

First Class Care Limited

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Inspection report

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Date of inspection visit:
20 December 2018
28 December 2018

Date of publication:
05 March 2019

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service: First Class Care is a domiciliary care agency who provide care for people in the community. There were 22 persons using the service at the time of the inspection.

What life is like for people using this service:

At the time of the inspection there was no registered manager at the service. There was a recruitment drive for care staff on at the time of the inspection, but we found the recruitment process was not robust or following the provider's recruitment policy. Personal data was not processed in accordance with the General Data Protection Regulations (GDPR) and relevant data protection law. There were clear monitoring systems to support the service and ensure it was run well. Call monitoring was robust and this identified the call time and duration of the call. There was an open and transparent culture throughout the service. The acting manager submitted notifications to CQC in a timely manner. Positive feedback on how the service was managed was received from people, family and other healthcare professionals.

We have made a recommendation about the management of staff files and General Data Protection Regulations.

First Class Care limited provides care for people living in their own homes.

People told us they felt safe and protected from harm with the staff that cared for them. Robust assessments were in place to identify people's known risks and ensure people and staff, were aware of these to make sure any risks taken were done so safely. There was sufficient staff to care for the number of people using the service at the time of the inspection. Medication was managed in a safe way and people received their medicines as prescribed. There was evidence of investigations when things went wrong and lessons learned from outcomes. Staff were reporting incidents and concerns.

Rating at last inspection: Requires improvement (10 September 2018)

Why we inspected: This was a responsive inspection. We responded to concerns raised with us regarding the financial viability of the company.

Follow up: We will continue to monitor intelligence 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?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led

Details are in our Well-Led findings below.

First Class Care 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 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

At our last inspection 24 July 2018 we found the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities). At this inspection improvements had been made and this breach in regulation had been met.

Inspection team: One inspector who conducted the inspection and an expert by experience who contacted people who used the service and their families by telephone. 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: First Class Care Limited is a domiciliary care agency. It provides personal care to older people living in their own houses and flats.

The service should have 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. At this inspection there was no registered manager at the service.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small and the providers representative is often out of the office supporting staff or providing care. We needed to be sure that they would be available.

What we did:

We reviewed information, which included statutory notifications. A notification is about important events, which the provider is required to send us by law. We also received feedback from the local authority who commission services from the provider. We used all this information to inform our inspection plan.

A Provider Information Return was not requested on this occasion, but we gave the provider the opportunity to share information with us.

We spoke with three people that were using the service and three relatives. We also spoke with the provider's representative, acting manager, care assessment coordinator, office administrator and one member of care staff.

We looked at two people's care records to check that the care they received matched the information in their care plans. We reviewed four staff files to see how staff were recruited and the training records to check the training provided to staff. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Is the service safe?

Our findings

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

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

Systems and processes

- The provider had systems and processes in place to make sure people were kept safe from avoidable harm. Staff were knowledgeable and had a good understanding of how to keep people safe. They had received relevant training to identify different issues of abuse.
- People told us they felt safe with the staff that cared and supported them. One person said, "I always get the same three care staff." One relative told us they felt their relative was safe. They said, "I go to work and [name] is left alone with the care staff." The family member told us they were confident the staff cared for the person and they were safe.

Assessing risk, safety monitoring and management

- When we visited the service in July 2018 we found the risks to people's health, safety and welfare had not always been appropriately assessed or reviewed to ensure the care provided for them was appropriate to their needs. At this inspection, improvements had been made.
- Risk assessments were in place to assess and monitor known risks for people and staff could manage these risks.
- Care plans contained risk assessments that were current and up to date. For example, one person had difficulty with their speech, but their hearing was good. This meant there was a risk the person would not be able to communicate effectively. There were detailed instructions for staff on how to communicate with this person, such as signs to look for like facial expressions.
- Fall risk assessments contained detailed information, for example the identified the level of risk, number of falls and what staff should do if a person had a fall.
- Each person had a personal emergency evacuation plan (PEEP) in place and an assessment of the persons home environment. This was to make sure there was an evacuation plan in case of fire. Hazardous areas were kept clear and the home free from clutter.
- The provider's representative told us new risk assessments had been created to encompass all potential areas of risk surrounding people in their own homes. They said, "Identified risks will be documented with mitigating actions, which will cross reference to the care plans, so staff can easily identify the risk for people."

Staffing levels

- There was sufficient staff to care for the number of people using the service at the time of our inspection.
- People told us they had regular care staff who provided consistent care. One person said, "I have always had the same three staff. We have a good natter, they come in, never rush me they are fine, very good."
- The provider's representative told us they were always looking for more staff and were on a constant recruitment drive. New staff had been recruited to increase productivity and achieve required quality standards both in the office and when out providing care. This has enabled the company to address any

operational failings that were found at our last inspection in July 2018.

- There was a robust system in place to devise weekly rotas, which meant all care calls would be covered and people would know which care staff were due to attend their care call. The provider's representative showed us the system. They said, care planning and call monitoring software had been implemented to mitigate the risks surrounding lone working and the occurrence of late and missed calls. They said, "The system was comprehensive and included extensive information; as such new care needs assessments had been carried out to enable us to complete new care plans.

Using medicines safely

- Medicines were administered as prescribed and in a safe way. People told us they received their medicines as and when needed. One person said, "They [staff] do that [administer medicine] well, it's on time, every 4 hours."
- Staff had received training in medicines management, including competency checks and had policies and procedures available that were up to date to support their practice.
- Management and administration of medicines followed national best practise guidance. Medication Administration Records (MAR) were audited on a monthly basis.

Preventing and controlling infection

- Staff were aware of the measures required in the prevention and control of infections. Staff had received infection control training and had policies and procedures to inform their practice.
- People told us staff wore appropriate equipment when providing personal care, for example, gloves and aprons.

Learning lessons when things go wrong

- Staff completed accident and incident forms, which were reviewed to check if lessons could be learned to reduce risk.
- We discussed a concern where a serious incident had occurred in July 2018. Due to this incident a more robust environment risk assessment and personal evacuation plan was implemented for all people who used the service.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Leadership and management

- There was no registered manager at the service. The last manager left in July 2018.
- At our last inspection in July 2018 we found improvements were required in the monitoring of person centred high quality care. At this inspection, we found some improvements had been made.
- Systems and audits were in place to monitor the service, but not fully implemented. The quality of the service was not always managed effectively, as no formal audits completed at the time of the inspection. The provider's representative told us auditing processes were being improved but not fully implemented at this time. They had schedules in place for when audits should be completed, but none were available during the inspection. We found no formal medication audits had taken place to identify gaps in the MAR sheets or check people were receiving the level of support they required.
- The recruitment process was not fully robust or following the provider's recruitment policy. Personal data was not processed in accordance with the General Data Protection Regulations (GDPR) and relevant data protection law. Staff files we looked at had gaps missing in the history of employment. These issues had not been discussed at or during staff interviews. Some of the data saved on the files were not in line with the General Data Protection Regulations.

We recommended the provider reviews all staff files and follows guidance on GDPR.

- Staff had not received formal supervision since March 2018, but the provider's representative told us they spoke with staff on a daily basis, through text, telephone or face to face. They had a plan to complete formal supervision every two months. Staff confirmed they had regular contact with the management team.
- Care plans had been updated and reviewed to ensure care was current and accurate to meet people's needs. New risk assessments had been implemented to mitigate any risks for people.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- People were at the heart of the service. The provider's representative and staff were passionate about all aspects of care they provided to ensure people had a good experience on each care call. One member of staff said, "We provide good quality care, the person always comes first."
- People were happy with the service they received. One person said, "Everything is good." other people told us they had no concerns, if they did they knew who to contact. Where there were issues people told us, these were dealt with promptly. for example, one person requested a member of staff changed. This was accommodated.
- There was an open and transparent culture. We discussed with the provider concern regarding a financial

nature. The provider representative gave us assurance that any issues of concern were being dealt with as a matter of urgency. They had taken relevant action to address issues raised. They provided us with a contingency plan that highlighted plans going forward and what action they were taking.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- People and staff spoke positively about the management team. One person said, "I have a good relationship with the management." Another person said, "The manager works so hard, they are very approachable." Staff told us they felt comfortable in their role and fully supported by the management team. One member of staff said, "The management team are approachable and very supportive." Another staff member said, "Staff morale is very good."
- Measures were put in place to reflect any risk that had occurred. For example, where a peg feed (Percutaneous endoscopic gastrostomy (PEG) feeding tubes is used where a person cannot maintain adequate nutrition with oral intake.) was fitted for a person the service supplied training to the family and staff to ensure they could care for the person appropriately and with confidence.
- Systems were in place to monitor care calls to ensure staff arrived and stayed for the duration of the call.
- People confirmed there were some issues with call times, but improvements had been made.
- The provider's representative showed us how the service monitoring system worked. The system also identified when care plans required reviews or staff required refresher training. The provider's representative was confident the system would be implemented to monitor all aspects of care and auditing when fully in place.

Engaging and involving people using the service, the public and staff

- All people spoke with were complimentary about the management and staff. They felt they were open and supportive of the team. One person told us they were able to speak openly to the manager and that they were good at getting things done. They said, "Very, very helpful indeed." For example, the person had a concern about the lateness of one member of staff and the manager removed the staff from their care team.
- The provider told us they sent out surveys to invite people to share their views and be involved with the service. We saw surveys were sent out once a year. People were able to highlight what was good about the service and raise any concerns. For example, one person had highlighted the concerns with a member of staff and this was dealt with promptly.
- Staff told us the vision of the organisation was to provide good quality care and always put people they cared for first. One person said, "We have a good team now and the manager is a lovely girl, she knows what she is doing."

Continuous learning and improving care

- Incidents and accidents were monitored and reviewed. Staff were confident to report and deal with any incidents or accidents which occurred and that any learning or recommendations from incidents were shared with them.
- When serious incidents had occurred the service learned from these incidents and put measures in place to reduce risk of it happening again. For example, robust risk assessments and personal evacuation plans had been put in place after a fire at one person's home.

Working in partnership with others

- In July 2018 the local authority suspended the service contract, however this suspension was lifted in December 2018. The local authority told us they were happy with the care provided.
- When other professionals had visited the service and made recommendation we saw there was a positive approach to address any concerns. For example, a health care professional made a recommendation about

medicines management and record keeping and these were implemented.

- Partnerships had been developed with other professionals, along with community links.

- We invited the provider to attend a meeting with CQC to discuss in detail the provider's contingency plan.

The provider had taken legal advice and put plans in place for the company going forward. We were satisfied that there was a contingency plan to ensure people would be cared for if unforeseeable events should occur.