

Classic Home Care Services Limited

# Classic Home Care Services Limited

## 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 well-led?

Good ●

# Summary of findings

## Overall summary

### About the service:

Classic Home Care Service Limited provides a domiciliary care service to people living in Epsom and the surrounding area. Care and support is provided to people living in their own homes and flats. Support is provided to people living with dementia, learning disabilities, younger adults and people living with mental health needs. At the time of our inspection the service was providing support to 57 people receiving the regulated activity.

Not everyone using a domiciliary care agency receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided, such as supporting people to access the community.

### People's experience of using this service:

People told us they felt safe and well supported in their own homes. People and relatives told us they thought the staff supporting them were well trained and knew all about their needs.

The provider had made improvements following the last inspection with regards to how individual risk was identified and assessed for people. Potential risks to people had been assessed and measures put in place to mitigate these. The registered manager sent us additional examples of how they are continuing to identify risk for people and continuing to think of new ways to adapt risk assessments. If accidents or incidents occurred, staff acted to reduce the risk of similar incidents happening again.

The provider had improved the management and oversight of people's medication. The provider had introduced a new electronic system for people's medicines which had allowed improvements to be made from the previous inspection and the registered manager told us this had really supported and driven change within the service to safely manage people's medicines.

People and relatives told us staff maintained appropriate standards of hygiene and infection control and supported them appropriately through the COVID-19 pandemic. Staff supported people to maintain good health and worked effectively with any professionals involved in their care.

The provider took great care when recruiting new staff to ensure they met the values of the service. Staff understood and practised their responsibilities to keep people safe from harm.

The provider had made improvements to the way the principles of the Mental Capacity Act 2005 (MCA) were adhered to. Where relatives had signed on behalf of the person to consent to care the provider had in place the correct legal authority documents. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by staff who promoted their independence as much as possible. People and relatives told us carers were motivated to make a difference and that they made them feel happy, safe and gave them confidence.

People and relatives reported that they were very satisfied with the quality of care and support they experienced, and they had been able to give feedback to the provider.

People and relatives told us they felt the service was well run and that they could contact the registered manager or office team whenever they needed. People and relatives said they felt listened to and able to offer their opinions on the care and support in place.

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

Rating at last inspection and update.

At our last inspection, the service was rated "Requires Improvement". Our last report was published on 04 June 2019.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we Inspected:

We carried out an announced comprehensive inspection of this service on 10 May 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve Need for Consent.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection

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 we receive any concerning information 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 effective?

Good ●

The service was effective.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our safe findings below.

# Classic Home 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. 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:

Two inspectors carried out the inspection and an expert by experience assisted with phone calls to relatives and people. 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:

Classic Home Care Services Limited is registered as a domiciliary care agency. However, they also provide live in carers to people who use the service and live 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 a short notice period 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. We also needed to ensure the correct checks were in place during this COVID-19 pandemic prior to our visit.

#### What we did before the inspection:

We reviewed information we had received about the service since it was last inspected by us on 10 May 2019. This included any notifications of significant events, such as serious injuries or safeguarding referrals.

Notifications are information about important events which the provider is required to send us by law.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

During the inspection:

We spoke to one person who used the service and seven relatives of people who use the service. We spoke with the registered manager on the day of inspection. We checked care records for six people, including their assessments, care plans and risk assessments. We looked at three staff files and records of team meetings. We also looked at medicines' management, accident and incident records, quality monitoring checks and audits.

After the inspection:

The registered manager sent us further information which we had requested whilst on site. This included some further detailed risk assessments. We spoke to a further five people who use the service by telephone, and we spoke with four care workers.

# 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 requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

At the last inspection we found concerns with the safe management of medicines and risk assessments. At this inspection we found improvements had been made to ensure medicines were managed safely for people and that individual risk had been identified and assessed robustly.

Using medicines safely:

- People and relatives told us they felt staff were safe when supporting them with their medication. A person told us, "The carer supports me with my medication. No problems." A relative told us, "They [staff] are helping with medication. Staff had noticed she was becoming confused with meds, so they do them. No issues with medication."
- The provider had moved the recording of medicines to an electronic Medication Administration Record (eMAR). The registered manager stated the change had greatly helped the management of people's medicines as an alert would be raised if anyone had not been given their medication which had reduced the risk of medicine errors.
- Medicine administration was managed by staff that were assessed as safe and competent to support people with taking their medicines. We saw in staff files that they had their medicine administration competency checks completed.
- People who required support with 'as required' medicines had detailed guidance within their care plans. This guidance supported staff to know when to offer these medicines and the reason the medicine may be required.

Assessing risk, safety monitoring and management:

- Relatives told us they felt the provider had in place a robust risk management process. A relative told us, "A risk assessment was carried out. Done periodically, go through his needs and include me. He is put first, always what he wants. Always feel that he can contribute."
- People's care plans included risk assessments associated with their care and support. Staff followed the risk assessments which supported the safe delivery of care. For example, a person who was at risk of falls had detailed guidance to support staff of what potential hazards to look out for and appropriate ways to encourage and support the person to be independent and safe with their mobility.
- Staff were knowledgeable around risk and knew how to support people safely. For example, a staff member told us about how they monitor one person who had been at risk of pressure sores making sure they note any changes in skin condition and report this to the office so any further medical referrals could be made.
- The provider had in place detailed and individual COVID-19 risk assessments for people. Each person's individual needs had been reviewed to ascertain their level of risk to the virus. Where people were identified as being potentially vulnerable the provider had put in place practices to mitigate risk.

Systems and processes to safeguard people from the risk of abuse:

- People and their relatives told us they felt safe. A person told us, "I feel very safe. They do what I ask them to do. They look after me". A relative told us, "They are very caring. Anything that bothers them about his care, they talk to me. They will point out things they think are not right."
- Staff had received training in relation to safeguarding people from abuse. They could tell us about the types of abuse they may encounter and who they would report concerns to both in and outside the service.
- Safeguarding systems and policies were in place to support staff with reporting any concerns about the people they were supporting.

Staffing and recruitment:

- There were enough suitably skilled and knowledgeable staff to meet people's needs. People experienced support from carers who they knew. A relative told us, "Yes, she has regular carers. We asked for it in the initial meeting. Always the same carer at night."
- People told us that staff were usually on time and if there was any delay, they would get a call to let them know. A person told us, "Usually on time. Any variation I get a phone call or someone else will come in, rarely happened. It works well, I feel secure with the arrangement."
- The provider had safe recruitment processes in place. Prospective staff members suitability was checked before they started work. This included checks with the Disclosure and Barring Service (DBS); this allows providers to check the criminal history of anyone applying for a job in a care setting.

Preventing and controlling infection:

- People and relatives told us they felt staff kept them safe especially during the COVID-19 pandemic. Positive feedback was provided in relation to staff using the correct personal protective equipment (PPE). A person told us, "I feel safe, before they come in they put on the mask, goggles, apron, they know I don't want to catch it." Another person told us, "They have masks, visors, aprons etc, I feel safe, any Covid related changes to services have been discussed with me."
- The provider had in place regular COVID-19 testing for staff. There was a clear process in place for what actions to take in the event of a staff member or person testing positive.
- Staff had undertaken additional training in relation to COVID-19 and were fully aware of their responsibilities to take appropriate measures to protect people from the spread of infection.
- The provider had enough stock of PPE. The registered manager had been seeking additional support through the local authority to ensure updated guidance was shared and any PPE remained stocked.

Learning lessons when things go wrong:

- Accidents and Incidents had been recorded and reviewed. The registered manager had analysed each incident and captured detailed information about why the incident may have happened and any actions required to mitigate the risk or any reoccurrence. For example, one person who had a change in behaviour which had led to an incident was reviewed for any new triggers. This identified some new calming techniques for staff to use with this person to reduce their anxiety.
- The provider had accident and incident forms in place and staff knew the process for reporting anything to the management team. The registered manager followed up on incidents with staff to ensure any guidance and support were fully updated.



# 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 requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the provider had failed to work in line with the principles of the Mental Capacity Act 2005. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11. Since the last inspection the provider had reviewed their processes and now had in place supporting documentation in people's care plans where a relative had the legal authority to make decisions on behalf of the person.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA.

- People and relatives told us that staff asked permission before supporting them, offered choices and respected their decisions. One person told us, "They [staff] always respect my choices and opinions." A relative told us, "Yes, they ask permission. They explain and ask if [my relative] wants to do it."
- In the care plans we reviewed we saw evidence that people had consented to their plan of care. Where people had a legal representative, we saw the service checked this person's authority to act on their behalf.
- People's capacity was assessed around specific decisions and people's best interests had been considered with regards to people's needs and on-going care. We saw evidence in people's care plans that the service had conducted decision specific capacity assessments.
- Staff completed training in the MCA. Staff we spoke with understood the principles of the act and how they

used these to support people with making their own choices, and decisions.

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

- The provider supported people whose needs it could meet. People and relatives told us they had received a visit from a senior member of staff to assess people's needs before they began to use the service. A person told us, "Yes, I was involved in the planning of my care." A relative told us, "[My relative] was involved [in the assessment] and myself. Long first visit. He was asked what he wanted, then they asked me. Work around his needs. They work with me."
- People, their relatives and health and social care professionals where appropriate contributed to the assessment process to ensure all individual needs were considered and planned for.
- People's needs were reviewed on a regular basis to ensure the care they received met their needs and desired outcomes.

Staff support: induction, training, skills and experience:

- Relatives consistently told us they felt staff were well trained. A relative told us, "They have the right training and skills. If [my relative] fell I am quite confident they would look after her or wait for someone to come." Another relative told us, "They have the training and skills needed. They are amazing. Emotional role as well as practical. Social care and emotional care. I know they look out for him. His overall wellbeing."
- Staff had completed training in areas relevant to people's individual needs such as catheter care, safeguarding adults, mental capacity and infection control to provide the care they required safely. We saw from records that all staff training was appropriately monitored. Competency checks had also been completed to ensure staff remained safe to provide care and support to people.
- Staff told us, and records confirmed they received regular supervision and support. A member of staff commented, "I feel well supported from the office with any problems inside and outside of work."
- New staff received an induction to the service. This included shadowing experienced staff. A staff member commented, "I had an induction when I started. I had already been a carer before, but I did feel prepared for the role."

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

- Where required, people were supported with eating and drinking. People had personal meal preparation plans created with their input which captured their favourite things to eat and drink. A person told us, "I get help with my meals and I always have the things I like."
- Relatives told us that they were happy with the level of support given to encourage eating and drinking. A relative told us, "Drinks and snacks are left in reach. [My relative] likes a cappuccino, they leave hot water in a flask so she can make one if she wants."

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

- Carers supported people with their health needs and were alert to changes in people's health. They supported people to access health services when they needed to. We saw in people's records they were referred to occupational therapists, GP's, physiotherapists and had input from district nurses. A relative told us, "[My relative] had a sore, they [staff] asked the district nurse to take a look."
- People's care plans included information about their health needs, medication and allergies which was essential for other healthcare professionals to know about.
- Staff documented the support provided to people at each visit to ensure others involved in people's care received up to date information about their wellbeing.

# 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 requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection we found concerns with the quality assurance and audit processes which had not identified the concerns found during the inspection. At this inspection the provider had made improvements to their processes which enabled them to robustly manage the service, identify and drive improvements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people:

- People told us they felt the service was well managed. People said they were able to speak to the registered manager and owner when they needed to. A person told us, "I know the name of the manager and owner, it is a well-managed organisation, grown from small due to the owner. I feel listened to, they try to be helpful." Another person told us, "If I ring the office, they will listen to me, it is a very good service, must be very stretched at the moment but dealing well with this wretched pandemic. I haven't been let down."
- Relatives told us they found the service very good, welcoming and friendly. A relative told us, "From what I can see it's very organised. I always feel like they know what is going on. The carers are calm and know what they are doing." Another relative told us, "The carers seem well supported by managers. It is managed quite well."
- The management team identified additional support for people who had been struggling with anxiety during the COVID-19 pandemic. A staff member spent time making a sensory octopus which they gave to a person who had been struggling. The sensory octopus had been well received and we saw a picture of this person hugging the octopus with a smile on their face.
- Staff said they were happy in their roles and felt management communicated well with the staffing team. A staff member told us, "I think the agency is well run and the staff communicate very well with care staff about updates and other important information." Another staff member told us, "I do think the office is well run and I communicate with them just fine."

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

- The provider promoted transparency and honesty. They had a policy to openly discuss issues with people, relatives and staff. People, relatives and staff told us the registered manager was approachable and supportive. A relative told us, "Absolutely easy to contact. The phone is always answered. They call back quickly in an emergency."
- The registered manager had an understanding of the duty of candour and their legal responsibility to share information when concerns are raised or when things go wrong.

- The registered manager was aware of their responsibility to report notifiable events to the CQC. All notifiable events had been reported in a timely manner. When further information has been requested the registered manager had responded openly and honestly to provide the information requested.
- The provider completed audits on the quality of care records, staff records, safeguarding, incidents and accidents and medicines management records. The outcome of the audits identified whether further action was required to improve the service. For example, an audit of care files identified that further development could be achieved around exploring LGBT+ awareness. As a result, staff have been signed up to a training course where assessments are made with the service on their current level of understanding and offer advice on how to increase support to people using the service. The registered manager told us, "It's important to be inclusive. Someone with dementia may experience a different time in their life, perhaps when they had different thoughts about sexuality."

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

- The provider invited people and relatives to share their views about the service through telephone discussions and review meetings. Some of the feedback recorded from people when asked about the care they receive included, "I am very happy with my care."
- The provider had also sought views through satisfaction surveys sent to people and their families annually. The results from the feedback is analysed by the registered manager and put into a report. People and families were able to rate the service on different aspects such as friendliness of care staff, feeling safe, level of control over their care package. From the latest survey completed in December 2020 the responses received were all positive.
- The provider had also sought feedback with regards to how people felt the service had been supporting them through the COVID-19 pandemic. The questions focussed on usage of PPE worn by staff and the efficiency of the office team during the pandemic. The responses received rated the service as either good or excellent.
- Regular team meetings were held for staff prior to the COVID-19 pandemic to share their views about the service. As these had been difficult to hold during the pandemic staff had been supported through the supervision process, phone calls and emails which staff told us had been useful. A staff member said, "We meet with our managers as part of our supervision. I find these extremely helpful as you get feedback from clients and other members of staff."

Continuous learning and improving care; Working in partnership with others:

- The provider and registered manager worked effectively with other organisations and professionals to ensure people received a good standard of care. Records demonstrated staff had regular contact with health and social care professionals including district nurses, social workers, local authorities and GPs amongst others.
- Where people's changing needs had been identified we saw that staff had liaised with specialised services. For example, staff had spoken with the Integrated Rehabilitation Service and completed a moving and handling risk assessment and management plan to support a person with their care.
- People had been supported with being part of the community they lived in. Since the COVID-19 pandemic most of these services had to be put on hold. The registered manager spoke to us about how keen they were to keep these community contacts so when life starts to get back to normal people will once again be able to go back to doing all the things they enjoyed. This included supporting people with attending church, fetes, other places of worship and women institute service amongst others.