Classic Care Services Limited

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Inspection report

Unit G4, Worth Corner
Turners Hill Road, Pound Hill
Crawley
RH10 7SL

Tel: 01293889080

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
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

Classic Care Services was inspected on 8 November 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because we wanted to make sure key staff would be available to speak with us.

Classic Care Services is a domiciliary care service situated in Crawley, West Sussex. It provides personal care to adults living in their own houses and flats in the community. Some people using the service were living with dementia and physical disabilities. At the time of the inspection there were 47 people using the service. Not everyone using the service receives the regulated activity of personal care; 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.

The service did not have a registered manager. However, the new manager started at the service on the day of the inspection and told us they planned to apply to register with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection on 12 April 2016 the service was rated good. At this inspection on 8 November 2018 the service was rated as requires improvement for the first time.

The provider's approach to quality assurance was inconsistent and systems were not always in place to identify issues in service delivery. Issues we identified at this inspection had not been identified by the provider's systems. There were audits in place with the aim of ensuring good governance. These were not consistently completed and did not always identify actions taken when issues were identified. Care plans were not always complete or reflective of people's needs and lacked person centred detail.

Accidents and incidents were not always managed safely. The provider told us that they were not always assured that incidents had been responded to appropriately as they were not managed in a consistent way. People gave mixed feedback about staffing levels which impacted on when they received their care, this resulted in some people experiencing late calls.

People told us they felt safe. A relative told us, "I've never felt that they skimped on the work, I feel he is very safe with them." People were protected from the risk of harm and staff had a good understanding of safeguarding. Identified risks to people's personal safety were assessed and plans were in place to minimise these risks. People's medicines were managed safely and medicines were administered by trained staff. People were protected from infection control risks.

People's needs and choices were assessed prior to people using the service and regularly thereafter. A member of staff told us, "We always go out and do an assessment prior to people joining the service. It is

important to meet people so we get to know them and their needs, it makes the transition more comfortable for people." People received effective care and support from staff who were well trained and supported within their roles. People were supported at mealtimes to have food and drink of their choice.

People were supported to access healthcare services and staff responded to people's health needs effectively. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People and their relatives all told us staff were kind and compassionate. One person told us, "The girls are absolutely lovely very kind and very caring." People and their relatives, if appropriate, were involved in discussions about their care. Care plans were regularly reviewed and people were involved in this process. Staff were respectful of people's needs and wishes. A relative told us, "They are really kind to both of us I can't praise them enough. I think they are polite, kind, and respectful."

Staff were responsive to people's needs. People received personalised care from staff who were person centred in their approach. Staff supported people sensitively at the end of their lives and worked alongside other healthcare professionals to ensure people had a compassionate and dignified death. Within a thank you letter sent to the provider, one relative said, "The care and compassion shown have been a great comfort."

People and their relatives told us they thought the service was well-led and said they would recommend the service to other people. A relative told us, "I am very happy that they are doing a good job looking after my father." Staff felt supported and valued by the management team. Staff said the values of the service were to be open and transparent. We observed the management team to be open about the challenges they had faced. People and staff were involved in the service provided, feedback was sought from people regularly and in a variety of ways to ensure people had a say on the service they received.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Accidents and incidents were not always managed safely.

People gave mixed feedback about staffing levels and had received late calls.

People were protected from the risk of harm.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

People's needs and choices were assessed prior to people using the service.

People received effective care and support from staff who were well trained and supported.

People were supported at mealtimes to have food and drink of their choice.

People were supported to access healthcare services.

Is the service caring?

Good

The service was caring.

People and their relatives, if appropriate, were involved in discussions about their care.

People were treated with dignity and respect.

People's independence was promoted.

Staff protected people's privacy.

Is the service responsive?

Good

The service was responsive.

People were supported by staff who knew their needs and had a person-centred approach.

People were supported compassionately at the end of their lives

Complaints were responded to in a timely manner.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider's approach to quality assurance was inconsistent and systems were not always in place to identify issues in service delivery.

Audits were not always effective at driving improvements in the quality of the service.

Care plans were not always complete or reflective of people's needs and lacked person centred detail.

Staff felt supported and valued by the management team.

People and staff were involved in the service provided.

Classic Care Services Limited

Detailed findings

Background to this 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 was planned to check 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.

The inspection was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. It included speaking with people and their relatives on the telephone and visiting the registered location. We visited the office location on 8 November 2018 to see the provider, manager and office staff; and to review care records and policies and procedures.

The inspection team consisted of one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience on this inspection had experience of supporting older people.

Before the inspection we reviewed information relating to the service, including notifications submitted by the provider. A notification is information about important events which the provider is required to tell us about by law. We also used information the provider sent to us in the Provider Information Return. 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.

We spoke with the provider, the new manager of the service, four care staff, two people who used the service and twelve of their relatives. We looked at five care plans, staff duty rosters, two staff files and reviewed records relating to quality assurance, health and safety, safeguarding, infection control, compliments and complaints, medicines and staff training.

After the inspection, we asked the provider to send additional information relating to evidence of support plan audits and policies used by the service. The provider provided this information within the requested time frame.

Requires Improvement

Is the service safe?

Our findings

At the last inspection on 12 April 2016 the service was rated as Good in this key question. At this inspection we found areas of practice in need of improvement. This was because the management of accidents and incidents was not always safe and people did not always receive their care visits in a timely way.

Accidents and incidents were not always managed safely. Staff understood what action to take in the event of an incident and ensured people had access to medical attention. For example; one person was found by a member of staff following an unwitnessed fall. The member of staff called the paramedics and reported this to a senior member of staff. On this occasion the management team identified a trend that this person had experienced a number of falls. They contacted the community falls prevention team and sourced equipment to aid the person to mobilise safely. However, this approach to identifying and managing accidents and incidents was inconsistent. Other incidents had not been dealt with in this way. The provider told us that they were not always assured that incidents had been responded to appropriately as they were not managed in a consistent way. Accidents and incidents had not been recorded in line with the provider's policy for three years. This increased the potential risk that incidents were not always learnt from to reduce the likelihood of similar incidents happening again.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People gave mixed feedback about staffing levels. Some people were happy with the service provided and made positive comments about staffing levels and care call times. One relative told us, "I have had no problems with late arrivals or missed calls and they are regular girls that we get on well with. I feel my relative is very safe with them." The provider told us that, "Staff retention is fine, we have a lot of longstanding staff. Recruitment is a challenge for us and for most care organisations." The provider had reviewed their recruitment process and were trying new ways of attracting staff such as having a stall in the local shopping centre.

Other people raised concerns about staffing levels. One relative told us, "We have had a few missed calls within the last couple of months." Another person said, "I think the firm had staffing problems and some of the staff are very rushed. They don't always stay the full time and we have had missed calls." A member of staff told us that if people's call were missed they would allocate another member of staff upon finding out this information. This ensured that people received their care, although this would be later than the agreed time. We reviewed records of late calls which showed they rarely occurred. The member of staff told us that they had spent time revising care rounds to ensure there were shorter distances between people's homes to aid staff getting to people on time. We saw evidence that care rounds had been set up in a way that supported staff to have time to travel between care visits. This is an area of practice that needs to improve to ensure people to receive consistency in the timing of their care visits.

People told us they felt safe. One relative told us, "She comes three times a week and it's quite remarkable she's always been spot on with her timekeeping. I think she is 100% safe." Another relative told us, "I've

never felt that they skimped on the work, I feel they are very safe with them."

People were protected from the risk of harm. Staff had a good understanding of safeguarding. They understood the correct safeguarding procedures should they suspect people were at risk of harm and knew how to report concerns. One member of staff told us, "I would always report any concerns to the management, they always take these seriously." The provider and manager understood their responsibilities in reporting safeguarding and we saw evidence that safeguarding concerns were reported and investigated.

Safe recruitment practices were in place. Checks were made to ensure staff were of good character and suitable for their role. This included seeking appropriate references and undertaking Disclosure and Barring Service (DBS) criminal record checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Identified risks to people's personal safety were assessed and plans were in place to minimise these risks. Staff were provided with clear information about how to manage and reduce risk as much as possible, whilst allowing people to remain independent. For example, one person required support with their mobility. Their needs had been assessed and risks to the person and staff were identified. There was clear guidance in place to enable staff to support the person safely which minimised these risks. A member of staff who supported this person clearly told us about their needs and how they kept the person safe. The provider supported staff safety by checking they had car insurance and Ministry of Transport (MOT) checks to ensure their cars were roadworthy.

People's medicines were managed safely. Care workers were trained to administer medicines and had regular competency and spot checks which ensured safe practice. There was guidance in people's risk assessments which supported staff to administer medicines safely and in an individualised way. For example, one person required time critical medicines, this was documented in their care plan and records showed they received this medicine at the specified time. Their relative told us, "They have been first-class very good with their timekeeping, as my relative's medicine is time critical."

People were protected from infection control risks. Staff had completed training in this area. They told us they had access to personal protective equipment (PPE) such as gloves and aprons as and when they needed them.

Good

Is the service effective?

Our findings

People's needs and choices were assessed prior to people using the service and regularly thereafter. A member of staff told us, "We always go out and do an assessment prior to people joining the service. It is important to meet people so we get to know them and their needs, it makes the transition more comfortable for people." People confirmed this approach was used in practice. A relative told us, "The assessment was very thorough, my relative went into hospital and as a result we had a break in their care visits. When they came out of hospital they came back to do another assessment to check whether we needed extra help." Protected characteristics under the Equality Act (2010), such as religion and disability were considered as part of the assessment process, if people wished to discuss these. For example, people had the opportunity to discuss their religious needs and practices, and how these could be supported, during their assessment. This demonstrated that people's diversity was included in this process.

People received effective care and support from staff who were well trained. One relative told us, "They are very well-trained they help with personal care and I think they are priceless." Staff had access to a range of training opportunities that supported them to care for people's specific needs. For example, where people required support with continence care including support with stoma care, the provider had sourced training from the district nursing team. This provided staff with the right skills to support the person effectively. Some people using the service were living with dementia. The provider ensured staff had access to dementia training which included a practical session. This showed staff how life can feel like for a person living with dementia. Staff were positive about the impact this training had on their care for people. One member of staff told us, "The training put you in the place of people living with dementia. It gave me a better understanding of why people can become anxious and confused and how to support them with this."

Staff received an induction when they started their job, this included getting to know people's needs by shadowing more established staff. People we spoke with confirmed this practice. A relative told us, "whenever a new girl comes to help she shadows one of the existing team first." Staff also completed the Care Certificate as part of their induction. The Care Certificate familiarises staff with an identified set of standards that health and social care workers adhere to in their daily working life. A member of staff told us, "The training helps you do the job. When I first started I was new to care. The training built my confidence and meant I did my job safely."

People were cared for by staff that were suitably supported within their roles. Staff received regular supervision and appraisal from their line manager. One member of staff told us, "Supervision is two ways, I am supported by the management and they listen to my views. They always provide you with feedback."

People were supported at mealtimes to have food and drink of their choice. One person told us, "My daughter leaves meals ready for me but they always ask me what it is I want and they will make me something different if I don't fancy what is left out for me."

People were supported to access healthcare services and staff responded to people's health needs. One person told us, "They've never had to call the doctor for me but if I've not been feeling well they do get in

touch with my daughter and let her know. They are very thoughtful." During visits, care staff monitored people's health and welfare conditions and reported any changes to the relevant professionals. For example, staff noticed a person had developed a rash due to the summer heat. They sought medical attention in a timely manner. The person was prescribed a cream and staff supported them to apply this which ensured the person's health was maintained.

Staff worked well within their team and across organisations. When staff were required to work together they did so effectively. One member of staff told us, "We work well as a team to understand and meet people's needs. There is a good morale amongst the staff."

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. Staff were working within the principles of the MCA and had received training in this area to support their knowledge. A member of staff told us, "Mental capacity is not assuming that people can't make decisions. We support people in their best interests whilst always giving them choice." People told us staff gained their consent before carrying out any care or support. One relative told us, "They always ask her what she wants them to do." Another relative said, "They talk her through everything they are going to do and make sure she is comfortable before starting. I think she is very in control of how they help her."

Good

Is the service caring?

Our findings

People and their relatives told us staff were kind and compassionate. Staff had a caring and friendly approach to supporting people. One person told us, "The girls are absolutely lovely very kind and very caring." A relative told us, "They are the most amazing carers, nothing is too much trouble." Another person said, "You feel they will go the extra mile to help."

People's equality, diversity and human rights were respected. For example, a person required their personal care to be completed in a certain way to be respectful of their religion. Staff had worked with the person and their family to ensure their needs were understood and reflected. A member of staff who supported this person regularly was aware of their routine and religious needs.

Staff were respectful of people's identity and addressed people by their preferred name or title. For example, one person was a doctor and was addressed with their professional title by staff. Staff adapted their approach to support people in an individualised way. A member of staff told us how some people like to have a joke with staff and others prefer a more formal relationship. This was respected by staff. A relative told us staff were, "Friendly but in a professional way" and another said, "They listen to my relative and they have made a brilliant relationship with them. It is lovely to see."

Staff had a good understanding of people's needs and provided support that promoted their independence. A relative said, in a compliment letter, "I am sure that they would not have been able to remain at home by themselves without all the care and support you gave them." Care plans were reflective of supporting people's independence. For example, one person's outcome from their support was to remain independent. There was guidance for staff to support this outcome by 'encouraging' and 'enabling' the person in relation to their mobility needs and to remain at home for as long as possible.

People and their relatives, if appropriate, were involved in discussions about their care. Care plans were regularly reviewed and people were involved in this process. A relative told us, "I was present when the care plan was drawn up and it does meet his needs." The management team ensured rotas were scheduled so staff had time to spend with people, talk and listen to them. One person told us, "The girls are the only contact I have with the outside world most days. They are really kind to both of us always trying to do extra things for us when time allows."

People told us staff treated them with respect. A relative told us, "They are really kind to both of us I can't praise them enough. I think they are polite, kind, and respectful." People's privacy was respected and staff maintained their dignity. A relative told us that care staff were "Always careful to cover them when they're washing them and make certain they are warm enough."

Staff had a good understanding of the need to ensure people's confidentiality was maintained. For example, peoples care records were stored in lockable cabinets in the office. New legislation became effective from the 25 May 2018, namely the General Data Protection Regulations 2018 (GDPR). The GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. The

provider was aware of this legislation and had informed people using the service of these changes.

Good

Is the service responsive?

Our findings

People and their relatives told us that the staff were responsive to their needs. People received personalised care from staff who were person centred in their approach. For example, a member of staff told us about a person they supported, their health conditions and their love of their garden. This was reflected within their care plan. Another member of staff spoke positively about one person and how they supported them when they were low in mood. They described how they supported the person emotionally to encourage them to go to a club they enjoyed, which improved their mood. We saw records to support that this person went to a club regularly. Although current staff had a good knowledge of people, their preferences and needs were inconsistently documented in their care plans. This is discussed further in the well-led section of the report.

People were given information in a way they could understand. The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. People's communication needs were assessed and documented so staff could be responsive to these. For example, one person had a sight impairment. This need was assessed and reflected in their care plan which directed staff to support them to wear their glasses to aid their communication.

The provider had considered the use of assistive technologies to improve people's experience. The provider told us they were currently looking at implementing an electronic call monitoring system. They wanted to improve the care people received and better support the staff by updating to an electronic system. People were assessed to see if they required 'care' alarms. These alarms allowed them to gain help should they have an accident when care staff were not present. This was clearly detailed within people's care plans to ensure staff had clear guidance to support this need.

People had access to the provider's complaints policy. Complaints were responded to in a timely manner. For example, one person made a complaint regarding a late care call, this was investigated by the provider and measures put in place to reduce the risk of this happening again. A relative told us, "I have never had to complain and I feel I have nothing to worry about." Another relative told us, "I've never had to complain, I would have no hesitation in doing so if I needed to. I know the complaints procedure is in the book."

Staff supported people sensitively at the end of their lives and worked alongside other healthcare professionals to ensure people had a compassionate and dignified death. Within a thank you letter to the provider, one relative said, "The care and compassion shown have been a great comfort." People wishes at the end of their lives were assessed and documented in their care plans to ensure staff had access to this information. Staff received training to support people at the end of their lives. A member of staff told us, "I supported a person at the end of their life. It was difficult, as it was emotional, but we have training and support from management to give the correct care which helps."

Requires Improvement

Is the service well-led?

Our findings

At the last inspection on 12 April 2016 the service was rated as Good in this key question. At this inspection we found areas that require improvement. This was because the provider lacked oversight of the quality of the service. Quality assurance processes were ineffective and people's care records were not always person centred or being consistently completed.

The provider's approach to quality assurance was inconsistent and systems were not always effective in identifying issues in service delivery. Issues we identified at this inspection had not been identified by the provider's systems. For example, systems in place to manage accidents and incidents were not being followed. The inconsistency in the management of accidents and incidents posed an increased risk that people would not receive safe care. The management team lacked sufficient oversight to improve the quality of care people received following an incident.

There were audits in place with the aim of ensuring good governance. These were not always consistently completed and did not always identify actions taken when issues were identified. For example, medicine administration record (MAR) charts were audited informally and on an ad-hoc basis. They were checked to make sure they were signed but actions were not documented when issues were found. There were no quality assurance or auditing processes in place to ensure the provider had oversight of complaints, safeguarding issues and accidents and incidents. This did not provide assurance that the provider had full oversight of the service or that they were able to identify where quality was being compromised.

Staff knew people well and consistency in care staff meant that there was little impact for people. However, care plans were not always complete or reflective of people's needs and lacked person centred detail. For example, one person was living with complex medical conditions. Their care plan did not provide staff with any guidance on how to support the person in relation to their health needs. Another person's 'managing behaviour' plan stated they were apprehensive. There was no further information regarding this and no guidance for staff on how to support this person when they became apprehensive. A third person was living with diabetes, their nutritional plan stated they were diabetic but did not give staff any information or guidance on how to support their nutritional needs or how to support them should their blood glucose levels become too high or too low. The provider was recruiting new staff and this inconsistency in records posed an increased risk that people would not receive care in line with their needs, as staff would not have access to relevant information. The provider's audits had also failed to identify this issue. The provider could not find care plan audits during the inspection. They sent us copies of six care plan audits after the inspection, these were from April 2018. There was no evidence that care plans had been audited since this date. All the audits stated that 'care plans had been completed fully and comprehensively.' The care plans we reviewed were not reflective of this.

The provider did not have robust oversight of the quality of the service to drive continuous improvement. Quality assurance systems and processes did not always identify areas in need of improvement and care records were not always complete or reflective of people's needs. The providers systems failed to consistently assess, monitor and improve the quality of the service.

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

There was no registered manager in post at the time of the inspection. The service had been without a registered manager for 11 months.

This was a breach of Regulation 5 of the Care Quality Commission (Registration) Regulations 2009.

A member of staff told us, "The lack of a manager hasn't been an issue as there is always someone in the office to talk to." The provider told us they had difficulty finding a suitable registered manager for the role. They had recently recruited a new manager who started on the day of the inspection. The new manager told us they planned to apply to register with the Care Quality Commission (CQC.) They had already identified that the level of detail in people's support plans was not always sufficient to support staff to meet their needs. The new manager discussed a range of ideas they were looking to implement to drive improvement at the service.

People and their relatives told us they thought the service was well-led and said they would recommend the service to other people. A relative told us, "I am very happy that they are doing a good job looking after my father. He is happy and that's the main thing. I would certainly recommend them to other people." A person told us, "I know the manager well and the office staff are very easy to contact. For us it has always worked well and I can't think of anything that needs improving. I am very pleased with the company."

Staff felt supported by the management team. One member of staff told us, "I feel very valued by the management. They give feedback and are always appreciative of feedback we give them. Another member of staff said, "The office staff are very good. You can call them at any time. I would highly recommend the service and I am proud to work for Classic Care."

Staff said the values of the service were to be open and transparent. We observed the management team to be open about the challenges they had faced. The provider described the ethos of the service as providing, "compassionate care." People and their relatives all told us they received kind and compassionate care.

People and staff were involved in the service provided. Feedback was sought from people regularly and in a variety of ways to ensure they had a say on the service they received. For example, people could feedback during care calls, during reviews of care with a senior member of staff and through annual surveys. Feedback received, from survey responses, was used to improve the service provided. For example, guidance was put in place to support a person's nutritional needs because of feedback from the 2017 annual survey.

The service worked in partnership with other organisations to ensure people's needs were met. We saw evidence that people had access to a range of other health and social care professionals as and when they needed. A healthcare professional told us staff worked with them and implemented their guidance which ensured a person's mobility needs were met.

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 5 Registration Regulations 2009 (Schedule 1) Registered manager condition There was no registered manager in post at the time of the inspection. The service had been without a registered manager for 11 months. Regulation 5 (1)

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Accidents and incidents had not been recorded in line with the provider's policy for three years. This increased the potential risk that incidents were not always learnt from to reduce the likelihood of similar incidents happening again. Regulation 12 (1) (2) (b)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have robust oversight of the quality of the service to drive continuous improvement. Quality assurance systems and processes did not always identify areas in need of improvement and care records were not always complete or reflective of people's needs. The providers systems failed to consistently assess, monitor and improve the quality of the service.

Regulation 17 (1) (2) (a) (c) (f)