First Class Care Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
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 inspection took place on 28 and 29 March 2017. First Class Care is a domiciliary care service which provides personal care and support to people in their own home across Nottinghamshire. On the day of our inspection six people were using the service.

The service had a registered manager, although they were no longer employed by First Class Care. A new manager had been appointed who told us they intended to register. 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.

People told us that they felt safe when receiving support from the staff and staff understood their responsibilities to protect people from the risk of abuse. Risks to people's health and safety were not always appropriately assessed which meant that steps had not been taken to mitigate risks.

There were not sufficient staff available to ensure that all calls could be allocated and any unplanned absences were covered. Additional staff were being recruited at the time of our visit. People received any support they needed to manage their medicines.

Staff were provided with the knowledge and skills to care for people effectively and felt supported. People were asked for their consent prior to any care being delivered.

People received the support they required to have enough to eat and drink and, where required, staff supported them to access healthcare professionals.

People were cared for by staff who had developed caring relationships with them. People, or a relative, were able to be involved in planning their own care and making decisions. People were treated with dignity and respect by staff who understood the importance of this.

People received person-centred care and staff generally arrived within the agreed timeframe. People could be assured that any complaints they made would be taken seriously and appropriately responded to.

The culture of the service was open and honest and people, relatives and staff felt comfortable raising issues of concern. Insufficient staffing resources had meant that the provider and manager spent much of their time providing care. This had impacted upon their ability to provide clear leadership and direction to staff. The quality monitoring systems had not always been used effectively to bring about improvements to the service. Records relating to staff had not been stored securely.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People felt safe and staff provided the support they required to keep them safe.

Risks to people's health and safety had not always been appropriately assessed and managed.

There were not sufficient numbers of staff although recruitment was on-going to address this.

People received the support they required to manage their medicines.

Is the service effective?

Good

The service was effective.

People were cared for by staff who received support through training and supervision.

People were asked for their consent and supported to make decisions.

People were supported to eat and drink enough.

Staff alerted healthcare professionals to any change in people's health.

Is the service caring?

Good

The service was caring.

People were cared for by staff who had developed positive, caring relationships with them.

People were able to be involved in their care planning and making decisions about their care.

People's privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive.

People received the care they required. People's care plans had not always been reviewed regularly but a plan was in place to address this.

People knew how to make a complaint and the provider responded to any issues that were raised.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There was an open, positive culture in the service

People were not regularly asked for their views about the service.

Quality monitoring systems were not used effectively to bring about improvements to the service.

Records relating to staff employed by the service were not always kept securely.

First Class Care Limited

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.

We spoke with people using the service on 28 March 2017 and visited the registered office location on 29 March 2017, this was an announced inspection. We gave 48 hours' notice of the inspection because we needed to be sure that the manager would be in. The inspection team consisted of one inspector.

Prior to our inspection we reviewed information we held about the service. This included information received and statutory notifications. A notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with one person who was using the service, four relatives, two members of care staff, the manager and the provider's nominated individual. We looked at the care plans of three people and any associated daily records such as the daily log and medicine administration records. We looked at four staff files as well as a range of records relating to the running of the service such as quality audits and training records.

Requires Improvement

Is the service safe?

Our findings

Steps were not always taken to identify risks to people's health and safety or to identify ways to keep people safe. The care plans we looked at contained risk assessments covering people's living environment and manual handling support required. However, these were not always kept up to date following changes in people's conditions. For example, one person's care plan contained a risk assessment which stated they could be supported to stand but only for a short period of time. Their daily records confirmed that staff were assisting the person with longer walks and visits to the gym. Although the staff we spoke with could describe the ways in which they acted to keep people safe whilst providing their care, the care plan and risk assessment did not contain information about this which meant there was a risk the person may not be safely supported whilst exercising and walking.

The people and relatives we spoke with commented positively about the way in which staff provided support to reduce risks to their health and safety. One relative said, "Staff are very careful, they do make sure [my relative] is safe." Another relative also told us that staff had reported concerns about a change in their loved one's mobility and ensured that action was taken to reduce the risks. People were also supported to maintain a level of independence because staff encouraged them to carry out tasks for themselves as much as possible. One staff member told us that they would ensure that items were made available to people so that they could carry out as much of their own personal care as possible. Staff had also been provided with training in safe moving and handling techniques. The relatives we spoke with told us they felt that their loved ones were safe when staff were providing care in their home. One relative said, "Yes I do feel [my relative] is safe, I have peace of mind." Another relative told us, "They (care staff) are very good, I feel [my relative] is very safe with them."

People were supported by staff who knew how to keep them safe and what action they would need to take to report any concerns. The staff we spoke with told us they would not hesitate to report anything of concern and had confidence in the provider to take the necessary action to keep people safe. The provider ensured staff were provided with the skills and training to understand their role in protecting people. Regular training was provided to enable staff to understand their role in protecting people from the risk of harm and abuse.

Staff took the steps necessary to keep people safe in between their visits. For example, staff locked doors when leaving people's property and also ensured that people had any items they may require to hand. This meant that people were able to watch television and had drinks and snacks to hand when the staff were not present.

We received mixed feedback about staffing levels from the relatives we spoke with. One relative said, "I think staffing is the main issue really. It would only take one person to be off sick and it would all fall down." Another relative commented, "There aren't enough staff. [The provider] has to provide a lot of the care." The relatives we spoke with told us that staff generally arrived at a reasonable time and stayed for the full amount of time required.

At the time of our inspection there were not sufficient staff to ensure that all care calls could be covered and to ensure that staff were able to take annual leave and regular rest days. The manager and provider were covering numerous care calls, which meant their time in the office was limited. Whilst all calls for the weeks following our inspection had been covered, there was no spare capacity should a member of staff be unexpectedly absent from work or if a service user required additional support. The provider did not have a robust system in place to devise a weekly rota which meant there was a risk that not all care calls would be covered and people would not know which care staff were due to attend. Recruitment was on-going and new staff were undergoing their induction at the time of our inspection. The provider told us that they hoped to have several new members of staff 'on the rota' in the weeks following our visit. We saw that the provider had placed numerous adverts in order to attract more applicants.

The provider had taken steps to protect people from the risk of receiving support from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in maker safer recruitment decisions. The staff we spoke with told us appropriate checks were carried out before they started work.

The person using the service we spoke with told us they were satisfied with the way in which staff supported them to manage their medicines. The relatives we spoke with were also satisfied that staff safely supported their loved one to take their medicines. One relative said, "They pop the tablets into a cup and hand them to [my relative] and make sure they take them."

Different levels of support were provided as appropriate to people's assessed level of need with regards to taking medicines. Some people managed this independently whereas other people relied on staff to prompt them to take their medicines. This was described clearly in people's care plans and the staff we spoke with were aware of the different support people required. We checked medicines administration records (MARs) and saw that these had generally been fully completed to confirm whether or not people had taken their medicines.

Staff were provided with training in the administration of medicines and had also had their competency checked. Completed MARs were returned to the office, although we saw that there wasn't a robust system in place for checking these. This meant there was a risk that any medicines errors may not have been noticed or acted upon. The manager audited recent MARs immediately following our inspection and told us they would continue a monthly audit.

Good

Is the service effective?

Our findings

The person and relatives we spoke with felt that staff were competent in their duties and provided effective care. One relative said, "I do think they know what they are doing. One staff member in particular has really grown in confidence." Another relative said, "I am happy with the staff, they know [my relative] well and seem to provide good care."

Staff were provided with a range of training during their induction period, such as safeguarding vulnerable adults and infection control. In addition, all staff were supported to undertake the Care Certificate. The Care Certificate is a nationally recognised qualification designed to provide health and social care staff with the knowledge and skills they need to provide safe, compassionate care. The staff we spoke with told us that they felt they received the training required to carry out their duties effectively. New staff were introduced to the service users they would be caring for before they provided any care. In addition, they were shown how to operate any equipment in people's homes.

Staff had not received regular supervision up until the week of our inspection. However, the newly appointed manager had carried out supervision meetings with all staff in the days prior to our visit. The records we looked at confirmed that the supervision meetings were used to discuss any support staff required as well as a discussion about their performance. The staff we spoke with told us they felt supported. The manager had also scheduled an appraisal with each member of staff in order to set longer term objectives.

People were asked for their consent prior to their care package commencing and before staff delivered their care. A relative told us, "I am sometimes present when the carers are here, so I do hear them asking if it's okay." Another relative told us, "I signed all the paperwork and gave consent." People were asked to sign their care plan and various consent forms to give their agreement to package of care that was provided to them. Where appropriate, people's relatives had provided consent on behalf of their loved one.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. Appropriate policies and procedures were in place to enable the provider to follow the principles of the Mental Capacity Act 2005 (MCA) should this be required. The care plans we looked at described the importance of helping people make their own decisions and the support they may need to do so.

The person we spoke with told us that they were satisfied with the help staff provided in preparing meals for

them. They told us that staff prepared their breakfast which was made 'just right.' The relatives we spoke with also confirmed that staff provided appropriate assistance to their loved one. One relative said, "The carers always leave a drink before they go." Another relative told us, "[My relative] needs staff to be patient when they are eating, they do take their time."

Prior to a care package starting as assessment was carried out which determined if people needed any help to prepare their meals and drinks. This information was clearly recorded in people's care plans alongside any dietary requirements they may have. There was also information available about the types of food people enjoyed and the way in which it should be prepared. Staff also ensured that people had food and drink within reach before leaving their house.

Staff were vigilant and reported any concerns about people's health in a timely manner. One relative told us that a staff member had noticed that their loved one was not well and contacted their GP straight away. The provider told us that they would expect all staff to report any concerns about people's health without delay. Where staff were responsible for assisting people to access healthcare services, this support was provided. One person who used the service was escorted to healthcare appointments on a regular basis and their relative told us they were grateful for this service.

Where any guidance provided by a healthcare professional impacted on the support that staff provided, this was noted in people's care plans and running records. For example, if a person's prescribed medicines had been changed, this information was updated in their care records and staff were informed. Staff generally cared for the same people and told us that they knew people well and so would recognise any change in their health.

Good

Is the service caring?

Our findings

The person we spoke with told us that staff were caring and that they had developed positive relationships with them. They commented, "I get on well with staff, I have even taught them a few words and phrases." The relatives we spoke with were also complimentary about staff and felt that they had formed positive relationships with their loved one. One relative said, "We usually have the same carer, they are like part of the family." Another relative told us, "We have had a change of carer, but they have been lovely. Sometimes [the provider] comes and does the care, they are very nice too."

Each person received their care from a consistent group of staff and the relatives we spoke with told us that this had helped staff to build up positive relationships with people. Staff told us that they enjoyed their work and made efforts to build positive and caring relationships with people. Staff generally cared for the same people which meant they had been able to develop an understanding of people's care needs and preferences. This also enabled staff to make the most of the time they spent with people. Staff would chat with people about their day whilst they were providing any care and support required. We were also told that staff would sit down for a chat if they still had time once all tasks had been completed.

The care plans we looked at described people's needs in an individualised way and made it clear what was important to them. Care plans contained information about people's likes and dislikes and how this impacted on the way they preferred to be cared for. Whilst the care plans had become somewhat out of date, the newly appointed manager was in the process of reviewing these and making any updates required.

People were able to be involved in planning their own care, or a relative could be involved where appropriate. An assessment of people's needs was carried out prior to the service starting which informed the initial care plan. Care plan reviews had not been carried out in the six months prior to our inspection. The person and relatives we spoke with told us that this had not impacted on the quality of care provided. The newly appointed manager was in the process of meeting people and reviewing care plans and told us they planned to do this regularly.

Staff involved people in making decisions about their care during their visits. One staff member told us that they asked people what they needed assistance with before they provided any care. There was an emphasis on encouraging people to do as much for themselves as they could and maintaining a level of independence. The person and relatives we spoke with told us that staff respected people's independence and also respected their home and property.

The care plans we looked at confirmed that people, or their relatives, had been involved in making decisions about the care and support they wanted. Whilst formal care plan reviews had not taken place in the six months prior to our inspection, the relatives we spoke with confirmed they only had to mention an issue to the provider and the care plan would be updated. We saw examples where people's comments had been taken on board and changes made to their service. For example, one person had requested flexibility in the times that staff attended to provide care and this had been provided for them.

The relatives we spoke with told us that staff treated people with dignity and respect. One relative said, "The staff we have at the moment are lovely." Another relative told us, "All of the carers are very polite and pleasant." The care plans we looked at described people and their care needs in a respectful manner. The level of detail in the care plans gave staff a good insight into what was important to each person and, where required, gave step by step instructions in how to carry out tasks in the correct way.

People were cared for by staff who understood the importance of protecting their dignity and respecting their privacy. Staff were provided with training and guidance about the importance of treating people with dignity and respect. The provider also worked regularly with each member of staff and told us that they instilled caring values in the staff. The care plans we looked at also stressed the importance of giving people privacy when required. For example, some people could carry out their own personal care once everything had been set up for them. In this case, staff would wait outside of the room until the person called them back in.

Good

Is the service responsive?

Our findings

The person we spoke with told us that staff provided the care they needed and responded well to any changes in their needs. The relatives we spoke with also gave positive feedback about the care people received. One relative said, "Initially we had some hiccups, but everything is working well now." Another relative commented, "No problems, everything seems to be good at the moment."

The staff we spoke with told us that they sufficient time to provide the care that people needed. Whilst there wasn't a formal rota that was sent out to people and staff, due to the size of the service the same staff normally visited people at the same times each week. Some people had more comprehensive care packages which meant that staff provided 'live-in' care or spent a significant period of time each day with the same person. People's daily records confirmed that staff stayed for the agreed length of time and provided the care that was required. Some of the relatives we spoke with told us that they checked the running records and were happy that they were an accurate record.

We also received positive feedback about the punctuality of staff. One relative said, "They are sometimes late but it can't be helped, they do call and let us know. Generally they arrive within the half an hour slot." Another relative told us, "Staff are generally on time, or in an acceptable variance of the agreed time." Records we looked at confirmed that staff generally arrived on or near to the agreed time. There were some occasions when staff had arrived late and we were told this would be due to a delay at the previous call or due to traffic issues. Staff or the provider would call the person to inform them of the delay.

Staff told us that they found they did not always have the required amount of time to travel from one person's house to the next, although this was generally down to local traffic conditions or issues with public transport. The provider sometimes drove staff between calls to try and ensure that staff arrived on time. The manager and provider told us that they kept call times under review and had made some adjustments to account for travelling conditions at peak times of day.

People and, where applicable, their relatives had been involved in planning their care. At the start of the care package, people had informed the provider what care they required. The care plan was then put into place taking people's wishes into account. People, or their relatives, had signed the care plan to confirm their involvement and agreement with the contents. The relatives we spoke with told us that the provider had responded positively to any changes they had requested in the past. Whilst the care plans we viewed had not been formally reviewed in recent months, relatives told us this was not of concern to them. The newly appointed manager was in the process of meeting people and told us that they would review and update each care plan as required.

People were provided with a copy of First Class Care's complaints procedure when they started to use the service. The provider regularly asked people if they had any issues and relatives told us that any concerns they had were always 'nipped in the bud.' There had not been any formal complaints made that had required investigation. However, the relatives we spoke with told us they knew how to make a complaint and would have no hesitation in lodging a complaint. They told us that the provider was keen to act upon

any problems to ensure that the service they provided was improved.

Requires Improvement

Is the service well-led?

Our findings

The relatives we spoke with knew how to contact the provider and felt comfortable and able to do so. One relative said, "I can always phone [the provider] if I need to. They may not always answer the phone first time, but if I leave a message they will get straight back to me." Another relative told us, "[The provider] is very open, if I ever have an issue and can just pick up the phone and they will try and sort it."

The culture of the service was open and transparent. The provider and manager told us that they encouraged people's feedback about the service and anything that could be improved. Due to the amount of time that the provider and manager spent travelling and providing care, this limited the time they could spend at the office location. This meant that phone calls people made were not always able to be answered straight away. However, efforts were made to return people's calls as soon as possible.

The staff we spoke with felt there was an open and honest culture and that they were comfortable raising any issues and making suggestions about how the service could be improved. There had not been regular meetings for staff due to a lack of time and difficulties in getting all staff together. However, the manager told us that they intended to arrange more frequent staff meetings in future. This meant that any issues and ideas staff had may not have been discussed and acted upon in a timely manner.

The service had a registered manager, however they were no longer employed by First Class Care. A new manager had been appointed who told us that they intended to register with the Care Quality Commission. The relatives we spoke with were aware of the recent change of manager and told us that they knew how to contact the service should they need to. Relatives told us that they had found the changes of manager to be destabilising but felt that the provider remained approachable. The staff we spoke with told us the provider led by example and felt that the service was well-led.

The provider told us that they had been disappointed with the lack of development and structure within First Class Care. They told us that they had hoped the service would have grown in size in terms of people using the service and staff employed. Due to the inconsistencies in the day to day management this had not happened. This meant that the provider was spending the majority of their time providing care to people and not being able to focus on improving and developing the service. They told us that they hoped the newly appointed manager would bring the required structure to the service in order that it could further grow and develop.

The provider ensured that sufficient resources were available to provide staff with what they needed to carry out their work. For example, staff had access to personal protective equipment and a uniform at all times. Whilst there had not any incidents which had required a notification to be submitted, the provider and manager were aware of the circumstances in which a notification may be required. Providers are required by law to notify us of certain events in the service.

The person and relatives we spoke with told us that they had not been formally asked to provide their opinion of the service in the previous six months. Prior to this there had been regular contact with people to

obtain their feedback. The relatives we spoke with told us that this had not impacted upon the quality of the service as they had regular contact with the provider anyway. However, as the provider wished to step away from providing care to people, the lack of a robust system for gathering their feedback meant there was a risk people's views would not be sought and acted upon.

Staff completed daily running records in a monthly booklet and these were returned to the office on a regular basis. Each monthly booklet contained an audit tool so that any errors or omissions could be identified and action taken to bring about improvements to the service. However, we saw that audits of the records had not always been carried out. One person's monthly booklet did not contain their medicines administration record and this had not been noticed. Therefore it was unclear as to whether the person had received appropriate support to take their medicines in that month. The lack of a regular audit had meant there was a risk that any issues with people's care and staff performance may not be acted upon in a timely manner.

Records relating to the staff employed by First Class Care were not always stored securely. The provider told us that, due to the nature of their work, they sometimes had to meet with staff and job applicants remotely as they weren't always able to get to the office. This had meant that they had taken confidential information about staff out of the office and, at times, the information had been left in a location that was not secure. The provider took immediate action to ensure that the records were kept securely.