

Ms Thelma Jean Greensill

1st Class Care

Inspection report

276 Coalway Road
Merry Hill
Wolverhampton
West Midlands
WV3 7NP

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18 April 2017

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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

This inspection took place on 18 April 2017 and was announced. This location has not previously been inspected.

1st Class Care is a domiciliary care agency which provides personal care to people living in their own home. At the time of the inspection there were four people using the service with a range of support needs. People receiving personal care from 1st Class Care may have learning disabilities, physical disabilities, medical conditions or they may be older people who also may be living with dementia. The service does not require a registered manager. The registered provider manages the service on a day to day basis.

People were protected by a staff team who understood how to recognise potential abuse and knew how to report any concerns. Staff understood the risks to people they supported and how to protect people from potential harm. People were supported by sufficient numbers of care staff who had been recruited to their roles safely. People received their medicines as prescribed.

People were cared for by a staff team who had the appropriate skills and training to support them effectively. People were supported to consent to the care they received. Staff understood how to make decisions in people's best interests in line with the Mental Capacity Act 2005, where they lacked capacity.

People were supported to have sufficient amounts to eat and drink. Where people had special dietary needs these were understood and met by staff members. People's day to day health needs were met and they were supported to see healthcare professionals where needed.

People were supported by a staff team who were kind and caring in their approach. People were supported to make choices about the care they received and to maintain their independence. People's privacy and dignity was protected and promoted.

People were supported by a staff team who understood their needs and preferences. Care plans were in place that reflected the care delivered and were reviewed regularly. People were supported to maintain interests and to access the community. People were able to make complaints if necessary which would be responded to appropriately.

People were supported by an effective staff and management team. The provider had created an open and transparent culture within the service. Staff were encouraged to share any issues and feedback with the provider. The provider had quality assurance and audit systems in place to identify areas of improvement required within the service.

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 were supported by a staff team who understood how to protect them from abuse. Staff understood the risks to people and how to protect people from potential harm.

People were supported by sufficient numbers of care staff who had been recruited to their roles safely. People received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective

People were cared for by a staff team who had the skills and knowledge to support them effectively. People were enabled to consent to the care they received.

People were supported to have sufficient amounts to eat and drink. People's day to day health needs were met.

Is the service caring?

Good ●

The service was caring

People were supported by a staff team who were kind and caring in their approach.

People were supported to make choices about the care they received and to maintain their independence. People's privacy and dignity was protected and promoted.

Is the service responsive?

Good ●

The service was responsive

People were supported by a staff team who understood their needs and preferences. Care plans were in place that reflected the care delivered and were reviewed regularly.

People were able to make complaints if necessary, which would

be responded to appropriately.

Is the service well-led?

Good ●

The service was well-led

People were supported by an effective staff and management team. The provider had quality assurance and audit systems in place to identify areas of improvement required within the service.

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 18 April 2017 and was announced. We gave the provider 48 hours' notice of the inspection because it is a domiciliary care agency and we needed to be sure the manager and staff would be available to speak to us. The inspection team consisted of one inspector 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.

As part of the inspection we reviewed the information we held about the service. We looked to see if statutory notifications had been sent by the provider. A statutory notification contains information about important events which the provider is required to send to us by law. We sought information and views from the local authority. We used this information to help us plan our inspection.

Most people using the service were not able to speak with us to share their views about the care they received due to their capacity. Therefore, we spoke with two relatives of people using the service. We spoke with the provider who also held the role of the manager and we also spoke with two care staff. We reviewed four people's care records and looked at two of these people's records in detail. This included a review of their care plans, medicine administration records, healthcare records and daily care notes. We looked at two staff files and records relating to the management of the service.

Is the service safe?

Our findings

While people were not able to share their views around how staff managed risks to them, relatives told us their family members were kept safe from any potential harm. One relative told us how care staff supported a person safely while showering. They told us, "They handle [my relative] well to the shower and help [them] dress." Another relative told us staff were proactive in reporting concerns in order for risks to be managed. They told us, "[Staff name] checks [person's name] all over and if they find something wrong, like a sore, they'll tell me and we call the district nurse". Staff we spoke with were able to describe the risks to people they supported and how they protected these people from harm such as injury. Staff were also able to describe how they protected people from risks connected to their health conditions. We saw risk assessments were in place to provide guidance to staff on how to protect people from harm. Staff told us that where new risk assessments were required, the provider ensured these were in place without delay. The provider told us there had been no accidents within the service. This was supported by what people's relatives and staff told us. We did see the provider had systems in place to ensure accidents were reported and steps taken to reduce any risk of ongoing harm. People were supported by a staff team who understood the risks to them and how to keep them safe from harm.

People using the service were protected by a staff team who understood how to protect them from potential abuse and mistreatment. Staff we spoke with were able to describe the signs of any potential abuse and how they would report any concerns. The provider had not been required to report any concerns about people to the local safeguarding authority. However, they were able to demonstrate they had systems in place to manage any allegations that may arise within the service.

Relatives told us they felt there were sufficient numbers of staff available to ensure people's needs were met. They told us care staff were always on time for care visits and if there were any issues with the arrival time of staff they received a telephone call to let them know. One relative told us, "[Staff name] is always on time". Staff also told us there were sufficient numbers of staff to ensure people's needs were met and this was reflected in the daily care records that we saw.

We saw the provider ensured staff members were recruited safely for their roles. The provider completed a range of pre-employment checks for staff members including identity, reference and Disclosure and Barring Service (DBS) checks. DBS checks enable employers to review a potential staff member's criminal history in order to make a decision about their suitability for employment.

Where people received support from staff to take their medicines, they received their medicines safely and as prescribed. One relative told us, "[Person's name] does suffer with thrush on [their] tongue and they put drops on [their] tongue...when required. [Staff] are very careful as [person's name] mustn't swallow it and [they watch person's name] very carefully. Also [person's name] gets water infections and [staff administer] tablets for that. [Staff] write down in a book everything [they do]". Staff understood the medicines that the people they supported needed to receive and they could describe how to administer them safely. The provider ensured they kept a record of the medicines people required. A relative told us, "[Person's name] had a seizure a while ago and [the provider] was here at the time. We called the ambulance and when they

came they wanted to know what medications [person's name] had. I was panicking but [the provider] had them all written down and showed them. I was so impressed". Staff recorded the administration of any medicines given to people. Records were reviewed by the provider and support was provided to people to contact healthcare professionals such as the GP or pharmacist where medicines needed to be reviewed.

Is the service effective?

Our findings

While people were not able to share their views around the skills of the care staff, relatives told us they felt staff had the required skills and experience to support their family member safely and effectively. Staff we spoke with told us they felt they received sufficient training to enable them to support people well. They told us if they required any additional training for specific tasks the provider would ensure they received this. We saw staff received regular training and also one to one meetings with the provider. We saw the provider used one to one meetings as an opportunity to reinforce achievements and good practice but also to identify areas of development and improvement required by care staff. We also saw the provider completed observations of staff member's care practice to ensure they were using skills learned effectively while supporting people. People were supported by a staff team who had the required skills and knowledge to support them effectively.

The Mental Capacity Act 2005 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. We checked whether the service was working within the principles of the MCA. We found the provider and staff team considered people's individual abilities to make decisions about and consent to decisions about their care. We found they encouraged people to make decisions about their own care wherever possible. Staff could describe how they communicated with people effectively in order to ensure they were fully supported to make decisions and choices where they could. Relatives we spoke to confirmed they were involved in decisions where people were not able to make these or consent themselves. Where decisions were made on behalf of people due to their capacity, these were made in their best interests in line with the MCA.

Relatives told us they were happy with the support people received with eating and drinking where this was required. One relative told us, "[Staff] do assist with [person's name] meals at lunch time. [Person's name] is on soft diet and they do [their] food and drink at lunch time for me. [Person's name] has meals on wheels and a set menu is done for every two weeks so they [staff] make sure that is [cooked and served] correctly". Staff we spoke with were able to describe people's individual dietary needs, for example they told us how one person did not eat dairy produce and one person struggled with solid meat due to their dental needs. We found staff had successfully worked with one person with the support of external healthcare professionals to follow a healthy eating plan. This had resulted in a reduction of their body weight which had improved their overall health. People were supported to by staff to ensure their nutritional needs were met.

Relatives told us the provider and staff team ensured people's day to day health was maintained. One relative told us, "If something is wrong they [staff] will always tell me. If they find a sore on [person's name] they will tell me to call the doctor or nurse in". We saw the provider ensured people were supported to access a wide range of healthcare professionals on a regular basis; including, chiropodists, opticians, hearing specialists, dentists, dieticians and their GP. We saw from people's care records where concerns around people's health were identified; these were monitored and followed up with any relevant

professionals.

Is the service caring?

Our findings

People were not able to share their views with us about how caring the staff were to them. We did however, see that people had shared their views through accessible easy to read picture surveys which showed they were happy with their care staff. Relatives we spoke with told us care staff were kind and caring towards their family members. One relative told us, "Excellent! Nothing is too much trouble for them. I am very happy with them". Another relative said, "[Staff name] is careful moving [person's name], takes time and shows real care". The relatives told us people responded positively to care staff and that staff always took time to speak with people while they were being supported. A relative told us, "[My relative] can't speak too well but [staff name] does cheer [person's name] up and has a natter with [them]". Another relative said, "[Person's name] can't speak much but he says he really likes [staff name]. [Staff name] takes her time and talks to [my relative], asks how [they are] feeling today etc. To be honest I don't know what I would do without [staff name]". Staff we spoke with demonstrated a passion and commitment to their roles. They described how staff try to create a warm, homely atmosphere while they provided support. Staff told us the caring culture within the service was driven by the provider. One staff member said, "[The provider] tries to create a homely environment". We found people were supported by a staff team who were kind and caring in their approach.

Relatives told us staff encouraged people to make choices and promoted their independence. One relative told us, "[Person's name] can indicate what [they] want" and confirmed staff respected their choices. Staff told us how they encouraged people to make choices around day to day decisions such as what they wore, what they ate and how they spent their time. We saw staff had dealt with one concern around a person making inappropriate clothing choices for the weather. Staff could describe how they considered the risks to this person while continuing to encourage them to make choices. They told us how they worked with the person to make more appropriate choices without taking the decision away from them. People were supported by care staff who understood the importance of promoting choice and independence in people's day to day care.

Relatives told us people were treated respectfully and staff ensured their privacy and dignity was protected. One relative said, "[Staff] are excellent. [Person's name] only has two calls a week for showering and getting dressed but they are so careful when carrying this out and handle [my relative] gently". Another relative told us, "[Person's name] is paralysed down his one side, is now suffering with dementia and is forgetting how to eat but they fully respect [their] condition and liaise with me". The relatives told us people were comfortable with staff members. Staff were able to give us examples of how they protected people's privacy and dignity during personal care. For example; ensuring they knocked doors before entering and by ensuring people were covered up while they were being washed. People were supported by a staff team who understood how to protect their privacy and dignity while providing care and support.

Is the service responsive?

Our findings

People were not able to share their views around the care they received and their care plans. However, relatives told us the care provided by staff met people's needs. We saw from people's care records they had been involved in the development of their own care plans. Relatives also told us they had been involved in care plans where appropriate. Staff we spoke with were able to describe the individual support people needed and how they provided that support. We found care plans reflected the support staff described. We saw daily care records were kept to record the support care staff provided and these reflected people's care plans and the needs described to us. Relatives told us care staff communicated with them well to ensure people's needs were met and any issues were addressed. One relative told us, "[My relative] is now getting dementia and forgetting things so it is all logged down". They also told us, "We [staff and relative] speak all the time... on the two calls a day he has weekly, and then every other Saturday we talk about how [person's name] is and keep both sides informed on [their] welfare". People received care and support that met their needs and was recorded in care plans and daily care records.

Relatives also told us that people's care needs were regularly reviewed. A relative told us, "We do it together and it is all written down. Anything extra [person's name] may need is dealt with". We saw from people's care records that care plans were regularly reviewed and people's views around the support they received was sought. We saw that where people's needs had changed, for example, where there had been a change in their medicines, the care plan was updated and care staff understood the changes needed.

Care staff we spoke with knew people well, they understood their preferences and how they enjoyed spending their time. Staff told us their role for some people they supported included supporting them to take part in activities and hobbies they enjoyed. For example, we found one person liked jewellery and staff had used this to create various activities for the person including shopping and attending a workshop to make their own jewellery. Staff supported people to access the community and had also supported people to go on holiday to a place of their choosing.

Relatives told us they had not been required to make a complaint about the service provided. They told us they were comfortable speaking with the provider if they did have any concerns. We saw while there were no complaints recorded, the provider did have a policy and system in place for recording and managing concerns. We saw the provider ensured people and their relatives were approached regularly to seek their views in order to encourage any constructive feedback required to make improvements in the service. We saw surveys had been created in an accessible format for some people and others were spoken to verbally depending on their communication needs. This showed us the provider was enabling people as far as possible to communicate any concerns about the service if required.

Is the service well-led?

Our findings

People were not able to share their views around the management of the service. However, relatives told us they were very happy with the provider. One relative told us, "It can't be improved. [The provider] is a star!". We saw the provider had involved people using the services wherever possible in different ways. We saw some people had given feedback about the service through meetings, some through feedback surveys and some verbally. We saw people gave positive feedback about the service. Relatives also told us they felt involved in the service and were kept well informed. One relative told us, "I have been approached [for feedback] and told them how happy I am with them". Another relative told us, "We are kept up to date and nothing is too much trouble to ask for".

Staff we spoke with also told us they felt involved by the provider and that they were also kept well informed about any changes in people's care and how the service was run. Staff told us they felt they were listened to and were able to approach the provider with any issues that arose. One staff member said, "Any issue that comes up we report it to [the provider] and it will get sorted". The provider told us they had worked to cultivate this open and transparent culture within the service. They told us they ensured staff felt they wouldn't be blamed for any issues that arose and instead used it as an opportunity for learning and development and to make improvements to the service.

Staff we spoke with understood their role and responsibilities. We also found the provider understood their role and were able to describe their legal responsibilities. They were aware of current legislation and could describe when statutory notifications needed to be submitted to CQC. A statutory notification is required by law to inform CQC of significant events such as allegations of abuse, serious injury or death.

We looked at how the provider reviewed the quality of the service provided to people. In addition to obtaining feedback they had an auditing system in place. The provider made checks on areas such as medicines administration, care records and incidents that arose within the service. The provider worked as a member of care staff within the service and this enabled them to complete regular checks while completing care visits. They showed us a new audit system they had developed and introduced in order to make further improvements to the quality checks they completed. The provider had identified areas of improvement needed within the service and was committed to making further improvements where needed.

Relatives spoke highly of the provider and the service provided to people. One relative told us, "[The provider and staff] are caring, nice, friendly and I am very happy with them". Another relative told us, "They [the provider and staff] are responsive to dad's needs, caring with how they handle him, yes all good". Staff also supported this view. They told us the provider was excellent both in supporting them and also providing a good service to people using 1st Class Care. The provider themselves was open and transparent and welcomed any feedback that would assist them in improving the standard of care provided.