

1st Class Care Agency Ltd

1st Class Nursing Agency

Inspection report

59 Wigan Road
Ormskirk
Lancashire
L39 2AP

Date of inspection visit:
03 January 2018

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07 June 2018

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?

Requires Improvement ●

Summary of findings

Overall summary

This announced inspection took place on 03 January 2018. The provider was given 24 hours' notice of the visit because the agency provides support and personal care to people living in their own homes and we wanted to make sure that the provider and manager was available.

1st Class Nursing Agency is a domiciliary care agency that supports people in the Kirkby and Ormskirk area to remain independent in the comfort of their own home with the support of care services. The agency has its main office in Burnley, but has a manager located in Kirkby, who liaises with people who use the service, and the agency staff.

At the last inspection on 02 December 2016, the service was given an overall rating of Requires Improvement. The Safe domain was rated as Inadequate. The Effective, Responsive and Well-Led domains were rated as Requires Improvement, and the Caring domain was rated as Good. At this inspection we found that the agency had met the previous breaches in the Regulations. However, we did identify areas where the agency was in breach of further Regulations, and areas where minor improvements could be made to formalise the systems in place. This would ensure that the records relating to staff competencies and good governance was as robust as they could be. The overall rating for the service is now Good.

The agency did not have a registered manager in place at the time of this inspection. This was a breach of Regulation 5 Registration Regulations 2009 (Schedule 1) Registered manager condition.

The location from which the regulated activities were being provided was not registered with the Commission at the time of the inspection. This was a breach of Section 10 Health and Social Care Act - Carrying on a regulated activity without being registered.

The legal obligations placed on the agency were understood by the service provider and manager. In June 2017, the agency closed its registered location in Ormskirk, and moved the operation of the service to its registered office in Burnley. The service provider applied to the CQC for their Ormskirk office to be removed from registration, and for their Burnley office to be added. However, the accompanying Registered Manager application was withdrawn by the applicant, and as a result, the Burnley office application was not progressed. In Dec 2017, the service provider submitted a further application to the CQC to add a location (the Burnley office), and this was accompanied by a Registered Manager application.

At the previous inspection in 2016, we found that the service did not have robust policies and procedures around the safe recruitment of staff or medicines management. We also 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. 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.

At this inspection, we found that although quality assurance arrangements had improved, further work was

needed to bring about further improvements. Some of the quality assurance records were disorganised and held on two different computer systems, and the medicines audit tool lacked detail regarding the competency of staff. We recommended that developments are made to the governance systems and that the service provider formalise and organise their audit and recording systems.

We recommended that a formal process be introduced relating to ensure medicines are only administered by designated and appropriately trained staff who have had their competency thoroughly assessed.

At this inspection, we found that the service was now compliant with the Mental Capacity Act (MCA) code of conduct, and that consent was always sought before care was provided, and when decisions were made on behalf of or about individuals, and then this was appropriately documented. This meant that people's rights were being protected.

We also found that people's care, treatment and support was set out in a written plan that had been devised by the agency following their own assessment of need, and that this plan described what staff needed to do to make sure personalised care was provided.

Everyone we spoke with told us they felt safe receiving care and support and that staff were kind, caring and professional. We were informed that people felt comfortable in the presence of the care staff that assisted them.

Staff we spoke with had a good understanding of the services safeguarding policy and knew how to recognise and report potential safeguarding issues.

People were supported to take their medicines safely and processes were in place to order, store and record people's medicines. No-one we spoke with raised issues about how their medicines were managed.

The people we spoke with were happy with the consistency, timeliness and ability of the care staff that assisted them. Staffing levels were judged to be appropriate for the assessed needs of the people using the service.

Staff received an effective induction prior to them working alone with people. Staff then went on to receive training, supervision and support to enable them to carry out their role effectively.

People told us their privacy and dignity were respected and promoted by the care staff and that staff treated them well. People were involved in decisions about their day to day life and that people's involvement was in line with their wishes.

People and relatives we spoke with told us they knew how to raise issues or make a complaint and that communication with the service was good. Care plans were seen to be person centred and reflective of people's care and support needs. People were given choices in how they wished their support to be carried out and with daily living tasks such as what time they got up, went to bed or received assistance.

People we spoke with told us that they felt the service was well run and managed well. There was a range of auditing and monitoring in place to ensure a good overview of the service was maintained.

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 told us they felt safe when receiving care and support from within their own accommodation.

Appropriate procedures were in place for the safe management of people's medicines including how they were stored, ordered, administered and recorded. However, progress should be made to formalise staff competencies in this area of care and support.

Staffing levels were judged to be appropriate for the assessed needs of people.

Effective recruitment practices were in place and followed.

Is the service effective?

Good ●

The Service was Effective.

Staff received formal support on the form or training, supervision and appraisals.

People told us they felt that staff were competent and able to carry out their duties effectively and with compassion.

Staff understood the principles of the Mental Capacity Act 2005 and how this legislation may affect the people they supported.

Is the service caring?

Good ●

The Service was Caring.

People told us that care staff were polite, courteous and professional in their approach and we observed this to be the case.

People's independence was promoted and choices given to people in how they spent their time.

Confidentiality was upheld in how records were stored and formed part of the staff induction process.

Is the service responsive?

Good ●

The Service was Responsive.

Care plans were person centred and reflected each individuals needs appropriately.

People knew how to raise concerns and complaints and were confident that they would be dealt with effectively. A robust complaints procedure and management system was in place.

People told us they could influence their care and support and had choices about their daily living routines.

Is the service well-led?

Requires Improvement ●

The Service was not always Well-Led.

People we spoke with told us they felt the service was well run and well managed. Staff we spoke with said that the working culture within the service was a positive one at the time of our inspection.

There was a wide range of audits and monitoring in place to ensure that the service had a robust overview both from managers.

Notifications and registration requirements were complied with.

The issues relating the agency's registration status i.e. location and manager, must be resolved, and is being processed by the Commission.

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 checked 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 took place on the 03 January 2018, and was completed by one adult social care inspector. Prior to the inspection we gathered the available information from Care Quality Commission (CQC) systems to help plan the inspection. This included the detail of any notifications received, any safeguarding alerts made to the Local Authority, any complaints or whistle-blowing information received and the detail of the Provider Information Return (PIR) received from the provider. The PIR is submitted to the CQC by the provider and includes details of the provider's perspective on meeting the requirements of the regulations.

The service provides care and support for 16 people. We spoke with three people who received a domiciliary service, four relatives, and five members of staff including the acting manager and service provider. During the inspection we reviewed four people's care plans, four staff files, quality audits, team meeting notes, medication records and other associated documents.

Is the service safe?

Our findings

People told us that they felt safe when receiving care and support in their own homes. Comments included; "I feel very safe", "The carers are great. I feel very comfortable with them. They know how to do their job, and do it in a very safe way" and "I can't fault them at all. I've never had any problems with any of them." One family carer said, "I am pleased that no strange face ever appears at our door without [relative] having been personally introduced by someone she knows from the service."

At the 2016 inspection, shortfalls in medicines management were found, and amounted to a breach of regulation 12 safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that the agency was no longer in breach of the Regulations and that improvements to medicines management had taken place. However, there were still some minor developments that needed to take place to ensure paperwork relating to staff competencies were robust. Where the service was responsible, the records and audits showed that staff stored medicines correctly, disposed of them safely and kept accurate records. People were assured that they received their medicines as prescribed. Where appropriate, the staff involved people in the regular review and risk assessment of their medicines and supported them to be as independent as possible. To protect people with limited capacity to make decisions about their own care or treatment, the service followed correct procedures such as ensuring regular discussions with GPs and Social Workers took place, and that decisions relating to medicines were appropriately recorded. To reduce the risk of errors, staff talked with each other, their managers and other agencies and carers, who shared the responsibility for giving medicines. The service assessed the risks when people wished to manage their own medicines.

We found that progress had been made on how staff competencies relating to the administration of medicines were assessed, with staff observations taking place and discussions relating to medicines management forming part of individual staff supervisions. However, we found that the process had not been fully formalised. We recommended that a formal process be introduced to ensure medicines are only administered by designated and appropriately trained staff who have had their competency thoroughly assessed. This assessment should be repeated at intervals of not less than one year or sooner if circumstances indicate, for example, if there has been a medication error.

At the previous inspection in 2016, we found that recruitment practices were not as robust as they should have been. 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. At this inspection we found documentary evidence to show that improvements had been made and that recruitment systems were now robust and made sure that the right staff were recruited to keep people safe. All the proper pre-employment checks were now carried out in a timely manner, and new staff were shadowed whilst on induction.

Staff had a good awareness and understanding of potential abuse which helped to make sure that they could recognise signs and symptoms of abuse. The service managed incidents, accidents and safeguarding concerns promptly, and, where required, investigations were thorough. The records and daily care notes

showed that there was a consistent approach to safeguarding and matters were always dealt with in an open, transparent and objective way.

Rotas showed that there were always enough competent staff on duty who had the right mix of skills to make sure that practice was safe and so that they could respond to unforeseen events. The service manager explained that he regularly reviewed staffing levels and adapted them to people's changing needs. We saw evidence of this where one person's needs had meant that they needed extra support for a short time, and another member of staff had been assigned to provide the required care. The manager made sure there was staff cover across the geographical area so people received a consistent and reliable service. The service manager explained that he considered travelling time to make sure people received the amount of care that has been agreed in their care plan. Staff we spoke with explained that short calls were avoided, unless the assessed care could be delivered safely in the time slot without being rushed.

Staff told us that they had the support and back up, to protect people and themselves from harm. This meant working in pairs or having someone they could contact for extra assistance when needed. The service manager made sure staff were able to contact them and their colleagues via the telephone if required. There were arrangements in place to deal with situations when carers could not make visits due to urgent unexpected demand. The service manager explained that people were informed when staff needed to change at short notice so they knew who would provide their care and support and their personal security was protected. None of the people we spoke with said that this had ever happened whilst in receipt of services from the agency.

The staff and management team clearly explained how they identified risks to the service users, and how they managed them. Staff understood how to minimise risks and there was a good track record on safety and risk management. There were policies and procedures in place for managing risk and staff understood and consistently followed them to protect people. Staff knew what they needed to do to make sure that people in vulnerable situations who were isolated were protected. We saw documentary evidence to show that they regularly reviewed how they did this and worked with people, supporting them to manage their environments and behaviours. Staff looked to understand and reduce the causes of behaviour that distressed people or put them at risk of harm.

Restrictions were minimised so that people felt safe but also had the most freedom possible – regardless of disability or other needs. Staff explained that they gave people information about risks and actively supported them in their choices so they had as much control and independence as possible. Risk assessments were found to be proportionate and centred round the needs of the person. The service regularly reviewed them and took note of changes to people's needs, and the need to enable people to live as independently as possible.

There were strategies in place to make sure that risks were anticipated, identified and managed. Where the service was responsible it kept equipment serviced and well maintained. The staff and management team took action to reduce the risk of injury caused by the environment people lived in and looked for ways to improve safety. People told us that staff used equipment correctly. People said they knew that the staff and management team would always keep them and their belongings safe and secure.

Staff told us that there was a culture of learning from mistakes and an open approach. There were specific examples of learning from incidents such as falls and medication errors when processes had been modified to prevent further re-occurrences of issues. The staff explained how they managed the control and prevention of infection. Staff followed policies and procedures that meet current and relevant guidance. Staff understood their role and responsibilities for maintaining high standards of cleanliness and hygiene.

People who used the service said that they had no concerns relating to food hygiene or general hygiene issues.

Is the service effective?

Our findings

People's feedback about the effectiveness of the service described it as consistently good. We were told by one person, "The staff are brilliant, I just think I'm lucky to be helped by some lovely people." Another person said, "The staff that look after my [relative] always come across as being very competent, they can't do enough for us." A family carer said, "I do feel safe and well cared for, absolutely, because I know who is coming to visit and I have developed a great relationship with my carers."

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.

At the previous inspection in 2016 a failure to follow the Mental Capacity Act 2005 (MCA) code of practice was identified, and this amounted to a breach of Regulation 11, need for consent, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that the service was now compliant with the code of conduct, and that consent was always sought before care was provided, and when decisions were made on behalf of or about individuals, then this was appropriately documented. We saw that people and their relatives had been involved, consulted with and had agreed with the level of care and treatment provided. We also saw that consent to care and treatment within care records had been signed by people with the appropriate legal authority. This meant that people's rights were being protected.

Staff understood and had a good working knowledge of the key requirements of the MCA. They put these into practice effectively, and ensured people's rights were respected. People were always asked to give their consent to their care, treatment and support. Staff always considered people's capacity to take particular decisions and knew what they need to do to make sure decisions were taken in people's best interests and involved the right professionals. Where people did not have the capacity to make decisions they were given the information they needed in an accessible format, and where appropriate, their friends and family were involved.

The manager explained that he made sure that the needs of people were met consistently by staff who had the right competencies, knowledge, qualifications, skills, experience and attitudes. We saw records that showed that staff had a thorough induction that gave them the skills and confidence to carry out their role and responsibilities effectively. One staff member said that the induction was all about getting to know the service so that, "We can make sure people had their needs met and experience a good quality of life."

The service had a proactive approach to staff members' learning and development. Staff told us that supervision and appraisals were used to develop and motivate them, and review their practice or behaviours. We found that in the community, newly recruited staff did not work alone or unsupervised until they and the manager were confident they could do so safely. The service made sure that people were introduced to staff who were going to provide their care. The manager said that he allocated staff to people

focussing on their skills, experience and compatibility with the person they were supporting.

From reviewing staff files and the service's training matrix we saw that the majority of training for staff was up to date. The comments we received from staff regarding training were positive. One member of staff told us, "We get plenty of training and it is usually done face to face." Another member of staff said, "Yes, training is pretty good. We get reminders when we need to update anything."

Where food was provided, people said that the food and mealtimes were consistently good and spoke positively about the food on offer and the quality of food provided. They felt actively involved in this aspect of the service.

Staff knew people's routine health needs and preferences and the records showed that these were consistently kept under review. We found that the service provider, manager and staff engaged proactively with health and social care agencies and acted on their recommendations and guidance to meet people's best interests. Appropriate referrals were made to other health and social care services as and when required. One staff member said, "It's about taking preventative action at the right time to keep people in good or the best of health."

People felt informed about, and involved in, their healthcare and were empowered to have as much choice and control as possible. One person said, "The staff almost protect me from the risk of poor health and dehydration. They help me keep healthy, and if I need help to call the doctor, then they help me, and help to explain how I am feeling." The records showed that people's needs were regularly monitored and reviewed and relevant professionals and people using the service were actively involved in this.

Is the service caring?

Our findings

People who used the service, those that mattered to them, and other people who had contact with the service, were consistently positive about the caring attitude of the staff. People told us that they trusted the staff that worked with them, and the staff we spoke with understood and respected people's confidentiality. In the community the service has strategies to minimise the risk to confidentiality when people's care and support may be provided by a mixture of regulated, non-regulated and informal care. Staff recognised the importance of not sharing information with people inappropriately, and the service had processes in place to deal with breaches in confidentiality.

People received care and support from staff who knew and understand their history, likes, preferences and needs. The relationships between staff and people receiving support were described by service users as "positive", "respectful" and "dignified." People said that staff knew, understood and responded to their person's needs and met them in a "caring and compassionate way." Staff confirmed that they knew people's individual communication skills, abilities and preferences. Staff also told us that they were given enough time to get to know a person who was new to the service, and time to read through their care plan and risk assessments. Staff were not expected to 'hit the ground running' and rotas were organised so that people receive care from a small number of staff who understood their needs and got along with them.

People said that they were proactively supported to express their views and staff said that they gave people information and explanations they needed about their care so that they can make informed decisions. Staff communicated effectively with every person using the service, no matter how complex their needs. People who used the service knew about and had access to advocacy support and the service had links to local advocacy services where available.

Is the service responsive?

Our findings

People's feedback about the responsiveness of the service described it as good. People and relatives we spoke with told us they knew how to raise issues or make a complaint and that communication with the service was good. They also told us they felt confident that any issues raised would be listened to and addressed. One person we spoke with told us, "I'd go to the manager." Another person said "I would tell the lady that comes in the morning, but I haven't a complaint."

At the previous inspection in 2016, we found in one care record that the service was relying on assessments and care plans devised by other agencies to provide care and support. This amounted to a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment. We found that people's care, treatment and support was set out in a written plan that had been devised by the service following their own assessment of need, and that this plan described what staff needed to do to make sure personalised care was provided.

People received consistent, personalised care, treatment and support. They were involved in identifying their own needs, choices and preferences and how these were to be met. We saw that people who received services, and those that mattered to them, were actively involved in developing their care plans. One staff member said, "There is a balance between involving family and friends or even advocates in decisions about the care needed, to make sure that the views of the person receiving the care are known, respected and acted on." Care, treatment and support plans were seen as important to providing good person centred-care. They were detailed and reflected people's needs, choices and preferences. People's changing care needs were identified promptly, and were regularly reviewed with the involvement of the person and changes put into practice. There were appropriate systems in place to make sure that changes to care plans were communicated to those that needed to know.

Staff were aware of the need to protect people from the risks of social isolation and loneliness and the service recognised the importance of social contact and companionship. Staff were proactive, and made sure that people were able to keep relationships that mattered to them, such as family, community and other social links.

The service had clear systems and processes in place for referring people to external services. When people used or moved between different services the service provider and manager explained how this was properly planned. We saw evidence in daily records to show that people were involved in these decisions and their preferences and choices were respected.

There were different ways in which people could feed back their experience of the care they received and raise any issues or concerns they may have. The service provider and manager explained that concerns and complaints were always taken seriously. We saw written evidence to show that all complaints were explored thoroughly and responded to in good time. The service was able to show a difference to the way they delivered care, and proactively used complaints and concerns as an opportunity for learning. We saw that a slight change to the way care was provided to one person following a minor complaint regarding the time of

a visit had meant that they were now satisfied with the service provided.

When people were nearing the end of their life the staff explained that they would receive compassionate and supportive care. These people, those that matter to them and appropriate professionals would contribute to their plan of care so that staff knew their wishes and were able to make sure the person had dignity and comfort at the end of their life. People were given support when making decisions about their preferences for end of life care. Where necessary, people and staff were supported by palliative care specialists.

Is the service well-led?

Our findings

People's feedback about the way the service was led described it as good. People, their family and friends said that they were regularly involved with the service in a meaningful way. One person said, "It's always well organised" and another person said, "I know who to talk to if I have an issue, and the manager keeps me informed of the way things are going, and asks me how I'm cared for and supported."

The agency did not have a registered manager in place at the time of this inspection. This is a requirement of Regulation 5 Registration Regulations 2009 (Schedule 1) Registered manager condition. Also the location from which the regulated activities were being provided was not registered with the Commission at the time of the inspection as the office had moved to a new office in Burnley.

The legal obligations placed on the agency were understood by the service provider and manager. In June 2017, the agency closed its registered location in Ormskirk, and moved the operation of the service to its registered office in Burnley. The service provider applied to the CQC for their Ormskirk office to be removed from registration, and for their Burnley office to be added. However, the accompanying Registered Manager application was withdrawn by the applicant, and as a result, the Burnley office application was not progressed. In Dec 2017, the service provider submitted a further application to the CQC to add a location (the Burnley office), and this was accompanied by a Registered Manager application.

Whilst we understand that the provider has submitted the relevant applications, we would recommend that these registration issues are corrected as soon as possible.

At the previous inspection in 2016, we found that the service did not have robust policies and procedures around the safe recruitment of staff or medicines management. We also 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. 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.

At this inspection, we found that although quality assurance arrangements had improved, further work was needed to bring about further improvements. It was clear from discussions with both the management team, and staff that providing a quality service was seen as important, and we found documentary evidence to show that processes were in place to enable managers to account for actions, behaviours and the performance of staff. For example, medicines records were audited, care plans were checked and reviewed, staff recruitment processes were followed, staff were supervised and actions plans created if errors or issues were identified. 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.

However, we found that some of information held by the service was a little disjointed. For example, some of

the quality assurance records were disorganised and held on two different computer systems, and the medicines audit tool lacked detail regarding the competency of staff. However, there were still some minor developments that needed to take place to ensure that the paperwork relating to governance systems is robust. We recommended that the manager formalise and organise their audit and recording systems, to ensure that all checks and balances relating to the quality and safety are thorough, well-organized and easily accessed were required.

The manager said that the vision for the service was to provide good care, by staff who were honest and compassionate. People we spoke with confirmed that staff worked in this way, and staff we spoke with understood the need to consistently put their values into practice.

Through discussions with staff, it was clear that they understood their role, appreciated what was expected of them, and were happy in their work. They said that they felt motivated and had confidence in the way the service was managed. Managers were said to be consistent and good at leading by example. One staff member said, "The manager is always available, and when we need help, guidance or support, we can rely on them to be there." We found documentary information to show that regular management meetings took place. This involved face-to-face meetings and opportunities for staff to get together to share views, information and gain support. Staff said that they were provided with constructive feedback from managers.

We saw that the service worked in partnership with key organisations such as local GP's, healthcare staff and social workers. This was seen to be important as it helped to support care provision and joined up care. The current CQC rating was displayed at the agency premises, and the company's website was in the process of being updated to ensure CQC ratings were available on the company home page.