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# First Class Care Agency

## Inspection report

Unit 11 Harris House  
The Pinnacles  
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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?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 6 October 2016.

First Class Care Agency provides a domiciliary support service to enable predominantly older people to continue living at home in and around Harlow. When we inspected the service provided support with personal care to 35 people.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People were supported in their own home by staff that were able to meet their needs safely. Staff were able to demonstrate that they understood what was required of them to provide people with the safe support they needed to remain living independently in their local community.

People were protected from the risks associated with the recruitment of staff unsuited to the role by the provider's recruitment procedures. Comprehensive risk assessments were also in place to reduce and manage the risks to people's health and welfare. There were sufficient numbers of staff employed to meet people's assessed needs.

People also benefited from receiving personal care and support from trained staff that were caring, friendly, and responsive to people's changing needs. All staff demonstrated a commitment to providing a service for people that met their individual needs. People had positive relationships with staff.

People's right to make day-to-day choices about how they preferred their care and support to be provided was respected and this was reflected in their agreed care plans. People were actively involved in decisions about their care and support needs. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005.

People had the guidance they needed to raise concerns or make a complaint. There were procedures in place to ensure complaints were appropriately investigated and action was taken to make improvements to the service when necessary. Staff and people were confident that if they had any concerns they would be listened to and any concerns would be addressed.

People benefited from a service that was appropriately managed so that people received their service in a timely and reliable way. The manager had values and a clear vision that was person centred and focussed on enabling people to live at home.

## 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.

People were protected from unsafe support and care by staff that knew and acted upon risk assessments associated with providing the level of support that was needed for each individual. There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

People received support from competent staff that had been appropriately recruited and trained.

People benefitted from receiving support and care from staff that were mindful of their responsibilities to safeguard them from harm.

### Is the service effective?

Good ●

The service was effective.

People received care from staff that had received training and support to carry out their roles.

People were actively involved in decisions about their care needs and how they preferred to receive their support. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and how people's capacity to make decisions had to be taken into account and acted upon.

People received personalised care and support. Their care was regularly reviewed to ensure their needs continued to be met.

### Is the service caring?

Good ●

The service was caring.

People were encouraged to make decisions about how their support was provided and their privacy and dignity was protected and promoted.

People received their service from staff that were conscientious,

compassionate, and committed to providing good standards of care.

People benefitted from receiving support from staff that respected their individuality.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People's care plans were person centred to reflect their individuality and personal care needs.

People were assured that appropriate and timely action would be taken if they had to complain about the service.

### **Is the service well-led?**

**Good** ●

The service was well-led.

People benefitted from receiving a service that was well organised on a day-to-day basis as well as long term.

People were supported by staff that had the day-to-day managerial support they needed to do their job.

People's quality of care was monitored by the systems in place and timely action was taken to make improvements when necessary.

# First Class Care Agency

## 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.

This announced inspection was carried out by an inspector on 6 October 2016. The provider was given 48hrs notice of our inspection visit because the location provides a domiciliary care service and we needed to be sure a member of staff would be available.

Before our inspection, we reviewed information we held about the provider such as, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law. We also took into account other information the provider had sent us about their service. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report.

During this inspection we visited the provider's office located in Harlow. We looked at the care and support records of five people using the service and three records in relation to staff recruitment and training. We also looked at records related to the quality monitoring of the service, such as the survey questionnaires sent out by the provider and returned by people using the service. We spoke with the registered manager about the day-to-day management of the service. We also met and spoke with three of the care staff team, including a senior care worker, to discuss their role and the training and support they received to enable them to do their job. We spoke with four people on the telephone and with their prior agreement we also visited three people living at home to ask them about their experience of using the service.

## Is the service safe?

### Our findings

People were supported by staff that knew how to recognise if people were at risk of harm and knew what action to take when people were at risk. People said they felt safe with the staff that came into their home to provide them with support. Sufficient numbers of staff were available to safely meet people's needs. The registered manager had ensured that staffing levels were consistently maintained to meet the assessed needs of each person that received a service.

People were protected from unsafe care. One person said, "They [staff] know what they are doing and that's very reassuring. I know they [staff] won't let me down and that's why I feel safe in their hands."

People had detailed care plans kept at their home, with copies kept up-to-date at the agency office in Harlow. Care plans provided staff with the guidance and information they needed to provide people with safe care. There was up-to-date information about people's specific care needs and how their service was to be provided. A range of risks were assessed to minimise the likelihood of people receiving unsafe care. Care plans were reviewed on a regular basis to ensure that pertinent risk assessments were updated regularly or as changes occurred. Individualised care plans and risk assessments were in place that ensured people were safely supported according to their needs. Care plans contained a comprehensive assessment of the person's personal care needs, including details of any associated risks to their safety.

People's medicines were safely managed when this was part of the agreed care plan. Detailed care plans and risk assessments were in place when people needed staff support to manage their medicines. Staff were trained in the administration of medicines.

People were safeguarded by staff recruitment policies and procedures against the risk of being cared for by unsuitable staff. All staff were checked for criminal convictions and references from previous employers were taken up. Recruitment procedures were satisfactorily completed before staff received induction training prior to taking up their duties. Newly recruited staff 'shadowed' an experienced care worker before they were scheduled to work alone with people receiving a service.

People were provided with their service by staff that had sufficient time to safely travel between scheduled visits to people's homes. One person said, "They [staff] never arrive looking harassed or make me feel they are in a hurry to leave to get the next person. That's puts me at ease."

## Is the service effective?

### Our findings

People received care and support from staff that had acquired the experiential skills as well as the training they needed to care for people living in their own home. Staff had a good understanding of people's needs and the individual care and support they needed to enhance their quality of life. Staff worked with each individual to support and care for them in a way that encouraged them to retain their sense of independence.

People's needs were met by staff that were effectively supervised. The registered manager also had a 'hands on' role and often worked alongside staff. One person said, "[Registered manager] isn't afraid to come out and do the job. That's a good thing. [Registered manager] never asks them [staff] to do anything [registered manager] couldn't do." Staff also had their work performance regularly appraised at regular intervals throughout the year.

People received a service from staff that had been provided with the appropriate guidance and information they needed to do their job and provide people with personal care. Staff said that the registered manager and other senior staff were readily approachable for advice and guidance at all other times. Newly recruited staff had received a thorough induction that prepared them for working with people. Staff confirmed their induction provided them with the essential knowledge and practical guidance they needed before they took up their role. All new staff undertook the Care Certificate training; the Certificate is based on 15 standards and aims to give employers and people who receive care the confidence that staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

People's care plans contained assessments of their capacity to make decisions for themselves and consent to their care. Staff had received the training and guidance they needed in supporting people that may lack capacity to make some decisions for themselves. Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA 2005). The MCA 2005 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.

## Is the service caring?

### Our findings

People said the staff were kind. They said staff were familiar with and acted upon their daily routines and preferences for the way they liked to have their care and support provided. Staff were able to discuss how they facilitated people's choices in all aspects of their day-to-day support.

People were supported to do things at their own pace and the people we spoke with were happy to be able to continue to live in their own home. One person said, "They [staff] know they are invited visitors. It's our home and they always respect that." Another person said, "Without them [staff] I wouldn't manage. They go that 'extra mile' to make sure I'm alright. They [staff] never make me feel I'm just a 'problem'. A smile and a chat go a long way and they [staff] make sure there's plenty of that. It brightens the day."

People received the information they needed about their agreed service and what to expect from staff. This information was provided verbally and in writing. It included appropriate agency office contact numbers for people to telephone if they had any queries or were worried about anything. Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. One person said, "I never ask but it's good to know that they [staff] never talk about anyone else they help. That's private and they [staff] keep it that way. I wouldn't be comfortable if I thought they [staff] might be chatting away about me to someone I don't know. They [staff] are a cheerful 'bunch' but they are always professional and I like that. It shows respect."

People were assured that if they were unable to represent themselves and had no family or friends to assist them the service would support them to find an advocate. When we inspected the registered manager said no one had needed the support of an advocate.



## Is the service responsive?

### Our findings

People's care plans contained information about their likes and dislikes as well as their personal care needs and provided support staff with the guidance they needed to adapt to changing circumstances.

People's abilities to do things for themselves had been thoroughly assessed prior to being offered a service in their own home. People's personal care needs, their family support, as well as how they managed on a day-to-day basis were taken into consideration when their care plan was agreed with them or, if appropriate, a relative acting in the person's best interest. There was comprehensive information in people's care plans about what they were capable of doing for themselves and the support they needed to be able to put this into practice. People's care plans contained information about how people communicated as well as their ability to make decisions about their care and support.

People consistently received the level support they needed in accordance with their individual needs assessments, whether on a day-to-day basis or over a longer period as their dependency needs changed or fluctuated over time.

People were provided with the verbal and written information they needed about what to do, and who they could speak with, if they had a complaint. The provider had an appropriate complaints procedure in place, with timescales to respond to people's concerns and to reach a satisfactory resolution whenever possible. There were options available to people if they were still dissatisfied with the service and information was available relating to the role of the Care Quality Commission (CQC) as well as the Local Authority and Ombudsman with regard to complaints.

## Is the service well-led?

### Our findings

People's care records were fit for purpose and the formats for recording information and setting out guidance were regularly reviewed by the registered manager. Care records accurately reflected the daily as well as long-term care and support people received. Records relating to staff recruitment and training were also fit for purpose. They were kept up-to-date and reflected the training and supervision staff had received. Records were securely stored at the service office at the agency office in Harlow.

People were assured of receiving support in their own home that was competently managed on a daily basis. The provider, who is also the registered manager, had the necessary knowledge and acquired experience to motivate the staff team to do a good job. Staff said there was always an 'open door' if they needed guidance from the registered manager or from any of the senior care staff in the team. They said the registered manager was readily available and encouraged them to speak up if they were unsure about anything. Staff said that the effort and contribution each staff member made towards providing people with the care they needed was recognised and valued by the senior staff and registered manager. One staff member said, "It's a family run business and it shows in the way we [staff] are treated. It's a good place to work. [Registered manager] actually cares about us [staff] as well as the people we support. You get the best out of people that way."

People were assured that the quality of the service provided was appropriately monitored and improvements made when required. Staff had been provided with the information they needed about the 'whistleblowing' procedure if they needed to raise concerns with appropriate outside regulatory agencies, such as the Care Quality Commission (CQC). Feedback from people that used the service was regularly sought through surveys and 'spot checks' by senior staff. People's suggestions for improvements to the service were listened to and acted upon as necessary.