

1st Class Adult Social Home Care Ltd

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## Inspection report

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Leicester  
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20 February 2019

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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: 1st Class Adult Social Home Care is a domiciliary care agency that was providing personal care for two people living with dementia at the time of the inspection.

People's experience of using this service:

- People were supported in their own homes by carers. People were happy and comfortable around staff. People received support 24 hours a day, this gave relatives reassurance that people were being kept safe and cared for. Staff were happy to be working for the service. Everyone said they would recommend the service.
- Staff were aware of their responsibilities for keeping people safe and had received the appropriate training, support and supervision for their role. Risks associated with people's support and care had been properly assessed and managed.
- People were supported to eat and drink well; there were systems in place to record intake and they were supported to access healthcare when necessary. People were safely supported with their medicines.
- People were supported to have choice. One member of staff told us they asked every day what people would like with all aspects of their care. The policies and systems in the service supported this practice.
- Staff knew the people they supported well and respected their privacy and dignity. One relative described the care and the carers as "amazing and brilliant."
- People's care plans were personalised and had been developed with family involvement.
- Management supported staff and staff felt listened to. The service actively engaged with other professionals to improve their service and help others.

Rating at last inspection: This was the services first inspection since it registered with the Care Quality Commission in 2018.

Why we inspected: This was a scheduled inspection.

Follow up: We will continue to monitor the service through the information we receive.

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

## 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.

# 1st Class Adult Social Home 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by two inspectors.

#### Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older adults.

The service had a manager registered with the Care Quality Commission (CQC). 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 visit because it is small and we needed to make sure that the registered manager would be in. We visited the office location on 20 February 2019 to see the manager and office staff; and to review care records and policies and procedures. On that day we also visited people in their home. We made telephone calls to people and relatives on 22 February 2019.

#### What we did:

Before inspection: We reviewed information we held about the service. We viewed information the provider is required to send us at least annually that provides some key information about the service, what the

service does well and improvements they plan to make. We sought feedback from the local authority who monitor the care and support people receive. We used all this information to plan our inspection.

During inspection:

- We spoke with the registered manager, a member of the office staff, and two care workers.
- We visited two people in their home.
- We reviewed a range of records about people's care and how the service was managed. This included two people's care records. We also looked at associated documents including risk assessments and medicine records.
- We looked at three recruitment files; including checks carried out for new staff employed at the service.
- We spoke with a relative of a person being supported by the service.

After inspection:

- The registered manager provided us with a sample of the provider's policies and procedures and records of meetings and staff training records.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from risk of abuse as staff were provided with guidance and had received safeguarding training. This supported them to recognise and act if they suspected abuse. Staff explained that if they saw something they were not happy with then they knew who to escalate issues to. A member of staff said they "report it to their manager, I have confidence they would deal with it, but if not then I would take it to the CQC".
- The registered manager understood their responsibilities for keeping people safe including reporting any safeguarding issues to the local safeguarding team and the CQC.
- People's relatives felt people were safely supported. A relative said that they felt people were kept safe, 'without a shadow of doubt'. People were safeguarded by the systems and processes in place.

Assessing risk, safety monitoring and management

- Staff members had received the appropriate training in the moving and handling of people and had received specific training in falls prevention which was an identified risk for people using the service.
- Risks associated with people's care and support were properly assessed and managed. Where concerns had been identified, appropriate actions had been taken to reduce the risks and keep people safe from harm. For example, a rug had been removed from a person's living room, with consent of relatives, to reduce the likelihood of the person tripping over it.

Staffing and recruitment

- The service ensured there were enough staff to support people throughout the day and night. Staff supported people 24 hours a day so there was always someone available when people required support and care. All shifts had been covered, bank staff were available to cover any holidays or sickness.
- The registered manager was knowledgeable and followed a safe recruitment process. Required checks, including Disclosure and Barring Service checks, were carried out on staff to make sure they were suitable for the position. We noted that there were gaps in some staff employment histories however the registered manager could answer questions about these and was confident they had employed good staff. Ongoing checks to assess the competency of staff were carried out.

Using medicines safely

- People were supported to take their medicines safely. Staff had received appropriate medicines training to safely administer medication.
- People were supported to take their medicine in line with how they were prescribed. Staff kept accurate records of medicines administration. Staff ensured that the medicines were kept in a safe place in people's homes.
- People were safely supported when taking medication by the systems and processes in place.

#### Preventing and controlling infection

- The service had systems in place to help protect people from infection. Staff had been trained on infection control and food hygiene. The service had infection control policy and procedures in place. Personal protective equipment, such as gloves, were available in people's homes and staff used them when appropriate.
- The risk of people getting infection was lessened by the systems and processes the service followed.

#### Learning lessons when things go wrong

- Staff knew how to report incidents and how to escalate these if necessary. There had been no incidents reported so we were unable to assess if lessons could be learnt.
- The registered manager said that they would ensure that lessons learnt were communicated to the staff, which would be done through a secure application on their mobile telephones. This would be used so essential information would be delivered quickly rather than waiting for a team meeting.

# 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

Good: 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's individual care and support needs had been assessed and their diverse and cultural needs had been explored.
- Staff supported people to make choices and decisions about their care and support. Staff told us that they always give people a choice when delivering care.
- Staff worked together with health care specialists and staff knew when and how to contact them. For example, a staff member explained they would contact a dietician if they noticed a person was eating less.
- Staff provided care, treatment and support in line with national guidance and best practice guidelines. The service uses information from Social Care Institute for Excellence (SCIE) to support their practices, for example when monitoring fluid intake. The SCIE is an independent charity that shares knowledge to improve care services.

Staff support: induction, training, skills and experience

- Staff had the knowledge, skills and experience to meet people's needs including people's ethnic or cultural needs.
- Staff members had been provided with an induction into the service which included some initial training. One member of staff explained, "I completed the induction and came with previous experience, I completed the Care Certificate and had lots of training."
- All staff members had completed relevant training and ongoing refresher training was being provided. For example when a person was supplied with a hoist to assist them to move, staff had additional specific training beforehand so they would be able to use it to safely support the person.
- The registered manager showed us how he used a software application to deliver bespoke additional training direct to staff members phones.

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

- People were supported to eat and drink well. We observed people being prompted to drink.
- People's likes and dislikes regarding food and drink had been considered and the staff knew people's individual preferences.
- People's food and fluid intake was recorded daily on monitoring charts to ensure they were kept well nourished.
- Staff were knowledgeable about people's diets for example staff we spoke to understood what a soft food diet was.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked well as a team and they contacted external agencies where necessary to provide effective



care. Care plans included an 'emergency grab sheet' which contained key information, so people's needs could continue to be met by emergency services, such as paramedics, if required.

Supporting people to live healthier lives, access healthcare services and support

- Staff quickly recognised changes in people's health and made appropriate referrals to healthcare professionals. For example, staff noticed a change in a person's appetite and fluid intake and they referred to a dietician in a Speech and Language Therapy team (SALT). We observed staff following the guidance received from SALT.
- Staff told us that they arranged for the GP, district nurses, optician and the dentist to visit people in their home.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- Staff had training on the MCA and had a good understanding of when this legislation should be applied. Staff told us it was about the "capacity to make a decision, any decision regarding food or care to ensure they are given a choice". Another member of staff told us they "always seek consent first."
- The people we spoke with did not have capacity and care plans had been signed by people's relatives. This was to show their agreement to the care and treatment being provided.

# 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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were supported in a kind and caring way. Staff were highly motivated and offered care and support that was compassionate and kind. We observed positive and caring interactions. A member of staff told us she loved assisting people and said, "They were the best people to be with". A relative said, "Staff were amazing, really good. I go in on a Saturday and the carers are knitting with them, they are very caring."
- Staff had the information they needed to provide individualised care and support. Records detailed people's daily and nightly routines and the people who were important to them. A relative told us that staff knew how to support their family member when they were anxious. They said, "If [person] gets upset the carers know how to gradually move them on. I came in the other day and the carer was sitting between them holding their hand and singing with them."

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

- Relatives told us they felt included in the planning and delivery of people's care and support. A relative told us they had regular reassurance and involvement which they appreciated. A staff member told us that while they gave care, "I talk to people throughout to let them know what is happening" and to involve the person.

Respecting and promoting people's privacy, dignity and independence

- People's independence, privacy and dignity was being promoted by staff. We saw staff talking kindly to people and treating them with respect. Staff used phrases that people understood and associated with aspects of their personal care. We saw that these terms were used in daily records also.
- Staff maintained people's dignity and privacy when supporting with personal care. For example, when staff supported toileting they would shut the door and communicate that they would check in a moment. A member of staff said, "When delivering personal care, I always shut the blind and door".
- People's information was stored securely in the office to maintain their confidentiality.

# Is the service responsive?

## Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care. Staff had received specific training on person centred care. People's plans of care included a life history which detailed information about their past lives, their spiritual needs, previous profession and lifestyle.
- Records also contained a plan of people's current choices, needs and interests. This ensured staff understood people's previous life and what was most important to them. For example, staff sang with a person who enjoyed music.
- Staff communicated with people as identified in their care plans. Staff used a style of language that people were familiar with to put them at ease whilst being supported.
- A relative, with the support of the service, had put photos and signs up to assist those living with dementia to easily recognise which room was which in their home.
- People living with dementia were given the opportunity to take part in dementia friendly activities. The service had provided people with a stimulation toolkit involving music and colouring books. We observed staff supporting people to use these.
- Staff recorded a daily overview of care and important updates electronically. This meant staff had accurate, up to date information about each person they supported. One relative told us, "I receive regular updates on what has gone on" and that they felt involved.

Improving care quality in response to complaints or concerns

- The service had received no complaints at the time of inspection. They had a complaints policy and a complaints forms in place. We did not see a copy of the complaints procedure at people's homes. However, one relative told us that they had seen a copy of it and that they knew how to make a complaint should they need to.
- The registered manager explained how they would action any complaints if they received them. A relative told us they felt comfortable about raising any concerns with the manager and were confident that they would listen and take action when needed

End of life care and support

- The service worked closely with relatives to ensure the required support would be in place and final wishes would be respected. When necessary the service has put end of life protocols in place. Where appropriate do not attempt resuscitation (DNAR) documents were in place and easily visible in care plans. Staff knew which people had a DNAR which meant they could share this essential information with paramedics if they were required.

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# 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

Good: 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

- There was a clear staffing structure in place and all staff understood their duties and responsibilities. A registered manager was in place. A relative spoke positively about the registered manager and the staff team.
- Staff were supported through one to one supervisions and appraisals. One explained, "I feel supported, I have supervisions regularly." Supervision is one way to develop consistent staff practice and ensure training is targeted to each member of staff.
- The service had put monitoring systems in place; including regular spot checks to monitor staff competency and safety of the service. A relative told us they had seen the spot checks that had taken place whilst they visited.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Staff understood the provider's values for the service and echoed what the registered manager told us about the ethos of the service. This was that they were "people people and were here to provide good care at an affordable price."
- The registered manager engaged with everyone using the service and their relatives which showed a commitment to provide person-centred, high-quality care.
- The service operated in an open and transparent way; it regularly updated both staff and relatives.

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

- Staff felt that they could contribute ideas and felt listened to. For example, one member of staff told us that they had recommended the use of 'dementia bears'; we observed these in people's homes. A dementia bear is designed to reduce anxiety for people living with dementia when they are feeling restless.
- Another member of staff told us that they had suggested putting extra staff on during the day to be able to support people to attend activities. Records showed that the service had provided an extra member of the staff during the day and we observed this also.
- We saw evidence of meetings and surveys. Staff we spoke to said that they had completed a number of surveys. A relative told us that they were regularly contacted by the service with updates.

Working in partnership with others

- The registered manager worked in partnership with the local authority and other healthcare professionals

to ensure people received appropriate care and support.

- The registered manager had attended meetings at the local council and was looking to deliver training on safeguarding within the community.
- The registered manager told us that they had been part of a discussion group of other services which worked together to develop policies.
- The registered manager had also attended conferences about supporting older people and people living with Alzheimer's.
- The service had liaised with the NHS to provide a training session on continence, falls and pressure sores.