

Classic Care (Homecare Services) Ltd

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Inspection report

23 Hemingway Road
Aylesbury
Buckinghamshire
HP19 8SD

Tel: 01296488860

Date of inspection visit:
06 August 2019

Date of publication:
08 October 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Classic Care (Homecare Services) Ltd is a domiciliary care service. 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.

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

We found the service to be in breach of two regulations. These were in relation to the need for consent and good governance.

We made recommendations about the way the service manages medicines.

Medicines were not managed safely. Records were not always completed accurately, and medicine errors were not always identified or acted on in a timely manner.

People were not supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

The service provided training for staff however staff told us they did not always have enough training to do their role effectively.

Quality assurance systems were not always effective; they failed to identify concerns regarding safe medicine management, mental capacity assessments and effective monitoring of accidents and incidents.

People were cared for by staff who were recruited safely and in line with national guidance. The service had appropriate safeguarding policies in place and staff were knowledgeable about safeguarding principles.

People who used the service told us staff treated them with kindness and listened to them. Care plans were written in partnership with people and people told us they felt their wishes were listened to in regards to their care.

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

Rating at last inspection

The last rating for this service was good (published 16 January 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to safe care and treatment, consent and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always 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 ●

Classic Care (Homecare Services) 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

This inspection was carried out by one inspector.

Service description

This service is a domiciliary care agency. It provides personal care to people living in their own homes. 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 1 weeks' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

Before this inspection, we looked at the information we already held about the service. This included reviewing notifications we had received from the service. Notifications are information about important events the service is required to send us by law.

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.

During the inspection

We spoke to five people who use the service and one relative about their experience of the care provided.

We spoke to six members of staff, this included care staff, the financial manager and the registered manager.

We reviewed a range of records. These included four care plans, two staff files and a variety of 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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always administered safely. Staff had not always signed the medicine administration records (MARs), this meant it was not possible to know whether people had taken their medication and increased the risk of medication errors.
- We observed one person, who required full assistance with medication, had seventeen missed signatures in a two-month period. Another person had 70 missing signatures over a two-month period.
- MARs sheets were checked by a member of the management team; however, these checks had not identified these concerns.
- When we asked the registered manager about this, they stated missed signatures were due to people being away from home at the time, however acknowledged this should have been recorded accurately. The registered manager stated she would discuss this with staff in order to improve future recording.

We made recommendations that the service review the way it records and audits medicine administration documentation.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they feel safe when staff were providing care. One person said, "It's nice to have someone come to see you're still up and about in the morning and check that you're alright at night."
- Staff were knowledgeable about the different kinds of abuse and how to identify these.
- Staff knew how to report concerns and were confident these would be followed up appropriately by the registered manager.
- There was a clear whistleblowing policy in place, staff received a copy of this in their staff handbooks.

Assessing risk, safety monitoring and management

- The service did not always complete risk assessment paperwork relevant to the people they cared for. For example, where someone was identified to be at high risk of falls, there was no environmental risk assessment to identify concerns such as trip hazards.
- The risk assessments were not always in line with The National Institute for Health and Care Excellence (NICE) guidance. Where people were identified as at high risk of pressure sores, this was stated in their care plans. However, there was no risk assessment to assess the level of risk, and establish relevant actions.
- The provider monitored the servicing due dates for assistive equipment such as hoists and standing aids in people's home; however, these were not always recorded accurately.

Staffing and recruitment

- There were enough staff available to meet people's needs. People told us they received their care on time and usually had the same care staff visit them each day.
- Recruitment processes were safe. This meant people were supported by staff who had suitable skills, experience and had received appropriate pre-employment checks. Checks included a Disclosure and Barring service check (DBS) and obtaining appropriate references from previous employers. A DBS check allows employers to check whether the applicant has any convictions or has been barred from working with vulnerable people.

Preventing and controlling infection

- Staff were trained in infection control.
- Staff had access to protective personal equipment (PPE) such as aprons and gloves.
- People told us staff used PPE and cleaned their hands appropriately.

Learning lessons when things go wrong

- The service recorded incidents, in people's personal files, as part of their daily care notes. However, there was no clear overview of accidents and incidents to identify possible trends and patterns.
- We raised this with the registered manager who told us they would implement a system to oversee accidents and incidents.

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 now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 did not have any mental capacity assessments in place for people. There was no system or process for assessing mental capacity and establishing best interest decisions for people. When we asked the registered manager about this, they said they were unaware of the need to do this.
- Care staff were unable to explain the principles of MCA and how this related to their role.
- People had signed to consent to receiving care from the service. We asked the registered manager how they gained consent for people who might lack capacity. They told us they asked the person's next of kin to sign the form. Next of Kin do not have legal rights to consent on behalf of another person. People can only consent on behalf of another when they have been given lasting power of attorney, and this has been activated. The registered manager told us they did not ask relatives if they had lasting power of attorney, when they consented for a family member.

These findings constitute a breach of Regulation 11 (3) Need for consent of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Staff support: induction, training, skills and experience

- We saw that most staff had been trained in line with the services training schedule, this included regular updates of some topics such as manual handling.
- Staff gave mixed feedback regarding the training they had received from Classic care (Homecare Services)

Limited. Comments included "I haven't had training since I started, it's really poor," and, "I have [attended training], but a long time ago, three to four years."

- Staff told us they did not always receive support in the form of one to one meetings or appraisals. One staff member told us, "we don't have staff meetings or anything. Like appraisals. It would be nice to be told how we are doing."
- People told us they felt staff were competent and had enough training for their role.

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

- People were assessed before receiving care to ensure their needs could be met.
- Assessments were used to inform people's care plans and were reviewed regularly. This meant people's care plans remained up to date and relevant to their care needs.
- The assessment paperwork used had questions about people's cultural and spiritual needs, however these were not always completed.

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

- People were supported by staff to maintain good nutrition and hydration.
- People told us they enjoyed the food carers assisted them to prepare.
- People's dietary requirements and preferences were recorded in their care plan.

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

- People told us staff knew them well and they liked seeing the same members of staff regularly.
- People were supported to access healthcare services. Records demonstrated the service worked closely with healthcare professionals, such as GPs and district nurses.
- People told us they were supported by the service to access community health services when required.

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 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 with kindness and spoke positively of their relationship with care staff and management.
- People told us staff treated them respectfully and kindly. Comments included, "I can't fault them, they are more like friends now, I can talk to them about anything."

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

- People were supported to make decisions about their care. People told us staff listened to their day to day choices and always gained consent.
- Care plans were written collaboratively with people, families and staff. These were reviewed regularly.
- People were supported to access advocacy services if required. An advocate is someone who can speak up independently for someone if they need them to.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff respected their privacy and dignity.
- Staff told us of the importance of assisting people to maintain their independence for as long as possible. One staff member said, "being able to support them at home, help them out. It's just nice that we are able to help people stay at home."

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 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

- People's care plans contained information about their needs, life histories and preferences.
- Staff told us they had access to care plans and made time to read these before commencing care.
- People were supported to have choices and maintain as much control and independence as possible.

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 assessed and recorded clearly in their care plans.
- The service was able to provide adapted documentation and care plans if necessary. An example of this was a person who had an 'audio care plan' as they had poor eyesight
- People's communication needs were shared appropriately with other healthcare professionals to ensure appropriate equipment was sought.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure that set out how people could complain and escalate their concerns as necessary.
- People told us they knew how to complain and would feel comfortable to do so.
- The service monitored feedback received and ensured positive feedback was passed on to staff members.

End of life care and support

- The service was not providing end of life care to anybody at the time of our inspection.
- The service did not gather end of life wishes as part of their care planning process.
- When we asked the registered manager about this, they stated they rarely provided end of life care, and where they did, they worked closely with hospice nurses to develop a suitable care plan.

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 good. At this inspection this key question has now deteriorated to 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

- The service did have some quality assurance measures in place. However these had not identified the shortfalls we found regarding medicine management and accident and incident monitoring.
- The service did not always use information such as accidents and incidents, and survey feedback to plan how the service could improve.
- The registered manager was not aware of the service's legal responsibilities in regard to the Mental Capacity Act 2005.

This was a breach of Regulation 17 (2)(a) Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- CQC had received required notifications from the service since their last inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 and management team demonstrated caring and person-centred values. They promoted these values with people and staff members
- The registered manager worked regularly with people and staff., This meant they were able to monitor care standards and ensure staff remained caring and professional.
- People told us they knew the registered manager well and they were approachable and competent.
- The registered manager had good understanding of the duty of candour. They were able to tell us of examples of where they had met this in the past.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service held staff meetings yearly, however some staff told us they had not attended meetings in a number of years and were not aware of recent meetings. Comments included, "We haven't had one for quite a while. I don't know when the last one was, it was over a year ago." And, "They used to happen all the time, but this has become more difficult due to lack of staff."
- The service had systems in place to request feedback from people who used the service. People were

supported to share their views of the service both informally during visits and care plan reviews, and formally through annual surveys.

- Staff told us management were approachable and they felt comfortable to ask questions and raise concerns.
- We saw a number of compliments and positive feedback during our inspection. Comments included, 'I would like to say a massive thank you to you all for all of your help since you have been caring for my nan. You have all shown care and professionalism in making sure she can live every day being happy. This has helped me massively because you have helped her so much' and, 'To all the girls at classic care, you are the most kind, caring, dedicated, hardworking team. You brought daily sunshine and good humour into mums' life and she looked forward to your visit.'

Working in partnership with others

- The provider worked well with other health and social care professionals. People received appropriate referrals to community health services and care staff worked collaboratively with other professionals.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The service did not follow the principles of the Mental Capacity Act 2005.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The agency's quality assurance systems did not identify shortfalls with the MCA and medicines management. Management oversight had not always been robust.