

A Class Care Limited

# A Class Care Limited

## 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

A Class Care Limited is a domiciliary care agency providing personal care to 21 people at the time of the inspection. The service specialises in providing live-in care staff.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

Staff knew the people they supported well. There were enough knowledgeable and trained staff to help assist people's care and support requirements. Where concerns had been raised around some staff members, we saw these were investigated and the staff member spoken with to reduce the risk of recurrence. Most people received a telephone call to introduce new staff to them. Visiting people's homes had been reduced due to COVID-19 and to reduce the risk of cross contamination. This meant communication could where needed be undertaken virtually or by the telephone.

Staff had medicines administration spot checks undertaken to look at their competency following their training. Staff were trained and encouraged to discuss their performance during supervision and spot checks. Potential new staff to the service had checks carried out on them. This helped make sure they were suitable to work with the people they supported.

Most people and their relatives told us the support from staff made them, their family member feel reassured. Staff demonstrated a good understanding of how to keep people safe from harm or abuse. They also knew that they should report any concerns they may have to their registered manager or to external organisations such as the local authority. Improvements had been put in place to make sure that all concerns were recorded as part of the governance system even when a formal complaint was not raised. This helped give a clearer overall picture of the service provided and any improvements required.

Staff had access to information on people's end of life wishes to guide them. Records showed not all staff had been trained in end of life care but were booked onto training sessions. This would help the person have as dignified death as possible in line with their wishes. Staff had access to information in peoples' care plans and risk assessments that helped guide them to care and support people safely and effectively. Staff had plenty of single use personal protective equipment, such as gloves, aprons and face masks. Infection control practices were in place to reduce the risk of cross contamination. Lessons were learnt and shared with staff when concerns were raised, or incidents happened.

People and their relatives had no concerns around how they, their family member was supported with their food and drink. Staff helped promote and maintain people's privacy and dignity. Staff also encouraged people and their relatives to be involved in discussions and reviews around their care and support needs. In

the main people felt listened to and their choices respected by staff.

The registered manager and staff when required, would work with external health and social care professionals. This would help people to receive joined up care and support.

Complaints about the service had been received. Complaints were investigated and actions taken as a result of learning to try to reduce the risk of recurrence. People and their relatives were aware of how to raise concerns. Workshops were now in place to help embed frontline and office staff's knowledge of how to deal with complaints, so people and their relatives felt listened to. The 2021 people and relatives survey said communication had improved. However, additional contact via more frequent reviews and quality assurance had now been put in place to encourage people and staff further to raise concerns and feel listened to.

People, and relatives and staff were asked to feedback on the service provided via a survey. Improvements were either in place or ongoing. Information such as safeguarding, and deprivation of liberty safeguards were available for people and their carers in different formats such as large print or pictorial to help aid with their understanding.

The registered manager and office staff team sent staff any guidance and legislation updates. This helped staff to work with the most up to date guidance. Audits were undertaken to monitor the quality of the service provided.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests.

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

#### Rating at last inspection

This service was registered with us on 13 March 2020 and this is the first inspection.

#### Why we inspected

This is the first inspection since the service registered with the CQC on 13 March 2020.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# A Class Care Limited

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

We also asked the provider about any staffing pressures the service was experiencing and whether this was having an impact on the service.

#### Inspection team

This inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides live-in personal care to people living in their own houses, flats and specialist housing.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service five days' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be available to support the inspection.

Inspection activity started on 15 December 2021 and ended on 22 December 2021.

#### What we did before the inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority who worked with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as telephone calls to engage with people using the service and staff, video calls to enable us to speak to the registered manager, and electronic file sharing to enable us to review documentation.

We spoke with two people who used the service and five relatives about their experience of the care provided. We spoke with seven members of staff including the director/registered manager, another director, and five care workers.

We reviewed a range of records. This included three people's care records and medication records. We looked at records in relation to recruitment, staff training and staff supervision. A variety of records relating to the management of the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at improvements the registered manager and director had made during the inspection in response to our findings.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- There were enough suitably qualified staff to meet people's support and care needs. There were continuity plans in place to cover should staff become ill, take leave or must self-isolate due to COVID-19.
- Staff lived with the person they were supporting for several weeks until they went on a break and other staff would cover. Some relatives and one person told us they were not introduced to staff before they supported them or their family member. The registered manager confirmed that it was people using the service, not relatives who were contacted by telephone to introduce the new member of staff.
- Most relatives and people said they were happy with the staff sent to support them, their family member. Where relatives had raised some concerns about staff members who covered the main staff members absence, these had been investigated and resolved where possible.
- Staff talked through the series of recruitment checks they completed this helped ensure they were safe to work with the people they supported.
- A person using the service was involved in the recruitment of new staff to support them with their individual needs.

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

- A person said, "I feel very safe with my carers they are well trained, competent and capable of caring for me in a safe manner. Another person told us, "I am now fine and have no concerns since my current carer started [number] of weeks ago."
- Staff had received training on how to safeguard people from harm or poor care. Staff knew how to recognise and report any concerns to protect people from harm. A staff member said, "It is making sure people are not abused. This could be physical, mental or financial. If I felt, there was abuse I would report to my (registered) manager. I could call the police and social services."
- The registered manager told us about the improvements they had made about recording and reporting of alleged safeguarding incidents and the process they would follow. This included workshops to embed staffs understanding of when a concern raised could meet the safeguarding threshold and how important it was to be reported under safeguarding.

### Assessing risk, safety monitoring and management

- People's risk assessments contained individualised guidance for staff on how to support people and reduce the risk of known harm occurring. This could be in relation to managing environmental risks around people's homes, and how to move people safely.
- Staff had access to people's personal emergency evacuation plans in the event of an emergency such as a fire. These guided staff on the support a person would need in such an emergency.

- People had equipment to help support them with their safety and independence. This included equipment to aid with walking safely.

#### Using medicines safely

- Staff were trained to administer people's prescribed medicines safely and had their competency to do so checked by senior staff.
- People's medicine administration records were audited, and any medication errors investigated.
- One relative told us of a medicine error they reported and confirmed they were happy with how it had been resolved. They said, "We were informed and kept up to date on how they were dealing with this. We were happy with the way it was handled."

#### Preventing and controlling infection

- Staff told us they had plenty of personal protective equipment (PPE) to help keep themselves and the people they supported safe. This was confirmed to us by most relatives. A relative said, "[Family members] main carer has a [COVID-19] test twice a week ... The carer does use masks, aprons and gloves when giving [family member] direct support. Other times she exercises social distancing. She washes her hands regularly and uses anti-bacterial gel."
- Staff had training in infection control. This included the putting on and taking off safely of their PPE and how to wash their hands to prevent cross contamination. A staff member told us about their training. They said, "Infection control training was excellent. The training included donning and doffing (putting on and taking off PPE) ... I always have enough stock and reorder each Monday."
- Staff told us they had weekly COVID-19 swab tests to check they were ok to work, and the registered manager said in addition to this staff also completed rapid COVID-19 swab tests.

#### Learning lessons when things go wrong

- The registered manager and director told us how they used anonymised case studies to help embed staffs training and learning following an incident or concern raised.
- The registered manager told us how they would use anonymised feedback from people and their relatives shared during this inspection. This would continue to educate staffs understanding of when a concern should be reported and recorded in line with the safeguarding procedure.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- Staff assessed potential new people to the service care and support needs before the care package was accepted. This helped make sure staff were suitably skilled and confident to meet the persons care and support requirements in line with current guidance and legislation.
- The registered manager told us they kept updated with new guidance and legislation to support staff. For example, COVID-19 information was received via different sources such as the local authority, public health England and government websites.
- The registered manager and management team shared updated information with staff through different mediums. These included at staff meetings, via emails, supervisions and spot checks.
- Staff had training in equality and diversity. People's care records contained individual information to guide staff about people's diverse requirements and preferences.

Staff support: induction, training, skills and experience

- Potential new staff to the service had to complete an induction that included training. The registered manager confirmed that they currently did not recruit new staff who had less than two years previous experience of supporting a person with live-in care.
- Staff were trained to care for and support people safely and effectively. Most relatives and people were happy with the training staff received to support them. One person said, "I think all staffs are trained and capable of looking after me."
- The majority of staff told us they had supervisions and competency spot checks to review and discuss their performance. A staff member said, "I had my [named] manager come, and she asked me how I was and spoke to the client to check (they) were happy. [Named manager] checked my PPE and watched me do my job." Another told us, "I had one (spot check) last week. They looked at how I gave medicines."

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

- Staff supported people with their food and drinks where needed. People and relatives told us they had no concerns.
- A relative said, "The carer prompts [family member] to regularly drink," and a person told us "If I haven't already got (food) out ready for them to deal with [staff] ask me what I want them to do. They always ensure I have water and juice within easy reach of me."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff or people's relatives helped support people to access health care services. A person said, "If required

the carer will arrange appointments for me with my GP or district nurse. Tomorrow we will go on the community bus to hospital for an appointment there."

- Staff were proactive and helped people and relatives of people to follow up on external health appointments. A relative said, "A Class (Care Limited) chase things up with [family members] GP, district nurse and chiropodist. They plan the visits."

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff sought permission before assisting a person with their care and support needs. Most people and their relatives confirmed that staff helped people choose for example their clothes. When a person was unable to make a choice, a decision was made in the persons best interest.
- A relative told us, "As [family member] has fluctuating capacity, some days she can consent to her care needs and choose what to wear, but on days she can't, the carer makes sure she is dressed in suitable and comfortable clothes."
- Staff when supporting people followed their MCA training and respected people's choices. A staff member said, "The MCA regulates to see if a person can make decisions on their (care). Choice is very important. People must not be deprived of choice."

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- We received positive comments about people's main staff member and the individualised service they provided. People and relatives described staff as, "[Family members] face lights up when they see [named staff member]. The [staff member] has formed a strong close bond with [family member] ...she is so flexible it is like she is [family members] personal assistant. There is a dignity to their relationship." And, "We are always happy with A Class carers."
- People and their relatives told us how kind and caring their main staff members were. A person said, "They do speak to me respectfully. We get on well and talk about all types of things." A relative said, "They always communicate with [family member] in a very respectful way even though their communication is now very poor. They are respectful of their wishes and feelings."
- Some people and relatives were not always as happy with the service provided by staff who covered during their main staff members absence through sickness or leave. Where these concerns had been raised with the office team, we saw that these staff were spoken with to reduce the risk of recurrence.

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

- Staff involved people and where appropriate their relatives in reviews of their care and support needs. These reviews helped make sure information about people was up to date. A relative confirmed, "We as a family as well as the carer are all involved in the reviews of [family members] care as and when things require changes due to changes in their condition." A person told us, "Yes I had a review today, but no changes required."
- The registered manager confirmed that if people required support to make decisions independently, they would arrange for them to use the local advocacy service to support this. Advocates are independent of the service who support people to make decisions and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- Staff maintained people's privacy and dignity when undertaking personal care. A person confirmed, "(Staff) ask me if I want a shower or wash. Close doors and curtains. Covers my bottom with a towel when washing my top. [Staff] leave me on the commode and I ring a bell when I've finished." A relative said, "[Family members] privacy and dignity is treated very seriously by the carer."
- Staff promoted people's independence by encouraging them to undertake certain tasks to maintain their life skills. A person confirmed, "They shut my doors, pull curtains etc. they help me into the shower and although I can wash my own face and hands, they have to do the rest."
- Staff at the service respected people's preference for gender specific staff to support them with their personal care needs.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- Two relatives gave us examples of when they had raised concerns previously. Although one concern had been resolved the relative felt they had not been listened to sympathetically in the beginning and had to persevere with external professional's assistance to get it resolved. Another relative's concern about staff who covered for the main care staff was still being resolved.
- The registered manager told us about the improvements they had made around communication when people and relatives contacted the office with a complaint or concern. This included workshops to embed staff's knowledge. They also confirmed that when a person or their relative did not want to raise a formal complaint but wanted to raise concerns, this would now be recorded as part of their governance records. This would help the service have a more complete overall picture of concerns and complaints raised about the service. Including any learning and actions taken to try to resolve.
- A person told us how their relative had also raised concerns about the service provided. They said, "My [relative] complained as a [staff member] was not talking to me or letting me choose. Didn't wash me or help with drinks. Now I have [named staff member] and they are good. The best." We saw records of how this concern was investigated.
- There was a complaints and compliments policy for staff to follow. The registered manager talked us through the improvements they had recently made to improve the handling and recording of concerns and complaints.

End of life care and support

- Not all staff had been trained in end of life care. Records showed that staff had been booked onto this training.
- People who chose to discuss their end of life wishes had these recorded in their care records to guide staff. This included any religious or cultural wishes and whether the person had any advanced plans around resuscitation.
- Staff would work with and liaise with health professionals to try to make sure people would have as dignified and pain free death as possible. The registered manager was the lead on end of life care within the service.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to maintain their interests, within the guidelines and restrictions of COVID-19. Although one person said they would like their staff member to take them out in the good weather. We have fed this request back to the registered manager.
- One person confirmed how their staff member had supported them with their interests. They said, "I can

now have my online [religious] group services ... and the carer reads the newspaper to me in the morning." They went on to tell us how the staff member had searched the internet for videos of sport they liked to watch.

- Staff raised money to buy people using the service where needed, a computer tablet so those that those who were self-isolating during COVID-19 were able to have contact with their families.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives told us they had been involved with and agreed the support and care being carried out by staff.
- Staff supported people with individualised care and support that met their requirements. Staff knew the people they assisted well. A relative told us, "[Family members] main carer is so very capable and able to pick up on what [family member] needs at any time by observation which she is gradually teaching us as well. That way [family members] likes and dislikes are catered for."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information about the service, such as safeguarding and a DoLS leaflet was available for people in different formats such as large print or pictorial if needed. This would help aid with people's understanding.
- A relative told us how a staff member was recording gestures as the person was becoming non-verbal. They said, "[Staff member] is very observational and can read [family member] ... She is cataloguing the gestures etc [family member] uses as she is now non-verbal so others will know what each sign means."

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Most people and their relatives gave us positive feedback about the staff. When asked what was going well relatives said, "[Family members] carer is absolutely excellent," and "My parents have always had very good care in every sense, and it has worked well."
- The service had had a few managers in post and as such people and relatives were unsure of who the new registered manager was. We were told this change had been communicated via a newsletter. However, most people and relatives still could not tell us who the registered manager was. A relative said, "I am not sure who the manager is and as they keep changing it is difficult to know who the current one is." We fed this back during this inspection.
- The registered manager and director told us how they learnt from incidents that had occurred and concerns raised. They told us about the learning and actions taken to reduce the risk of recurrence. This included putting improvements in place with immediate effect during this inspection.
- Staff in the main spoke positively about the service provided. A staff member said, "I have been asked how I want to progress. I get lots of emails asking would I be interested in taking on development roles," and, "I feel very supported." However, another staff member told us, "I have spoken with [named staff member] and gave honest feedback and they didn't like it." The registered manager told us workshops around communication and engaging with people and people's goals were now in place to support internal staff and frontline staff.
- People and relatives spoke in the main positively about the service provided. The registered manager told us of the improvements they had put in place. They said they had reviewed 90% of people using the service since the last manager left the service. This would help ensure people and staff were aware of the new team and the services vision going forward.
- To recognise staffs good work there was a staff member of the month as well as staff member of the year award given.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- As the service had not yet been rated, there was no current requirement for them to display any ratings.
- The registered manager knew what incidents they would be required to notify the CQC about.
- Staff understood their roles and responsibilities towards the people they supported. A staff member said,

"You can always call the office if there are any problems."

- Audits were carried out to monitor the quality of the service provided. These audits included the review of staff recruitment records.
- Investigations into incidents and complaints were also reviewed as part of the governance system. All this information was turned into actions to improve the service and reduce the risk of recurrence.

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

- People and their relatives 2021 survey stated that communication had improved at the service. After this inspection the registered manager told us of the continued improvements, they intended to put in place to enable people, relatives and staff to feel they can raise concerns and feel listened to. They told us they would carry out monthly quality assurances with all staff and people to support them to feedback any concerns.
- Staff were asked for their feedback on the service via a survey. Improvements included the introduction of a specialist Employee Assistance Program to offer free advice, guidance and wellbeing support to all staff members including management.

Working in partnership with others

- The registered manager and staff worked with external health and social care professionals to help people receive joined up care and support. This included occupational therapist teams, specialist nurses and district nurses.
- A relative told us, "They do support me as [family members next of kin]... the [staff member] I usually speak to was very good as when the [specialist] nurse came to have a meeting with ourselves to discuss the medication required...she joined in the meeting virtually and enabled us to get liquid oral medications for this."