

First Class Care Services Limited

First Class Care Services 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

About the service:

First Class Care is a domiciliary care agency which means it supports people who live in their own house or flat. At the time of the inspection, First Class Care was supporting two people.

People's experience of using this service:

We were unable to speak with the people who received support from First Class Care as they did not communicate in ways which we could understand. We spoke with one of the people's relatives. They spoke positively about the care their relative received. They told us this was because the management team listened to them, and created a personalised plan to meet their relative's needs. They found that staff treated their relative with respect and listened to what they wanted.

We found that people's risk assessments and care plans were detailed. They fully explored the risks which people could be exposed to. Plans were in place for staff to follow to manage and respond to these needs and risks. Staff were aware of these plans and had regular contact with the registered manager and the management team in managing a person's needs.

Staff were positive about their training and induction to their work. They felt fully supported by the management team, and believed the training they received was relevant and of good quality. Staff said they felt confident approaching the management team. Staff received regular competency checks to assure the registered manager they were functioning well in their work.

The registered manager regularly sought feedback from a person's relative and there were plans to expand on this as the service grew. We saw that reviews took place and there were conversations about how to improve the support a person had.

There were some areas in relation to how the service was managed which could be improved upon. There were some short falls in the audits completed by the management team. When we spoke with the registered manager about this, they told us that the service's auditing systems would be more robust in the future.

Rating at last inspection:

This was the service's first inspection.

Why we inspected:

We inspected First Class Care as part of a scheduled 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 any concerning information is received 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 ●

First Class Care 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. 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 completed by one Inspector.

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. There was also a 'service manager' who looked after the day to day running of the supported living scheme.

Notice of inspection:

We gave the service two days' notice of the inspection site visit to give the registered manager time to seek people's consent for us to contact them and to make arrangements to contact staff.

Inspection site visit activity started on 27 February 2019 and ended on the same day. We visited the office location on 27 February to see the registered manager and the office staff; and to review care records and policies and procedures.

What we did:

Before the inspection we looked at the provider information report (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with a person's relative; two members of staff; and the registered manager. We looked at two people's care records, three staff recruitment files, and competency records. We also looked at audits and quality assurance reports.

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

- The staff we spoke with had a good understanding of what could be a potential indicator that a person was experiencing harm or abuse in some way. These members of staff knew how to report their concerns within the service and outside of it.
- The registered manager told us about a recent experience, where they had reported a potential safeguarding event in relation to another service, they had encountered.

Assessing risk, safety monitoring and management

- We looked at one person's care records in detail. This person had a detailed risk assessment in place. It outlined what the risks were which this person faced and advised staff what they should do. The service had recently started providing support to another person. This was at short notice, despite this, this person's risk assessment, although not complete was detailed. The registered manager told us that they and another member of the management team supported new people at first so they can write the care assessments to ensure they had fully explored and understood the person's needs and risks.
- There was a process in place for dealing with incidents and accidents. The staff we spoke with understood what an incident could look like and what they must do.

Staffing and recruitment

- The management team had a system to ensure new staff were safe to work with people. There was also a process to check how relatives, the person and other staff felt about the new member of staff employed.

Using medicines safely

- When we inspected the service, they were not supporting anyone with their medicines.

Preventing and controlling infection

- We were shown that this was covered in staff's inductions, and competency checks. The staff we spoke with gave clear examples of how they promoted hygiene when they were supporting a person.

Learning lessons when things go wrong

- The registered manager had employed a consultant to review their systems and seek advice on how to improve the management of the service. The registered manager told us how they liaised with one person's relative to make improvements. This person's relative confirmed this had happened.

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

- The registered manager talked us through one person's care, and told us how they followed the guidance of professionals to support their needs.

Staff support: induction, training, skills and experience

- Staff spoke positively about their inductions, this was often in a one to one format provided by the registered manager, and then training from an outside organisation was provided. They also had supervision in small groups. One member of staff said, "It (the training) was actually helpful, it was tailored to the clients we are supporting. I gained an insight into what's happening for that person, in their mind."
- The registered manager told us about the checks they completed to ensure that the training provided was effective. One member of the staff told us that, "They [registered manager] asks us questions about the training."
- We noted that one member of staff had not completed this training when they had started working at the service. The registered manager told us that as they had had recent training at another service, they did not need to complete the training provided by First Class Care. There was also no recorded check to see if this member of staff had retained or understood this training or that it was effective. The consultant who was present when we visited the office, told us that they were aware of this. They said this would not happen again, as they needed to be assured the inductions provided were effective.
- We saw staff had regular competency checks completed by the registered manager. They recorded when issues were addressed. However, the registered manager was not recording their observations with how staff treated people. They told us that they did observe this, but did not record it. The registered manager said they would correct this in the future. Staff confirmed these checks took place and said there were positive experiences. One member of staff told us that, "We (staff team) get regular spot checks, you can't miss [registered manager], they point out things we could do better." Another member of staff said, "It keeps us on our toes."

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

- We saw in one person's care record that the registered manager had explored this person's likes and dislikes with food and drinks in detail. This person's care plan guided staff about how to support this person with their meals and drinks. The registered manager told us what they would do if they were concerned about a person's weight.

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

- Staff told us how they supported a person to maintain their health and they were aware of what they must do if they had concerns about a person's health.

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.

- The staff we spoke with had a clear understanding about what mental capacity meant. How they must provide choices and respect the decisions which the person made. We saw the registered manager had completed mental capacity assessments. These included their rationale for their judgements and who they had involved in this assessment.

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; respecting equality and diversity

- We spoke with one person's relative and they told us that they had no concerns with how staff treated their relative. This relative advised us that they often visited their relative and saw how the staff supported them. They told us that their relative was treated with dignity, staff were kind, and they respected their relative's home.

- The staff we spoke with had a good understanding about what discrimination meant. Staff told us what they would do if they saw that the person they were supporting experienced discrimination when out in the town.

Respecting and promoting people's privacy, dignity and independence

- A relative told us, "[Name of relative] is settled because [name of relative] knows that the staff respect [relative]."

- We saw staff competency checks, where the registered manager checked that staff respected a person's home. The staff we spoke with gave us examples of how they promoted a person's dignity and privacy when they supported them.

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

- The registered manager routinely spoke with a relative of a person who could not easily communicate their views about the service. This helped them to check if there were any issues with the service their relative received. We could see from looking at this person's care record that the registered manager had taken the person's views and their relatives views into account when planning their care.

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

- When we looked at one person's care records, including their assessments, reviews, and care plans, it was evident that the registered manager had worked with them and their relatives to create personalised care. This person's relative told us that the success of the support which their relative received was a result of the registered manager creating an individual and personalised plan for staff to follow. Which they said staff followed.

- The staff we spoke with told us how they read this person's care records and were debriefed by the team leader face to face to ensure they knew how to support this person.

- We saw that the registered manager and staff were having regular meetings to review this person's care and to see what they could do to help this person achieve certain goals which they had identified. In these records, we could see certain strategies and plans which had been made to support this person.

- This person's relative told us about a situation where their relative was not happy about an element of the care provided. They told us how the management team took swift action to correct this. This person's relative told us that, "[Registered manager] always listens to us, they bend over backwards for us."

Improving care quality in response to complaints or concerns

- There was a complaints process in place if people wanted to make a complaint. The registered manager told us about the various feedback which they had received and what they did to respond to make improvements for this person in relation to the care they received. This person's relative said the management were good at dealing with concerns and any issues which they had.

End of life care and support

- We saw that this was being considered as part of a person's care planning which the registered manager completed. It was recorded how this was addressed by the management team in consultation with the person's relative.

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

RI: 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

- During this inspection we had identified some shortfalls with some of the audits completed by the management team. They had not created an emergency plan for staff to follow if there was an emergency within the service, such as a sudden reduction of staff. We found that the registered manager was not evidencing elements of the competency checks on staff. When we looked at the recruitment checks on staff, they had not always verified new employee's references or ensured that new recruits had a full employment history, with any gaps explained. When they sought consent from people who used the service, they had not clarified who they potentially could be sharing people's sensitive information with.

- When we spoke with the registered manager about the issues we found, they told us what they would do to correct these shortfalls.

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

- There was a positive culture among the staff team and the management team. The staff spoke positively about the support and direction they received from the team leader and registered manager. They commented that the management team were responsive when they needed advice when supporting a person, and they felt confident seeking support from the management team.

- The registered manager told us about their role as an advocate for people and their rights in terms of receiving quality care, which puts them first. We saw this evidenced in a person's reviews and records and we saw this in action when they had identified concerns about a person the service had been asked to assess.

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

- Staff understood about what discrimination could look like. We saw recorded in one person's records about action staff had taken to promote a person's well-being. One member of staff told us, "It's about treating the person as an individual, respecting their decisions, knowing about their culture and religion." They went on to tell us about the cultural and religious background of the person they supported.

- The registered manager regularly sought a relative's and staff's views on a person's care. They told us that they would continue to do so for everyone as the service grew.

- A relative told us that other care agencies had not made the progress with their relative's care which First Class Care had made. They also said, "They are very person centred, we have not been this relaxed for a long time."

Continuous learning and improving care

- The registered manager had employed a consultant to review the quality of the service, to support its growth and to make improvements. The management team and the consultant took advice and noted the issues identified during the inspection so that they could make the required improvements.