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# First Class Care Agency

## Inspection report

Unit 11 Harris House  
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Date of inspection visit:  
19 June 2019  
24 June 2019

Date of publication:  
23 July 2019

## 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

First Class Care Agency is a domiciliary care agency. This service provides personal care to people living in their own houses and flats. At the time of this inspection 23 people were using the service.

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

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; the policies and systems in the service supported this practice.

People received a safe service. Staff knew how to keep people safe and they were knowledgeable of safeguarding procedures. Risks to people's safety were identified, assessed and appropriate action was taken to keep people safe. When people were at risk staff had access to assessments and understood the actions needed to minimise avoidable harm. There were always enough staff deployed to meet people's needs. Medicines were administered and managed safely by trained and competent staff.

Staff had formed positive caring relationships with people who used the service and their relatives. People and their families consistently told us how well looked after they were, and staff were respectful. People's dignity and privacy was maintained, and people felt in control of their lives.

There were quality assurance and auditing processes in place and they contributed to service improvements. The registered manager provided clear and direct leadership to staff who had a good understanding of their roles and responsibilities.

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

The last rating for this service was Good (published 11 November 2016)

### Why we inspected

This was a planned inspection based on the previous rating.

### 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 ●

# First Class Care Agency

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

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

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 48 hours' 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 in the office to support the inspection.

#### What we did before the inspection

Inspection site visit activity started on 17 June 2019 and ended on 24 June 2019. We visited the office location on 19 June 2019 to see the registered manager and staff; and to review care records and policies and procedures. We made telephone calls to people and their families on 24 June 2019.

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 this information to plan our inspection.

During the inspection

We spoke with four members of staff including registered manager. We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service.

After the inspection

We spoke with four people that used the service and two relatives.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with the staff who supported them. One person told us, "I feel very safe when staff are here. The boss [registered manager] makes sure of that."
- Staff had a good understanding of how they were required to protect people from potential harm and abuse. A staff member said, "I would contact [registered manager], or CQC if still worried."
- The provider who was also the registered manager understood their responsibilities to keep people safe and knew how to report any concerns appropriately with the local authority and the Care Quality Commission as required.

Assessing risk, safety monitoring and management

- Risks to people were assessed and risk assessments were put in place for staff to be able to minimise the risks prior to the care service beginning.
- People had risk assessments in place to make sure they were moved safely when using special equipment like hoists. We found these risk assessments included detailed guidance for staff.
- Environmental risk assessments gave guidance for staff on how to reduce risk when working in people's homes.

Staffing and recruitment

- There was enough staff to meet people's needs and the provider tried to ensure people were supported by the same staff. One person said, "I have mostly the same carers and they are caring. I trust them." Another person told us, "They never let me down they always come." A relative said, "We have a number of different carers and two or three who really know her needs well."
- People continued to be safeguarded against the risk of being cared for by unsuitable staff because there were appropriate recruitment practices in place.

Using medicines safely

- Staff had received training and had their competencies checked.
- Where people needed assistance from care staff to help them manage their medicines, records showed they had received their medicines in line with the prescriber's instructions. A relative told us, "They have recently started doing [family members] medicines and the carer contacted me straight away when the pharmacist had not delivered the medicines on time."
- The senior team audited medicine records monthly.

Preventing and controlling infection

- Personal protective equipment was readily available to staff when assisting people with personal care.

Stocks were held in the agency office and care staff could collect supplies whenever they visited the office.

#### Learning lessons when things go wrong

- There was evidence learning from incidents and investigations took place and appropriate changes were implemented. For example, the service had recently been visited by the local authority who had identified care plans required more detail. The care plans we looked at had all been reviewed and additional information added.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained 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

- People's needs were assessed prior to receiving care from the agency, and a care plan was drawn up and agreed with them.
- The plans detailed how people wished to be cared for, what staff needed to be aware of, their likes and dislikes, communication needs and any cultural or religious needs.

Staff support: induction, training, skills and experience

- People were supported by staff who were trained, and who received the guidance and support they needed to deliver care effectively. One person told us, "Staff seem to know what they are doing."
- New staff had been given a full induction to the service which included completing shadow shifts to get to know people and the routines of the service. One staff member said, "We have lots of training, we did manual handling training and senior staff then come out and watch us. The registered manager shows us what to do until we are comfortable."
- Staff had regular staff meetings, supervision and an annual appraisal to discuss all aspects of the running of the service and any support or training needs they may have.

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

- Staff supported people with the preparation of food where they required such assistance. There was information in care plans instructing staff how to support people with their dietary needs.
- Some people told us care staff helped them by heating up ready meals, or meals that had been prepared previously by relatives. People told us they were happy with the help they received. One person said, "They do help with my food, they always ask what I want."

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

- Staff reported any changes in people's health or condition to the registered manager, who liaised with healthcare professionals and people's families when needed. A staff member said, "One person has the district nurse every day and we work together if needed."
- Care plans included relevant information about people's healthcare needs including their GP's, allergies, communication and other important information.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

- People told us their consent for care was sought and consent to their care plans were recorded in their care files.
- People were encouraged to make decisions about their care. One person said, "They do what I ask and follow my instructions."

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained 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

- People using the service and their relatives told us the staff were kind, caring and they had good relationships with them. One person said, "Been using them for 10 years and had some lovely carers over the years. They know my routine and just do it. A relative told us, "[Family member] gets on very well with all the carers, one in particular she calls her best friend who will do anything for her."
- Care plans included people's likes and dislikes, religious and communication needs and staff who supported them knew them well and the level of care and support to provide. One staff member told us, "First Class came in and helped my [family member]. When [family member] passed away they asked if I wanted a job and I did. All my clients are lovely and know I will be there."

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

- People told us they were involved in their care. One person said, "They do whatever I ask even if it is not a nice job like cleaning up after the cat they still do it." A staff member told us, "Choice is so important, I would never take a decision way and always give a choice. I would explain all the options and try to make decisions easier for them."
- A relative told us, "I have a good relationship with [the service] and they let me know if there are any problems."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives confirmed staff respected people's privacy and dignity. One person said, "Staff are always respectful of my privacy and dignity."
- Staff said they promoted privacy and dignity by communicating with people, seeking their permission before supporting them and shutting doors and curtains during personal care.
- People told us staff encouraged them to retain their independence as much as possible. One person said, "They only help when I need it, just with my shower now, most other things I do myself."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained Good. This meant people's needs were met through good organisation and delivery.

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

- People had assessments and care plans that supported people's specific needs and detailed their preferences in how they would like to be supported. A staff member said, "I have new clients, we get an introduction, history, reasons for care and the care they need. We never go in not knowing what to do. Everything would be in the care plan. [Registered manager and care manager] would meet them first."
- Care plans were reviewed with people and their relatives regularly to ensure any changes were recorded.
- Staff told us they understood the importance of knowing people well. One staff member told us, "I go to [named person], we go downstairs and have a cup of tea and a chat. I also sit and eat my lunch with [person] as they like this." A relative said, "They always remember [family members] birthday and they get cards and chocolates."

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.

- People's communication needs had been assessed and where support was required this had been recorded.
- The registered manager understood their responsibilities to provide information in a variety of formats when needed.

Improving care quality in response to complaints or concerns

- There had been no complaints received at the service at the time of our inspection.
- The service had a complaints policy in place and people that were being supported were given access to how to make a complaint. One person told us, "Never had to make a complaint. I would go straight to [registered manager or care manager] if I need anything, they will put it right or get anything I want. They are both very good." A relative said, "They are very caring staff, there are responsive and do sort out any concerns we might have."

End of life care and support

- The service worked closely with healthcare professionals including district nurses and GP's. This ensured appropriate systems were in place and all relevant equipment to support the person to remain comfortable and pain free at end of life.
- Staff had received training on end of life care and some staff had received training on providing

complimentary therapies such as hand and feet massage when supporting people at the end of their life.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained 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

- People spoke positively about how the service was managed. One person told us, "Overall very happy with the service. Another person said, "The manager is very helpful and will sort out any problems. I am more than happy with the service."
- Staff told us they felt supported by the management team. One staff member said, "This company is absolutely lovely, it is not too big, the owner and manager are lovely. People deserve the very best I could not have worked for a company I was not happy with or did not care for people in the right way." Another staff member said, "Absolutely lovely here, could not have asked for a better job. All the girls are lovely."

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

- The registered manager was aware of the responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.
- The registered manager was visible in the service and had a good understanding of people's needs and backgrounds.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were effective audits to check the quality and safety of the service. These included medicine audits, care plan audits and spot checks where managers turned up unannounced to observe staff`s care practices.
- Staff were clear about their roles and responsibilities. A staff member said, "I have had supervision, [managers] come and watch what we do. They check I have my ID and protective clothing etc. They blend in and it is done in a nice way."

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

- People and relatives were given the opportunity to complete a survey and make comments about their

care during reviews. A relative said, "The manager visits and is very hands on. They are very aware of what [family member] needs. There is good communication between carers and the manager."

- The registered manager told us to support one family they had agreed to respond to the person's care line, so the family could go on holiday.
- Staff meetings were held every three months and the registered also sent out newsletters in between.

Continuous learning and improving care. Working in partnership with others

- The service worked alongside other professionals to ensure people had consistent and ongoing care as needed.
- Staff were able to share views and suggestions for improvements in one to one sessions and in team meetings.