

1st Class Care Services2 Ltd

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Inspection report

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Date of inspection visit:
01 March 2017

Date of publication:
26 April 2017

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 was carried out on 1 March 2016.

1st Class Care Services² is registered to provide personal care and support for people in their own homes. At the time of our inspection 22 people received care and support from this service.

There was a registered manager in post. 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 felt staff were kind and caring in the support they provided. Staff understood how to recognise and protect people from abuse and received regular training around how to keep people safe. Staff were not recruited until checks had been made to make sure they were suitable to work with the people that used the service.

People were supported by staff and management that were approachable and listened to any concerns that people or relatives had.

Staff were reliable and there were enough staff to meet people's needs.

People were confident that staff had the knowledge, skills and experience to provide effective care and support. People's care records contained the relevant information for staff to follow to meet people's health needs and manage risks appropriately. Care plans and risk assessments were clear and updated quickly if people's needs changed.

People were involved in the care and support that they received. People told us they had choice over the support they received and nothing was done without their consent. Staff understood the principles of consent and delivering care that was individual to the person.

Staff responded quickly if someone was unwell and supported people to access other health professionals when needed. People were supported to take their medicine safely and when they needed it.

The provider had awareness of current best practice. There were systems to measure the safety and quality of the service. Checks and audits were completed regularly to make sure that good standards of care were maintained.

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 in a way that protected them from harm.
People were supported to take their medicines safely at the times they needed them.

Staff understood how to minimise risk to keep people safe.
People received care and support at the times that they needed it.

Is the service effective?

Good ●

The service was effective.

People felt that staff had the skills and knowledge to provide care effectively. Care and support people received matched people's identified health needs. People received support to access different health professionals when required. Where needed people had support to prepare meals or with eating and drinking.

Staff understood the principles of the Mental Capacity Act and the importance of ensuring people were able make choices and consent to their care.

Is the service caring?

Good ●

The service was caring.

People felt staff were kind and caring and treated them with dignity and respect.

People were involved in planning and reviewing their care and support.

People were supported to be independent as possible.

Is the service responsive?

Good ●

The service was responsive.

People's care and support was based on their own individual needs and preferences. Care plans were reviewed regularly to make sure that their needs continued to be met.

People knew how to complain. They felt any concerns they raised would be listened to and responded to.

Is the service well-led?

Good ●

The service was well led.

The provider and the registered manager were approachable and always took time to make sure people were happy about their care and support.

The provider worked to national themes around best practice.

There were effective quality monitoring systems in place to identify any areas for improvement.

1st Class Care Services2 Ltd

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 was an announced inspection which took place on 1 March 2017 by one inspector. The provider was given 48 hours' notice of the inspection because this was a domiciliary care agency and we needed to be sure that they would be in the office.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give us key information about the service, what the service does well and improvements they plan to make. We reviewed the information we had relating to the service including any notifications we had received. A notification is information about important events which the provider is required to tell us about in law. We also asked the local authority for any concerns or information relating to the service. We did not receive any information of concern.

We spoke with two people who used the service, four relatives, four care staff, the care manager and the registered manager who was also the provider.

We looked at the risk assessments and specific care plans care records for three people, three staff files and records relevant to the quality monitoring of the service.

Is the service safe?

Our findings

People told us they felt safe. One person said, "Staff are kind, helpful and always make sure I feel safe before they leave." One relative told us how the staff had identified concern they had over how safely a person was coping between visits. This had been discussed with the person themselves, their relatives and ultimately with the local authority that had responsibility for safeguarding people. As a result there was increased flexibility from staff and staff were working with the person around keeping safe.

Relatives felt that staff were aware of people's individual risks and how to manage them safely. Staff were able to tell us about people's needs and could tell us how they managed risks associated with people's care and medical conditions. They said that the risk assessments were clear and reviewed regularly. Relatives also told us how reviews of the risk assessments happened quickly if a person's health needs changed. People said that they would report any concerns straight away to the registered manager. They felt confident that any safety concerns would be dealt with promptly.

Staff told us what they would do if they suspected abuse and who they would contact. The provider and the registered manager told us about how they handled concerns and of the safeguarding referrals they had made to the local authority. The provider told us that they took their responsibilities regarding people's safety as a priority and regularly worked with agencies to ensure people remained safe.

People and relatives said that staff were reliable and turned up on time and the support they received was what they expected. They told us that staff always stayed for the expected time and made sure that their needs had been met before leaving. All of the people we spoke with felt that they had consistency with the people that provided the care and support. Staff told us that they had enough time between calls to travel safely and arrive at a consistent time.

Staff told us that the provider completed checks on them before they started working for the service. The staff file confirmed that checks had been undertaken with regard to proof of identity and whether there were any criminal records that the provider needed to be aware of. The service had also received references from past employers to make sure that new staff were suitable. We saw that references and checks with the Disclosure and Barring Service (DBS) were completed and, once the provider was satisfied with the responses, they could start work. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working in care. The provider told us the importance of checking the suitability of potential new staff before they commenced delivering care and support.

People and relatives told us that staff gave the right amount of support to make sure that people took their medicines safely. The support varied according to people's needs. Some people needed prompting and reminding of their medicines while other people needed staff to administer their medicines. All staff told us that they had regular medicine training and that they were unable to help people with their medicines unless they had been trained.

Is the service effective?

Our findings

People told us that staff had the knowledge and skills to deliver care and support effectively. Staff told us that they had good quality training and support that enabled them to do their jobs properly. Staff said that they did not carry out specific care tasks until they had the suitable training and felt confident and competent to do so. New staff had a period of induction which included working alongside more experienced staff and training in areas such as, safeguarding and moving and handling before fully commencing their roles.

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

People said they could make choices around their care and support. One person told us how they had choice over the carers that supported them. Relatives told us that the care and support was always provided in the person's best interests. Staff explained to us what needed to happen if a person did not have the capacity to make choices. They told us that they provided information to people in a way they could understand and be involved in decisions. They also checked throughout the time they spent with people that they were comfortable with the support they were getting. They were able to explain about best interest meetings and the principles of the MCA. This demonstrated that staff understood about consent and supporting people with their choices. What we saw in people's care plans confirmed this. The registered manager understood their responsibilities in regard to the MCA and Court of Protection.

People told us that where they needed support with preparing their meals this was provided. Staff told us that where needed people's food and drink amounts would be monitored. This would usually happen where there were concerns about a person's weight or diet. The staff told us where there were any concerns about a person's eating or drinking the provider would get health professionals involved quickly.

People and the relatives told us that the registered manager engaged with other professionals associated with people's care and support when needed. They found that staff, the provider and the registered manager were proactive and made appropriate and timely referrals when needed. The provider said that they were always available to people that used the service and their relatives for advice if they were worried about a person's health. The provider and staff worked alongside a range of other professionals to make sure people's health needs were met. These included doctors and district nurses.

Is the service caring?

Our findings

People were positive about their relationships with the staff that supported them. They said that the staff were kind and caring. We saw some recent feedback the provider had received from a person that used the service. It said, "All of the carers are angels." Another piece of feedback said, "Thank you for all the carers for their hard work." Relatives told us the staff were "lovely", "kind" and "you couldn't ask for nicer people." People felt that they were treated as individuals and with dignity and respect. Staff told us that there was a strong emphasis on dignity and respect. They felt their approach reflected this. An example they gave us was how they maintained conversation throughout any care tasks making sure that the person was happy with the support they were getting.

People we spoke with felt that staff supported them to maintain independence. They told us about how staff took time to support them to participate as fully as they could in their care. Relatives told us that staff worked hard to make sure that people retained skills and abilities to enable them to be as independent as possible. Staff told us that they always tried to recognise what people could do and encourage them, whilst they also recognised what people needed extra help with.

People felt that staff communicated well and took the time to make sure that they were involved in their care. They felt that staff explained clearly before going ahead and carrying out any care tasks. Relatives were positive about the way that staff supported people. They told us that staff were kind and patient and did not rush the people they were supporting. The registered manager told us that the care and support was planned with involvement of all the relevant people with the person themselves at the centre of all decisions about what care and support was needed. The care records that we looked at showed that people and their relatives had been involved in identifying and reviewing their care and support.

People felt they were treated as individuals and this was supported by what staff told us and what we saw in people's care records. They told us that staff always made them feel the most important person at the time and they felt valued for who they were. Staff told us that care was very personalised and centred on people's individual needs. The provider, staff and the registered manager spoke fondly of the people they supported.

Is the service responsive?

Our findings

People told us that they had discussed and agreed what support they wanted to match their needs and preferences with staff. A relative told us, "Support is always centred on the person." The care plans we looked at reflected this. All of the people we spoke with felt that the care and support they received met their needs. People told us that they had met with a member of the senior staff team prior to the start of their service. Relatives also told us that where needed they were involved in the assessments of their family member's needs. People said they had been asked what their support needs were and how they wanted them to be met. They felt that the care and support was flexible and responsive to their needs. The registered manager told us that care plans were developed from their own initial assessments together with information and assessments provided by other professionals. Staff told us that care plans were helpful to refer to as well as speaking directly with the person being supported.

The service provided care to people with a variety of health need and we saw where additional information on people's individual syndromes and needs had been included in their care plans. When we spoke with staff they were able to tell us about people's individual needs.

One member of staff had been providing 'talking books' to some people that had compromised vision or had times that they were alone. These were bought from local charity shops and loaned to people that used the service. We spoke with some relatives about this and they felt this benefited their family member's health. The provider recognised the benefit of increasing the amount of people and staff that used this and told us they planned to increase the amount of staff providing the talking books.

We could see that the provider was quick to respond if a person's needs changed. One example was a change in a person's health needs. Additional assessments had been done including additional risk assessments. There was contact with other health professionals to make sure that the person's needs continued to be met. Additional information was now in the person's care records for staff to follow.

The provider told us that all people had regular planned reviews of their care and at times this was more frequent due to changes to people's needs or requests from people's families. In the three care records we looked at we found that care plans and risk assessments were detailed and had been reviewed regularly.

People were encouraged to give their opinions about the care they received and to raise any concerns or complaints. People told us that they did not have any complaints, but if they had they were confident they would be listened to. They were aware of the complaints procedure and how to raise a complaint. People had information on who to contact including the details of the registered manager and other agencies such as the local authority and CQC. All the people we spoke with knew who the provider and the care manager were and felt comfortable to raise concerns with them or the staff. We spoke with the registered manager about the handling of concerns and complaints. There had not been any complaints but we could see that there was a system in place to respond and investigate concerns appropriately.

Is the service well-led?

Our findings

People and relatives told us that they found the provider and the care manager approachable and open. They said they could talk with staff about any comments or concerns and felt that they would listen and forward any concerns or comments to the provider if needed.

Staff told us that they felt that they had good support from the provider and registered manager. Staff were also aware of the whistle blowing policy and who to contact if they had concerns about people's safety. There was a clear management structure and out of hours on call system to support people and staff on a daily basis. Staff felt that they felt involved in decisions regarding the development of the service and how it was run. There were regular staff meetings and staff told us that they felt valued and listened to.

We asked the registered manager about their vision for the service. They told us, "We believe that for services to be effective they should be based on sound values and principles and an understanding of the fundamental and individual needs of people." The staff we spoke with felt motivated to provide the best care and support that they could provide. They spoke of a management approach which was focussed on supporting staff to provide good quality individualised care.

The registered manager or care manager carried out regular unannounced spot checks on how staff provided care and support. Staff told us that this offered them reassurance that what they were doing was what was expected from them by the provider. The registered manager told us that this was a way of making sure staff were continuing to meet people's needs as planned and to also give the staff and the person receiving support the opportunity to talk about the quality of the care. They also told us that the regular reviews with people and their relatives which gave people the opportunity to provide feedback on the service they received.

There were also regular checks and audits on areas such as risk assessments, care records, training, accidents or incidents and medicines. We could see where actions had been taken as a result of the checks and audits.

The provider had awareness of current themes in the health and social care field. They were members of the 'Think Local act Personally (TLAP)' scheme. The provider said that this made sure that they were kept up to date of current national and local health and social care policies. They told us that this information was regularly shared with staff through staff meetings and supervisions. They were also in the early stages of engagement with a local befriending service. They told us that staff who worked for this service were all DBS checked and would give people the opportunity to have social contact outside of what the staff working for 1st Class Care Services² could provide. The provider told us that they were aware of the themes of tackling loneliness currently in the media and were looking to tie the befriending service into this along with the talking books scheme they were running.

The provider had when appropriate submitted notifications to the Care Quality Commission. The Provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a

required timescale. This means that we are able to monitor any trends or concerns.