively. People's records also contained information for staff about the important relationships in people's lives and how people should be supported to maintain these.
- Staff understood people's needs and how these should be met. A staff member told us, "When I go to people's homes I know I am responsible for providing them care, so I make sure they are feeling ok and happy. I respect their choices and decisions." Another staff member said, "Because I have had [people using the service] for so long I know them really well and have a great relationship with them and their families."
- Staff recorded the care and support they provided to people. Managers reviewed these records to make sure people were receiving the care and support planned and agreed with them.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs had been identified, recorded and highlighted so that staff had access to relevant information about how they should be supported with these.
- The provider had made key information available to people in easy to read formats. For example, information had been provided to people about how to make a complaint about the service in an easy to read, pictorial format.

Improving care quality in response to complaints or concerns

- There were arrangements in place to deal with people's concerns and formal complaints. People had been provided information about what to do if they wished to make a complaint and how this would be dealt with by the provider.
- When people had raised concerns and complaints we saw these were dealt with appropriately by the provider.

End of life care and support

- There were arrangements in place to obtain and record people's wishes for the support they wanted to receive at the end of their life. This would help ensure staff would know what to do to make sure people's wishes and choices were respected at the appropriate time.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had clear expectations about the quality of care and support people should receive. These had been communicated to people and others involved in their care when they first started using the service. Managers checked with people at regular intervals that staff were providing care and support to the standard expected.
- The registered manager and head office team were accessible and available to speak with people, their relatives and staff when needed. A relative told us, "We know [deputy manager]. She comes out once a month to make sure everything is alright. We talk to her." A relative said, "I speak to [the care co-ordinator]. She is very responsive." A staff member told us, "The head office team are lovely. They are like family. I can call them at any time. They are always ready to help."
- People were provided opportunities to have their say about the service. The provider used surveys, telephone monitoring checks and home visits to gather people's views and ask what improvements they would like to see. Staff were encouraged through supervision to give their ideas about how care and support could continually be improved for people.

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

- The provider had systems in place to make sure people received safe, high quality care and support. Managers undertook regular monitoring checks of the care and support provided to people. They dealt with any issues from these checks promptly and used this information to support staff to learn and improve their working practices.
- The registered manager had the skills, knowledge and experience to perform their role, a clear understanding of people's needs and oversight of the service.
- People's feedback confirmed staff delivered good quality support consistently. One person told us, "In comparison to my previous care agency, this is a very good one."
- Staff were focused on meeting people's needs and felt well supported by managers. A staff member told us, "They treat us really well...I would recommend the company to other people as a good company to work for. I won carer of the month and it's really nice. I feel really valued and appreciated. The managers are really good I can't fault them."

Continuous learning and improving care; 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 had plans to continually improve the service. Prior to this inspection, concerns had been raised with us about staffing, timeliness of care calls and the quality of care and support provided by the service. We contacted the provider at the time and sought assurances that people were safe and not at risk of harm from these concerns.
- In response to these concerns, the provider brought in an external consultant to review the service, to identify any safety and quality issues and areas the service could improve further. We saw the provider was actively implementing recommendations made by the external consultant leading to improvements, for example, in the way records were maintained by the service to ensure these were accurate and up to date at all times.
- The provider had invested in technology to improve the service further. They had implemented a new electronic call monitoring system which had improved the scheduling and monitoring of care calls. The registered manager told us this improvement gave them and the head office team better, real time information to check people were getting the right care and support at the right time.
- The provider was planning to introduce further improvements by purchasing new mobile smart phones for all staff, to improve the efficiency of access to information about people's care and support needs and enable staff to electronically record the support they provided at each visit.
- The provider notified CQC of events or incidents involving people which helped us check they took appropriate action to ensure people's safety and welfare in these instances.
- The provider had systems in place to apologise to people, and those important to them, when things went wrong. The registered manager understood their duty to give honest information and suitable support, and to apply duty of candour where appropriate.

Working in partnership with others

- The provider worked proactively with a range of healthcare professionals involved in people's care and support. They acted on their recommendations and advice to plan and deliver care and support that met people's needs and helped them achieve positive outcomes in relation to their safety and wellbeing.