

1st Class Care Agency Ltd

1st Class Nursing Agency

Inspection report

59 Wigan Road
Ormskirk
Lancashire
L39 2AP

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29 September 2016
05 October 2016

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02 December 2016

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

1st Class Nursing is a domiciliary care agency that supports people to remain independent in the comfort of their own home with the support of care services. People have the freedom to choose who provides their care, and when they want it. Care is planned around people's personal needs. The agency, although having a separate office, shares office space with the company's staff recruitment business.

The inspection of this service took place across two dates; 29 September and 5 October 2016, this was the first time the service had been inspected under the comprehensive methodology. The service was given 24 hours' notice prior to the inspection so that we could be sure someone would be available to provide us with the information we required.

There was not a registered manager in post. The registered manager left the service in December 2015 and was de-registered by the commission 7 April 2016. The service has identified a manager who has been employed by the service for many years in another capacity. They are currently undergoing the registration process to become the registered manager. 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.

We looked at recruitment processes and found that the service did not have recruitment policies and procedures in place to help ensure safety in the recruitment of staff. We checked how staff had been recruited and found that this was not always robust.

We found a lack of consistency in the way people's risk had been assessed and managed. Risks to people were not always sufficiently managed to avoid harm. We looked at people's care plans and found gaps in information regarding people's medicine regimes. We saw no support plans to guide staff when giving medicines which could have put people at risk of medication mismanagement.

Staff we spoke with told us they were given enough time with people, were given time for travelling and that visits to people did not overlap. People we spoke to told us that staff stayed for the allocated time.

We looked at how people were protected from bullying, harassment, avoidable harm and abuse. We found that the service followed safeguarding reporting systems as outlined in its policies and procedures. We felt reassured by the level of staff understanding regarding abuse and their confidence in reporting concerns.

We looked at how the service gained people's consent to care and treatment in line with the Mental Capacity Act 2005 (MCA). We found that the principles of the MCA were not consistently embedded in practice.

We found staff were not being supported by way of regular formal supervision and appraisals, however, staff

did feel that they were supported in their role. We looked at the provider's training matrix, which covered multiple courses including moving and handling, safeguarding, health and safety, medicines awareness and infection control. We found that the service promoted staff development and had a rolling programme to ensure that staff received training appropriate to their role and responsibilities. Staff received training to help ensure they understood how to respect people's privacy, dignity and rights. People consistently told us that the staff were caring and understood people needs.

We found there was a clear assessment process in place, which helped to ensure staff had a good understanding of people's needs before they started to support them. We noted that the assessment process always involved a visit to the service user's home and included the views of other professionals involved in their care. However, we found people's care had not been routinely reviewed. Documentation held was not always an accurate, complete and contemporaneous record.

We viewed very detailed daily care records, which gave an overview of the care provided at each visit. In addition, the records demonstrated that support was provided in line with the service users' personal needs and wishes.

The service had a complaints procedure which was made available to people they supported and their family members.

We looked at policies and procedures relating to the running of the service. We found that the service did not have robust policies and procedures around the safe recruitment of staff or management of medicines.

We found that the service did not have a robust quality auditing system in place. There were no audits for care files and medication administration records. We found issues that could have been identified by audits.

There was a positive and sustained culture at 1st Class Nursing Agency that was open, inclusive and empowering. Staff were motivated and told us that management at 1st Class Nursing Agency were excellent. Without exception people using the service, relatives and care workers all spoke very highly of the management team.

We found the manager was familiar with people who used the service and their needs. When we discussed people's needs, the manager showed good knowledge about the people in her care.

We found several breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of safe care and treatment, need for consent, good governance and fit and proper persons employed. You can see what action we have taken at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

There were not appropriate or effective systems in place to identify the possibility of risk and to prevent harm to people who used the service.

Policies and procedures were in place to guide staff in how to safeguard people from abuse and staff had received training in this area.

We looked at people's care plans and found gaps in information regarding people's medicine regimes.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

People's rights were not protected, in accordance with the Mental Capacity Act 2005.

We did not see evidence of regular supervision sessions and annual appraisals with staff.

We reviewed records of staff training and found staff had received a wide range of training.

Is the service caring?

Good ●

The service was caring.

People told us staff respected people's privacy and dignity in a caring and compassionate way.

Staff knew people well and responded to their needs appropriately.

People and their relatives were very pleased with the staff who supported them and the care they received.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

Peoples' needs were not reviewed when they had experienced a change in circumstances.

People and their relatives said they knew how to raise a complaint.

Staff understood people's individual needs.

People had access to on-going healthcare support and appropriate advice was sought from relevant professionals when required.

Is the service well-led?

The service was not consistently well led.

Arrangements for monitoring quality and assessing risk were not always effective. This meant that some risks were not identified.

Staff said they felt supported by the manager of the home and were fully aware of their responsibility to report any concerns they had about the care provided, to their managers or the relevant authorities.

Staff worked in partnership with other professionals to make sure people received appropriate support to meet their needs.

Requires Improvement 

1st Class Nursing 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.

The service was inspected by the lead inspector for the service.

Before the inspection, 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. We looked at all the information we held about this service. We reviewed notifications of incidents that the provider had sent us. We requested feedback from social work professionals however, we did not receive any response.

At the time of our inspection of this location, 20 people used the service. We spoke with a range of people about the service; this included six people who used the service and four relatives. We also spoke with five care and support workers and the manager of the service. This enabled us to determine if people received the care and support they needed and if any identified risks to people's health and wellbeing were appropriately managed.

We also looked at a wide range of records. These included; five peoples care records, six staff personnel records, a variety of policies and procedures, training records, medicines records and quality monitoring systems.

Is the service safe?

Our findings

People we spoke with said: "Mum is really safe and well looked after": "I trust them [staff] with everything". And: "We are lucky to have them".

We looked at recruitment processes and found that the service did not have recruitment policies and procedures in place to help ensure safety in the recruitment of staff.

We checked how staff had been recruited we saw records which showed the provider had undertaken checks to ensure staff had the required knowledge and skills, and were of good character before they were employed at the service. The checks included written references from previous employers, a check with the Disclosure and Barring Service (DBS), formerly the Criminal Records Bureau (CRB) and application forms from staff. We reviewed recruitment records of six staff members and found that robust recruitment procedures had been followed for five of these. However, these checks were not present for all staff members.

The management told us that people were not allowed to support people without another member of staff present until the safety checks and DBS had been returned. However, we found that one member of staff had completed two shopping visits to a person who used the service prior to the DBS being returned.

We also found that one staff member had previous convictions listed on their DBS check. This information had not been declared on the application form. The manager was able to state what the issues were; however, we could find no documentation to show that any discussions had taken place to gain further information. Therefore, it was not evidence that appropriate action had been taken.

The failure to complete required checks and paperwork to keep people safe was a breach of regulation 19 fit and proper persons employed of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found a lack of consistency in the way people's risk had been assessed and managed. Risks to people were not always sufficiently managed to avoid harm. We found that a risk assessment for one person who was diagnosed as having diabetes was missing. There were no plans in place to guide staff around what the person could and could not eat or the recommended quantities of food intake. This person was also often consuming large quantities of alcohol. This put the person at possible risk, as there was a lack of clear guidelines for staff around how this person's diabetes was managed.

The risk management issues identified amounted to a breach of Regulation 12 safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the procedures the service had in place for assisting people with their medicines. The information was not accessible at the time of the inspection. There was information in the staff handbook with regards to managing medicines however; this guidance was general around how to give medication

safely and completing the Medication Administration Records [MARs]. However, this was not specific to individuals.

We looked at people's care plans and found gaps in information regarding people's medicine regimes. We saw no support plans to guide staff when giving medicines which could have put people at risk of medication mismanagement.

We looked at training records and found that all staff had received medicines training and updates. Discussion with five staff members confirmed they had been trained to support people to take their medicines. However, no checks on medication competence for staff were recorded. This meant that care staff had not been provided with oversight to check whether they continued to observe safe practice.

No audits or checks of medication or MARs were being completed. We viewed MARs charts for two people, which indicated that people received their medicines at the times specified. Records were signed and no omissions were found.

These shortfalls in medication arrangements amounted to a breach of regulation 12 safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager told us they would not take on people's care if they did not have enough staff available to cover all visits and provide emergency cover. Staff told us they had enough time at each visit to ensure they delivered care safely.

People told us the service was reliable. People also told us that they saw the same staff unless there was a specific reason for not doing so, such as annual leave or sickness. One person told us: "There are not many staff changes at all, and I always know who's coming to see me".

Staff we spoke with told us they were given enough time with people, were given time for travelling and that visits to people did not overlap. People we spoke to told us that staff stayed for the allocated time.

We looked at how people were protected from bullying, harassment, avoidable harm and abuse. We found that the service followed safeguarding reporting systems as outlined in its policies and procedures. Staff members we spoke with understood what types of abuse and examples of poor care people might experience. The service had a whistleblowing procedure. We spoke with staff who told us they were aware of the procedure. They said they would not hesitate to use this if they had any concerns about their colleagues' care practice or conduct. We felt reassured by the level of staff understanding regarding abuse and their confidence in reporting concerns.

We looked at how the service minimised the risk of infections. We found staff had undertaken training in infection control and were able to demonstrate ways in which infections could be spread. People told us staff wore gloves and aprons when they visited and when providing personal care.

Is the service effective?

Our findings

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA).

The 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We looked at how the service gained people's consent to care and treatment in line with the MCA. We found that the principles of the MCA were not consistently embedded in practice. We found that people's capacity to consent to care had not been assessed and decisions had not always been recorded. An example was in the care records for one person it was documented that the person was at risk of developing pressure sores. The record stated: '[Name removed] is aware that they are at risk and it's up to them'. There was no documentation to support this decision.

The manager and staff told us that they had not received training around the MCA; and they did not demonstrate a satisfactory level of understanding of the MCA. They lacked awareness of how to complete the appropriate assessments and whose responsibility this was.

This failure to follow the code of practice amounted to a breach of Regulation 11 need for consent of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found staff were not being supported by way of regular formal supervision and appraisals. We looked at five staff files and for one person they had last had supervision in November 2014. Another example was for one staff member who had not had supervision. We spoke to the manager who said that she spoke to staff over the phone but did not record this. We asked staff if they were able to tell us when they last had supervision. Staff told us: "I don't have supervision very often as we are always out and about but I can always ring the office and they will support me". And: "I have supervision on the phone, the manager is fantastic".

Spot checks were completed with staff and recorded sporadically. These checks were completed to observe the standard of care provided and identify any training needs.

We looked at the provider's training matrix, which covered multiple courses including moving and handling, safeguarding, health and safety, medicines awareness and infection control. We found that the service promoted staff development and had a rolling programme to ensure that staff received training appropriate to their role and responsibilities.

We asked staff if they received training to help them understand their role and responsibilities. Staff told us: "We get a lot of training and do refreshers every year".

People who used the service told us: "The staff are well trained and know what they are doing": "I have no problems the staff are exactly what we needed". And: "The staff are good at what they do".

We found that the service was pro-active in supporting people to have sufficient nutrition and hydration. Care plans showed people's preferences, for example, one person's care file documented: 'Likes toast and two cups of tea from the teapot and has two teaspoons of sugar'.

Care records held details of joint working with health and social care professionals involved with people who accessed the service .We found multiple examples across the care records we looked at of people being referred for external health and social care support and professional advice being followed. The service maintained good working relationships with other professionals and sought guidance when needed.

Is the service caring?

Our findings

We received consistent positive feedback about the staff and about the care that people received. People told us: "The staff are brilliant": "The staff are marvellous, I am stronger now and it is all down to them". And: "I get on with the carer they are very good and we can have a laugh which is what life is all about".

One relative told us: "They [staff] are professional and very helpful". Another person said: "Nothing is too much trouble for them".

People benefited from having regular staff who they knew well. One person said: "I can trust the staff with anything, I know them and they know me". Another person told us: "The carer and I have just celebrated our fifth anniversary we had cake!"

One person told us: "The staff genuinely care about me and how I am doing". We saw an example where a member of staff had visited a person who used the service in hospital to see how they were, as they had no family that could visit.

Staff received training to help ensure they understood how to respect people's privacy, dignity and rights. Managers assessed how staff used these values within their work when observing their practice. Staff described how they would ensure people had their privacy protected when undertaking personal care tasks.

Staff we spoke with showed good awareness of confidentiality, privacy and dignity. Staff told us: "I always ensure the blinds are drawn and doors closed before personal care tasks". And: "I would never discuss others in front of people".

People told us how their relatives were given time during care visits to develop relationships with care staff. One person said: "The staff are calm and relaxed and take the time to speak to my mum".

We looked at care plans and checked if people were involved in planning for their care. We found no evidence people receiving the service or their relatives had been involved in planning their care so it was unclear if people had a say in the care they received. All care plans should clearly detail how the person and / or their designated representative had been involved (or not) in the care planning and review process.

However, we asked people if they felt they were involved in how their care was planned and we received consistently positive responses from them. People told us: "My care plan is reviewed and I am involved in this.": "We all get together and go through the plan every now and then". And: "I can make any changes to my care plan and support."

Is the service responsive?

Our findings

We found there was a clear assessment process in place, which helped to ensure staff had a good understanding of people's needs before they started to support them. We noted that the assessment process always involved a visit to the service user's home and included the views of other professionals involved in their care.

The manager advised us that staff were always introduced to service users, prior to any support being provided. This helped to ensure people received their care from staff they were familiar with. We were also advised that the service were very careful to maintain a good level of continuity in respect of carers and this information was supported by our discussions with people who used the service.

People we spoke with during the inspection said the service had responded to their requests for support and they were satisfied with the service they received. However, we found people's care had not been routinely reviewed. An example of this was one service user had deteriorated to the point where they were bed bound however, this had not been updated in their support plan. Additionally there were no instructions around caring for pressure areas. From the daily notes that we saw it was evident that staff were providing support with this.

We found in one care record there were records from other care agencies. We were told the service was relying on assessments and care plans devised by other agencies and had not felt it was necessary for them to do their own assessments. This meant that people had been exposed to risk as the service had not assessed and provided guidance to its own staff based on their own view of risks against their staff's competence and capability.

This shortfall amounted to a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

We saw evidence in care files that the service was making the required referrals and seeking support on how best to meet people's needs. We found evidence of the service engaging with other agencies to facilitate joint working. Visits with other professionals were recorded in the care files. These arrangements helped to ensure that people consistently received the care they needed.

One person told us: "Staff always notice any changes with mum and contact the GP".

Staff providing support understood people's individual needs and people told us that person centred care was central to their support services. One person told us: "[Name removed] is my right arm, I don't have to tell them what to do they just know".

People were supported by staff to access the community and minimise the risk of becoming socially isolated. One staff member told us how they made sure they were flexible with timings, so the person they

supported could take part in their chosen activity.

We viewed well-detailed daily care records, which gave an overview of the care provided at each visit. In addition, the records demonstrated that support was provided in line with the service users' personal needs and wishes.

The service had a complaints procedure which was made available to people they supported and their family members. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and the Care Quality Commission (CQC) were available.

We saw the service had a system in place for recording incidents/complaints. This included recording the nature of the complaint and the action taken by the service. However, not one person we spoke with had made a formal complaint to the service. We checked the services internal records during the inspection and this confirmed that no formal complaints had been received.

People who used the service told us knew how to make a complaint if they were unhappy about anything. One person said, "We are quite happy with the service but know how to complain if we need to".

Is the service well-led?

Our findings

We looked at policies and procedures relating to the running of the service. We found that the service did not have robust policies and procedures around the safe recruitment of staff or medicines.

We found that the service did not have a robust quality auditing system in place. There were no audits for care files and medication administration records. We found issues that could have been identified by audits. Such as care plans which had relied on the evidence from other agencies and had not been audited and updated.

These shortfalls in systems, processes and quality assurance, amounted to a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.

There was a positive and sustained culture at 1st Class Nursing Agency that was open, inclusive and empowering. Staff were motivated and told us that management at 1st Class Nursing Agency were excellent.

The positive culture was reported by all the staff members that we spoke with. Staff told us: "I love my job it's different". And: "I really like it, I like seeing different people and everyone's supportive".

Without exception people using the service, relatives and care workers all spoke very highly of the management team. They said that the manager was approachable and kept them informed of any changes to the service and that communication was very good.

Staff we spoke with told us said: "Management support is really good, they are flexible": "Management are approachable". And: "The management team are always around and available to speak to".

The people who we spoke with who used the service also spoke highly of the management. They told us: "I know I can contact them with any concerns and they would be dealt with". And: "The manager is very helpful, she will do anything she can for you."

We found no negative comments about the care or service when speaking with people and when looking at quality assurance documents, such as the annual surveys. Seven people had returned the most recent annual survey, all of these said they were satisfied with the service.

The manager undertook unannounced spot checks to review the quality of the service provided. This included arriving at times when the care workers were there to observe the standard of care provided. The spot checks included reviewing the care records kept at the person's home to ensure they were appropriately completed, to check staff were arriving on time and that they had the appropriate equipment with them to safely complete the visit.

We found the manager was familiar with people who used the service and their needs. When we discussed people's needs, the manager showed good knowledge about the people in her care. For example, the

manager was able to identify people with very complex needs and the risks associated to these individuals. This showed the manager took time to understand people as individuals and ensured their needs were met in a person centred way.

We found the management team receptive to feedback and keen to improve the service. She worked with us in a positive manner and provided all the information we requested. The CQC registration certificate was on display, along with a copy of the last inspection report. The service worked in a transparent way and showed commitment to keeping people who accessed the service up to date with any changes.

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	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider did not have suitable arrangements in place to ensure that the treatment of service users was provided with the consent of the relevant person in accordance with the Mental Capacity Act 2005.</p> <p>Regulation 11(1) (2) (3)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not have suitable risk management arrangements in place to make sure that care and treatment was provided in a safe way for service users.</p> <p>Regulation 12 (2) (a) (b)</p> <p>The provider did not have suitable arrangements in place to ensure that medicines were managed in a safe way.</p> <p>Regulation 12 (2) (g)</p> <p>The provider had relied on risk assessments and care plans from other agencies without undertaking their own assessments.</p> <p>12 (1) (a)(b)</p>
Regulated activity	Regulation

Personal care

Regulation 17 HSCA RA Regulations 2014 Good governance

The service provider must ensure that there is a robust system in place that can monitor the quality of service provided.

The service provider must assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity

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

Regulated activity

Regulation

Personal care

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

The provider did not operate robust recruitment procedures.

Regulation 19 (1) (a) (b)