

Class (UK) Limited

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## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service:

Class UK Limited provides care and support to people with a learning disability and autism in a 'supported living' setting so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. At the time of inspection there were 12 people living in four separate houses receiving personal care and support.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People's experience of using this service:

People told us they felt safe with staff. Individual risks to people had been assessed and these were well managed by knowledgeable staff who knew how to support people safely.

There were sufficient staff employed who had been safely recruited. People had access to one to one support as and when needed which gave them choice and control over their day to day lives.

Medicines were managed safely by staff who had been trained and assessed as competent. Staff had training in food hygiene and infection control and followed good practice to prevent contamination and the spread of infection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Policies and systems in the service supported this practice.

People were supported to have enough to eat and drink which met their preferences and any health needs. Staff supported people to be independent, people were assisted to do their own grocery shopping and prepare meals.

Staff received training and ongoing monitoring and support to ensure they were competent in their role. Staff enjoyed working at the company and felt well supported by the management team. Staff worked with healthcare professionals and followed their guidance and advice about how to support people effectively.

Staff were kind and caring and treated people with dignity and respect. People had regular care staff who knew how they liked to be supported. Staff knew how to communicate with people to help people express their views and wishes.

People were supported to access their local community and enjoy activities and interests of their choice.

The service supported people to maintain relationships that were important to them.

Information was provided to people in easy read formats to help people's understanding, including how to make a complaint or raise concerns.

We made a recommendation about recording people's preferences around end of life care.

Systems and processes were in place to monitor safety and quality and drive improvements. People and staff were included in the running of the service and were provided with opportunities to share their ideas and give feedback.

Rating at last inspection: Good. (Last report published October 2016).

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor all intelligence received about the service to ensure the next planned inspection is scheduled accordingly.

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

## 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 effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

# Class (UK) 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:

The inspection team was made up of one inspector.

**Service and service type:** Class UK Limited is supported living service which provides personal care to people with a learning disability and/or autism.

The service was owned by three directors who managed the service. Two of the owners had registered as managers with the Care Quality Commission. The registered manager and provider are responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

This was an announced inspection. We gave the service 48 hours notice as this is a small service and we needed to be sure someone would be in.

#### What we did:

Before the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must let us know about, such as abuse; and we sought feedback from the local authority and other professionals involved with the service. We assessed the information that providers 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 used all this information to plan our inspection.

During the inspection we spoke with the nominated individual, both registered managers and two members of care staff. People were not available to speak with us or did not want to so we provided them with

questionnaires to complete with the support of their keyworker. We also contacted three relatives of people who used the service and wrote to five health and social care professionals for their view of the service. We looked at three people's care records including their medication records and daily notes. We looked at three staff files. We reviewed training and supervision records and documents relating to the management of the service including complaints and compliments, minutes of meetings and quality audits.

After the inspection we made further requests for information which was provided by the registered managers.

# Is the service safe?

## Our findings

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

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

### Assessing risk, safety monitoring and management

- People told us they felt safe with staff. People's relatives confirmed their family members were in 'safe hands' using the service.
- Individual risks to people had been thoroughly assessed and were well managed. For example, where a person had a gluten allergy, the service had provided them with separate food cupboard, toaster, butter and fridge to prevent cross contamination.
- Detailed guidance was available to staff on how to manage risks and support people safely. If things changed for people, this information was immediately shared with staff. A staff member told us, "We are kept well informed."
- Accidents and incidents were recorded and investigated appropriately with actions put in place to minimise the risk of re-occurrence.
- Contingency plans were in place to ensure the service could continue to be delivered in the event of an unexpected event such as fire or flood.

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

- Staff had been trained in safeguarding, knew the signs to look for that people might be being abused and how to report concerns.
- The management team understood their safeguarding responsibilities and reported concerns to the local authority, police and CQC as required. Robust systems were in place to ensure safeguarding concerns were investigated appropriately and lessons learned.
- There were systems and processes in place to support people to manage their money safely. Regular checks were undertaken to protect people from the risk of financial abuse. We checked people's financial records and found these were up to date and accurate.

### Staffing and recruitment

- Sufficient staff were available to safely and effectively meet the needs of people who used the service. People had one to one support when required to access the community for work, education and leisure opportunities.
- The service had set rota which meant staff always worked on the same days. The registered manager told us, "We do this so people have continuity and encourage staff retention. Also, it means people know what they are doing each day; they know what they are working towards and have shared goals with staff."
- Relatives told us people were supported by regular staff who knew people well. One relative told us,

"There's always staff available to provide cover; what I like about them is they don't use agency staff so [named person] always knows the staff which is important."

- Safe recruitment processes were in place to make sure that staff recruited were suitable to work with vulnerable adults.

#### Using medicines safely

- Systems were in place to order, store, administer and dispose of medicines safely. Only staff who were trained and assessed as competent administered medicines. Staff told us and records confirmed regular checks on their competency to administer medicines were undertaken by the managers.
- People's medicines prescribed on an 'as required' basis had instructions to show staff when these medicines should be offered to people.
- A stock count of people's loose boxed medicines was kept as a means of checking that people had received their medicines as prescribed. We checked the stock counts and found them to be accurate.
- People had medicine administration records (MAR) which had been signed by staff to evidence that people had been given their medicines. There were no gaps on the MAR indicating that people had received their medicines at the right times.
- Regular audits of medicines were undertaken to check people were receiving their medicines safely.

#### Preventing and controlling infection

- Staff received training in infection control and we observed good infection control practices in place. Staff had access to protective clothing such as gloves and aprons to prevent the spread of infection.

#### Learning lessons when things go wrong

- The management team monitored and analysed incidents and safeguarding concerns. Lessons were learned, and action taken to minimise the risk of re-occurrence. The system for recording information about safeguarding concerns had been improved with the introduction of a timeline which clearly showed all actions taken and outcomes.
- Concerns raised at the last inspection had been addressed and improvements in recording practices to ensure accountability had been made.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

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

- People and their family members were involved in the assessment process to make sure staff had all the information needed to meet people's needs in the way they wanted.
- The service kept up to date with good practice and worked with external stakeholders such as the local authority to improve industry standards.

Staff support: induction, training, skills and experience

- New staff received a good quality induction. The induction process was comprehensive and included a mixture of training, observations of practice and shadowing opportunities. This gave new staff time to get to know the role and the people they would be supporting and for people to feel comfortable with new members of staff. A relative told us, "They [management] always integrate new staff carefully, they mentor them, don't throw them in at the deep end; they make sure everyone gets to know everyone."
- New staff were required to shadow the registered managers who worked with them to make sure staff had the knowledge, skills and values to do a good job.
- The service used the care certificate to help train new staff. This represents best practice when inducting new staff into the social care profession.
- Ongoing training was provided which met the particular needs of people, for example, training in epilepsy and anxiety. Training was delivered via e-learning and face to face for the more practical aspects. Records showed that staff training was up to date or had been booked.
- Staff told us they felt very well supported by the registered managers. They received regular supervisions, observations of practice and an annual appraisal. This provided staff with ongoing support and helped identify any learning needs.

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

- People's likes and dislikes regarding food and drink were known and respected. Weekly menus were organised and agreed with people. People had input into meal planning, including shopping for groceries and preparing and cooking meals. Some people bought their own food whilst others pooled together. People that liked to eat together decided on the menu on a weekly basis. Pictorial menus were available to help people make an informed choice. A person told us, "I choose with [named person] and [named person]; we choose together, curry, rice, chicken."
- Mealtimes were flexible, and people could eat when and where they liked. A staff member told us, "[named person] does not like noise or crowds and prefers to eat alone, when its nice weather we set up a

table outside for them."

- People with special diets were supported to manage their diet and any risks.

Staff working with other agencies to provide consistent, effective, timely care

- The service had made links with various agencies for the benefit of people who used the service. For example, speech and language therapy (SALT) to get support for people who had difficulty with communication.

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

- Care plans had information on people's specific health needs and any support required to help them stay healthy. The service organised annual health check ups for people and records showed the service supported people to access regular input from a range of health professionals such as GP, optician and podiatrist.
- People were supported to maintain good oral health care and were supported to visit the dentist regularly.
- All appointments and the outcomes of health visits were recorded and shared with staff and changes made to people's care plans if required.
- People told us staff helped them when they felt unwell. A person told us, "When I didn't feel well staff let me listen to her music , it was relaxing and made me feel better."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- The service provided staff with training in the MCA and staff understood the importance of gaining people's consent. People had signed their care plans, where possible to evidence their consent to receiving the agreed care and support.
- Staff showed an excellent understanding of people's communication needs and abilities and used this knowledge to help people express their wishes and make their own decisions.
- Staff told us and we observed that people were in control of their lives and could choose how they wished to spend their time.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and Relatives told us staff were kind and caring. A person told us, " [named staff] is kind to everybody." A relative said, "They [staff] are all really lovely. I never met one I didn't like. They are all kind and helpful."
- People were relaxed in the company of staff and had built positive trusting relationships. A relative told us, "Staff are really approachable, co-operative with any requests and go out of their way to help people. We get on so well with them they try really really hard to fulfil people's needs; they do a great job."
- People were supported to maintain important relationships with friends and family. The service organised an annual barbecue where people's families were invited. Regular social events were organised where people living at different houses came together to enjoy their friendship groups.
- Consideration was given to matching people with staff who shared the same interests, for example, where a person liked to look at cars they were matched with a staff member who also loved cars to spend the day at a car show. Wherever possible, people were able to choose which staff they would like to support them at any given time which met their emotional needs.

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

- Information about people's vocabulary, body language, emotions, feelings and other ways of communicating were recorded. This helped staff to understand people's needs and wishes.
- Staff used 'makaton' (a type of sign language) with some people to help them communicate. We saw feedback from a health professional which recorded, "Excellent staff, very helpful with Makaton."
- Relatives told us staff communicated well with people. A relative said, "[family member] is mostly non-verbal; they will say hello and goodbye to strangers but that's all, but they will interact much more with their carers."

Respecting and promoting people's privacy, dignity and independence

- Staff demonstrated positive values and understood the importance of treating people with dignity and respect. People told us staff respected their privacy and knocked on doors before entering. A person told us, "Knock knock; I say come in." Feedback from relatives about staff values was positive and confirmed that people were spoken to politely and their privacy was respected. A relative told us, "Staff are very polite and respectful and mindful of people's privacy; I honestly can't fault any of them."
- People could decide on the gender of the staff member they wanted to provide their care and this was respected.
- People were helped to be as independent as they could be in all areas of their lives. For example, cooking

meals, using public transport, work placements and going shopping. A relative told us, "[Person's] tolerance for being out and about is much much better because the staff who are taking them out, they know and trust [person] goes shopping now they never did this before in fact they do much more now than they did when they lived with us."

- People had bus passes and were provided with travel training to support their independence.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care plans were comprehensive and written in a personalised and sensitive way. Easy read versions were included to support people to understand and contribute to their care planning. We asked people if they had access to their care records. A person told us, "Yes I read them and sign it."
- Regular care plan reviews were arranged to ensure the content was up to date and continued to meet people's needs. People and their relatives were included in the reviews.
- People living at the service could choose what they wanted to do day to day and visited places of interest to them individually. Some people attended clubs, groups and college, whilst others went shopping, bowling, swimming and out to lunch. One person who had expressed an interest had been supported to obtain volunteer work at a local library.
- People chose where they went on holiday and who they went with. We were advised that a trip to Centerparcs was being planned for 2019.
- The service made sure people had access to the information in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given.

Improving care quality in response to complaints or concerns

- There were systems and processes in place to respond to complaints. A complaints policy was in place with an easy read version to support people's understanding of how to make a complaint. People knew who to report concerns to. A person told us that they would, "Tell [named manager] and [named team leader]; staff will help you."
- Whilst there were no open formal complaints we saw an example where a relative had expressed a concern. Every attempt was made to resolve the issue including meeting with the relative and completing a thorough investigation.
- People had a keyworker who organised a monthly one to one meeting and compiled a report which went to the management team. These reports were used to find out how people were feeling, their views of the service and any changes they would like. This meeting also provided an opportunity for people to raise any concerns.

End of life care and support

- There was no-one living at the service who was being supported with end of life or palliative care needs.
- People's preferences for end of life care such as preferred place of death or funeral arrangements had not

been explored. The registered manager told us they relied on people's families to inform them of people's wishes should this be required.

We recommend that the provider consider seek independent advice and guidance on exploring and recording people's preferences for end of life care.

# 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

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service was owned and managed by three directors, two of whom had registered as manager whilst the other was the nominated individual. All three shared responsibility for the day to day running of the service. They were clear about their roles and duties and met their regulatory requirements to send CQC notifications when required.
- At the previous inspection we found record keeping to evidence oversight of the service was inconsistent. The providers had used our feedback constructively and had made the required improvements. The nominated individual told us, "The service is continually evolving. We took on board feedback from last inspection. We now record all meetings and write formal actions plan so we remember what needs doing to improve accountability."
- Written records showed the service had been pro-active in driving improvements. Company policies had been updated, written by the providers they were personalised to reflect the specific working practices of the service. All staff were required to read and abide by these policies. This meant staff at all levels were aware of their duties and responsibilities.
- A range of quality assurance mechanisms were in place which had been formally documented. This included aspects, such as medicine and care plan audits and spot checks on staff. Some aspects of quality assurance had been delegated to a senior member of staff. Each house where people were supported had a team leader who was responsible for completing a weekly check to monitor the cleanliness of the home, people's medicine and finance records.

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

- The service demonstrated a commitment to providing high quality, compassionate, person-centred care and support. Working alongside staff the registered managers were role models, ensuring staff shared their vision and values. This was confirmed by staff who reported, "The manager leads by example, does not ask staff to do anything she is not prepared to do herself, and is a good role model for staff."
- Feedback from people's relatives showed the service people received was person-centred and of a very good quality. A relative told us, "I'm very happy with the service, I think they are amazing." Another said, "I have nothing but high regard for them [the service]. I am absolutely 100 per cent pleased with what they do for [named person]; I couldn't wish for better."

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

- The service engaged with people who used the service to include them in how the service was run. Meetings were organised where people could give their views which were then actioned by the service. People provided input into the weekly menus and during one to one time with the team leader of each house they had the opportunity to talk to staff about how they were feeling and activities or interests they would like support to explore.
- Annual satisfaction surveys were sent out to people, relatives and external stakeholders. We reviewed the responses from 2019 which were all very positive and the service rated as very good or excellent in all areas.
- Staff were included in the running of the service through regular staff meetings. Minutes of meetings showed these meetings were used constructively to discuss best practice and staff roles and responsibilities.
- Staff were given the opportunity to rate their manager through an anonymous survey and provide feedback. The results of the survey showed that staff were very happy working at the service and felt very well supported by the registered managers. Comments from staff included; "[registered manager] is very friendly, easy to talk to and does a great job." And, "Supportive and very helpful with anything I ask, very approachable, always willing to help." And, "[registered manager] promotes our wellbeing and always happy to offer solutions, has very good knowledge and will always answer questions, very approachable."

Continuous learning and improving care

- The service worked in partnership with the local authority with a focus on improving standards.
- Monthly meetings were organised where the management team discussed all aspects of the service including quality assurance and staff training and development.

Working in partnership with others

The service worked in partnership with a range of health and social care professionals. We received positive feedback from one social care professional who worked closely with the service. They told us, "The support is to high standard and there was a lot of evidence of people being offered choice and having a say in every aspect of their care. All people have a structured activity plan and are able to pursue their interests. The managers clearly work long hours and are completely focused on people's wellbeing and all staff are trained to a high standard."

- The service had forged links with a range of organisations including day centres, social clubs, colleges and local employers. This helped staff support people to be part of their local community and access training, leisure and employment opportunities.