

Ms Thelma Jean Greensill

1st Class Care

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 

Overall summary

We undertook an announced inspection of 1st Class Care on 24 July 2015.

1st Class Care provides personal care for people in their own homes. At the time of our inspection there were two people receiving a service.

There was a registered manager in post at the time of our inspection. 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.

All people we spoke with were positive about their experiences of the service.

Staff knew how to keep people safe and protect them from harm. Staff were aware of their duties concerning reporting matters which might affect people's safety.

Summary of findings

The provider had identified any potential risks to people's safety and created guidance for staff to assist them in keeping people safe.

Staff arrived on time for visits. On the rare occasion that staff were late, the provider would ensure the person receiving support, or their representative, was informed. The provider had an effective system for providing cover where a staff member may be unable to attend a visit.

The provider ensured that staff were of suitable character to deliver care to people by carrying out appropriate recruitment checks before they started their employment with the service.

Staff supported a person to take the medicines they required in a safe way, which ensured their well-being and needs were promoted.

Staff were skilled and knowledgeable in how to support people. The provider ensured staff participated in appropriate training activities.

Staff respected people's choices and understood how to support people's rights to make decisions about their care.

Staff correctly followed people's care plans to ensure they received enough to eat and drink. This included following the advice of external professionals on the best nutritional approach for each person. Staff co-operated with external healthcare professionals in order to promote people's well-being.

Staff delivered support in a caring and compassionate way. People and their representatives were listened to by staff and communication was effective. Staff were aware of people's individual needs and preferences, and respected these.

Staff respected people's privacy and dignity. Staff supported people to be as independent as they could be, in a safe way.

People and their representatives were able to contribute to the care planning process. Care plans were written in a person centred way which reflected the individual. Staff responded to, and assisted people with their changing needs.

No one had raised a complaint with the provider, but the provider had a suitable complaints procedure in place, should this occur.

People and staff were positive about the management culture at the service. All people we spoke with told us that the registered manager made themselves available and stayed in contact on a regular basis.

Staff were supported by the registered manager so they could be effective in their roles. The registered manager ensured that staff were properly supported and their performance was reviewed and discussed with them in order to improve the service.

The registered manager carried out regular checks to ensure people had a good experience of the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff knew how to identify potential abuse and report it in order to ensure people's safety.

The provider had identified potential risks to people and provided staff with guidance on how to support people safely.

The provider had undertaken appropriate staff checks to ensure that staff were of appropriate character to care for people.

Good



Is the service effective?

The service was effective.

Staff were skilled and knowledgeable in delivering good care to people.

Staff knew how to support people's choices and their rights to make decisions about their own care.

Staff supported people to eat and drink adequate amounts in order to promote their health and well-being.

Good



Is the service caring?

The service was caring.

People felt listened to by staff and communication between staff and people was effective.

Staff knew what support people needed and ensured this was provided.

Staff knew how to support people's dignity, privacy and independence.

Good



Is the service responsive?

The service was responsive.

People and their representatives felt they were part of their care planning process.

Care planning and delivery was person centred and considered the needs of each person.

The provider had an effective complaints procedure in place. People knew how they could make a complaint.

Good



Is the service well-led?

The service was well-led.

People were complimentary about the registered manager and described her as well organised and approachable.

Staff were supported by the registered manager to be effective in their roles.

The provider carried out checks to ensure people were happy with the standard of care they were receiving.

Good



1st Class Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 24 July 2015 and was announced. The provider was given notice because the location provides a domiciliary care service that is often out during the day; we needed to be sure that someone would be in.

The inspection was carried out by an inspector.

As part of the inspection we looked at the information we held about the service. This included statutory notifications, which are notifications the provider must send us to inform us of certain events. We also contacted local authorities and the local clinical commissioning group, who monitor and commission services, for information they held about the service.

We spoke with one person in their own home, and a representative of each person that used the service. We also spoke with the registered manager and two other members of staff.

We reviewed the care records of two people who used the service, two staff records and records relating to the management of the service. These included quality assurance audits, staff checks and training records.

Is the service safe?

Our findings

People we spoke with told us that the service provided safe care and they felt safe with staff. A representative told us, “[Person’s name] feels likes the staff and feels safe with her”. Another representative told us care was safely delivered and told us, “I’m not worried. I know [person’s name] is safe”.

We saw that people’s care records contained information on safeguarding people from abuse. We spoke with staff about their duties around identifying and reporting matters of alleged or potential abuse. Staff were clear about their duties and knew how to report concerns internally and to outside agencies, such as the local safeguarding authority. We looked at the provider’s records and found no evidence of any reportable matters.

Representatives told us potential risks to people’s well-being had been identified and that staff used appropriate methods in order to reduce identified risks to people’s safety. We looked at people’s care records and saw that comprehensive risk assessments had been completed. These were personalised and dealt with the specific risks for each person. These risk assessments included how people could best be supported with their health conditions or activities while minimising any risk these presented. We asked staff about how they supported people while addressing risk. They gave accurate responses which matched what people told us and what care records showed.

Representatives we spoke with told us that people received visits from staff on time, and that staff stayed the expected

length of the visit. One representative said that, on the rare occasions where staff had been late, they had been informed of why and an apology was given. They told us, “If they are going to be late, they contact me. There’s always a good reason”. Staff told us that visits were covered if, for any reason, they could not attend. This included the registered manager attending calls where necessary. This meant that visits were not missed and that there were effective arrangements in place, should staff be on leave.

We looked at two staff member’s files. We saw that the provider had undertaken appropriate checks, prior to staff starting work. These checks included those to see if staff had been prosecuted for crimes or were banned from caring for people. We also saw that application forms had been completed so the provider could evaluate people’s work histories and their suitability for the role. Staff we spoke with confirmed that they had been subject to appropriate checks prior to employment with the service. This meant that the provider had evaluated whether staff were of appropriate character to care for people.

One person required assistance with taking medicines in order to support their health. This person and their representative told us that staff ensured they were given their medicines to take. Their representative said, “[Staff] put them out and do leave the correct tablets out”. They confirmed that staff ensured that medicines were taken on each occasion needed. We saw that staff maintained appropriate records to show when these medicines had been given. The person’s representative confirmed that they were responsible for ordering prescriptions and that medicines were kept in the person’s home.

Is the service effective?

Our findings

People told us that staff checked that the care they were providing was what the person wanted. Representatives told us people were offered choice by staff on a day to day basis. One representative said, “[Staff] do respect [person’s name’s] choices”. People told us that staff reacted to changing needs and checked that the care people received suited them. We spoke with staff who understood the importance of obtaining consent for care from people and respecting their liberties and human rights. We saw that one person had signed documentation relating to their care to show their understanding and consent. However, another person who had capacity to consent to their own care had their documentation signed by a representative. We confirmed that this was their preference, but this preference was not indicated or detailed in their care records. We discussed this with the registered manager who undertook to address the issue and include details of consent for the representative to sign care records.

Representatives told us that staff supported people to eat well and keep hydrated. We saw from care records that one person required certain drinks to be left for them by staff. We visited this person in their home and saw that these drinks had been correctly left by staff. Hydration was particularly important in keeping this person healthy. This person’s representative also told us that healthcare professionals had recommended certain breakfast items for them. They confirmed that staff ensured the person received these food items and said, “They make sure breakfast is right”. Another person’s representative told us, “Staff organise cereal and toast in the morning. I think

they’re good at encouraging [person’s name] to eat”. This meant that there was effective care planning around food and drinks for people and staff followed this guidance in order to support people’s health and well-being.

Representatives told us they arranged appointments with external healthcare professionals as needed for people. However, one representative told us that staff had correctly called an ambulance for a person on one occasion. They told us that staff had reacted well to the situation and had remained with the person until ambulance staff had arrived and taken charge. This meant that staff knew how to support people’s health and well-being by seeking external medical assistance when required.

People we spoke with told us that staff were skilled and knowledgeable. We looked at staff files to identify what training staff had undertaken. We saw that staff had gained certificates in a number of important areas of care, such as keeping people safe and infection control. We saw that one member of staff was new to the service. Their records showed that they had completed an induction process. We asked this member of staff about this and they told us that their induction had allowed them to understand the role and the needs of the person they supported.

We saw that the provider kept a timetable to ensure that staff received regular one to one meetings with them. Staff told us that they were able to raise any questions or concerns they had with the registered manager. These included areas of their own development and training. This meant that staff were supported to remain effective, and to develop within their roles.

Is the service caring?

Our findings

People and their representatives told us that they got on well with staff and that they were caring. A representative described a staff member as, “Cheerful”. One person told us, “I like [staff member’s name]”. Another representative said, “[Person’s name] is generally happy with them”.

Representatives told us they and the people receiving care were listened to by staff and the registered manager. People and staff confirmed that the registered manager had regular contact with people. One representative said, “There’s good communication with the service” and, “They try to listen”. We looked at people’s care records and saw that care planning was done in a personalised way, which reflected each person’s history and preferences.

One person’s representative told us that the person could sometimes present behaviours which may challenge staff. They told us that staff responded well when this happened. We spoke with staff about how they supported the person during these times. They gave accurate and detailed responses about how they met this person’s needs.

Representatives and staff told us that the registered manager had regular contact with people to ensure care suited their needs and was delivered how they wanted it to

be. One representative told us, “Staff do listen”. They explained how they had developed a system with staff whereby they would leave messages about aspects of the person’s care in their daily journal for staff. They told us this worked well. Another representative told us how staff had listened to their views and the person receiving the care was satisfied with the care provided. People’s care records were written in a personalised way which reflected the needs and interests of them as individuals. This meant that the provider listened to people’s views in developing their care plans.

Staff respected people’s privacy, dignity and independence. One representative described how staff encouraged a person to undertake certain activities, while still allowing them to make decisions. One person described how staff encouraged them to mobilise around their home. We asked staff about how they promoted people’s privacy, dignity and independence. Staff gave good examples of how they encouraged people to be part of their care process and ensured that people’s dignity was respected. People’s care records were written in a positive way which, not only addressed people’s risks, but expressed positively what people could do for themselves in order to promote their independence.

Is the service responsive?

Our findings

Representatives we spoke with told us they were part of the planning of care. Care records reflected this. For example, one person had a condition which required a specialist care plan. We saw that this had been created with input from the person and the representative. The representative confirmed that they had contributed to the care planning and this had worked well in ensuring the person received proper support.

Care records were written in a personalised way which considered the individual needs and wishes of people. Records showed that each aspect of people's requirements had been considered in respect of how their needs could be safely and appropriately met. We saw evidence that staff adhered to these care plans in order to meet the specific needs of the individual. Care planning took into account people's aims and aspirations, such as how they could be supported to be independent.

One representative told us that the registered manager had helped them to identify and purchase specialist equipment, which had helped to improve the support they

were able to provide in between visits from staff. They told us that staff input around how best to support this person had a positive impact on their well-being. They said, "That helped me a lot".

One representative told us how they had developed effective communications with staff, so that they could share information which was important to the well-being of the person receiving the service. They told us that staff reacted well to changing circumstances in respect of the person's needs. Representatives told us that staff went, "The extra mile" to ensure people were well cared for.

People we spoke with told us they had not had cause to make a complaint to the provider. We saw that the provider had a suitable complaints procedure and this was advertised to people using the service in information booklets given to them. One representative told us, "[Staff member's name] told me all about it [the complaints process] when we first started with them". We saw that, although the provider had not received any complaints, they had a suitable procedure in place to monitor and track the progress of complaints.

Is the service well-led?

Our findings

All people we spoke with were positive about the management of the service. One representative told us, “I’m happy with the management style” and, “They’re very organised”. A member of staff told us, “[The registered manager] copes very well. She gets things done on time”. Another member of staff described the registered manager as, “Approachable”.

Representatives and staff told us that the registered manager made themselves available to people and their representatives in order to check that the service was supporting them in the way they needed. One representative told us, “If there’s any problem [the registered manager] sorts it out”. They also told us, “[The registered manager] will always make themselves available”.

Staff we spoke with told us they were properly supported by the registered manager. We observed the manager explaining the provider’s systems to a newer member of staff. We saw this was done in a positive way and the staff member was able to ask questions to clarify their understanding.

Staff told us they would not hesitate to raise matters which affected people with the registered manager. One staff

member told us, “If I’ve got a problem [the registered manager] rings me straight away”. Another staff member told us, “I’ve worked at other places and I really like working with [the registered manager]” and, “She got me extra support when I needed it”.

One member of staff told us that they received regular one to one meetings with the registered manager to discuss their performance and any training they wanted to complete. We saw that the registered manager kept a timetable of staff one to one meetings so that staff were aware of when they would be and we saw that they were held regularly. All staff told us that they felt the registered manager communicated well with them.

We saw that the provider carried out a number of audits. We found evidence of the checking of care records and people’s experiences of the service. Records were well ordered and contained the correct information and guidance staff required to assist people. Checks by the provider meant that any improvements required were identified and acted upon. Representatives and staff told us that the registered manager would arrange to visit people’s homes on days which were not shared with staff, so that she could check staff’s standard of care delivery and record keeping. This meant that audits were effective in maintaining the standard of care and of people’s experience of the service.