

Classic Care (Homecare Services) Ltd

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Classic Care Homecare Services is registered to provide domiciliary care to people who require support and assistance in their in their own home in the Buckinghamshire area. On the day of our visit there were 83 people who used the service.

The registered manager was in post since the service registered in 2013. 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 we spoke with told us staff were caring and considerate and promoted their independence when possible. Staff had established good working relationships with the people they supported and had a good understanding of their care needs. One person we spoke with told us, "I feel safe and confident with the care staff that I have. I have a condition which means I have to be transferred in a specific way to avoid problems. The care staff are experienced and know what to do."

People told us the care was centred on their wishes. One person told us, "I needed the timings of my visits to be changed. A meeting was held to discuss this with the registered manager, following the meeting the service was able to accommodate my request. This demonstrated choice and control for people who use the service.

Staff knew how to respond to protect people from abuse and how to respond if they had any concerns. One member of staff told us how they raised concerns following a visit. The situation was dealt with by the relevant authorities and the person was protected. We found this to be in line with the service's safeguarding policy and procedure.

Medicines were managed safely and people had support from staff where needed. For example, some people only required prompting to take their medicines whereas other people required staff to administer their medicines. Staff told us when the medicine was administered the medicine chart was signed to confirm people had received their medicines. Staff received training in the safe administration of medicines.

Safe recruitment procedures were carried out recruitment files we saw contained relevant documentation required to ensure only suitable staff were appointed. Staff received appropriate induction, training and supervisions.

People said they knew how to make a complaint and were given the information to do so when they first joined the service. Staff were aware of the process to follow if someone made a complaint. This was in line with the service's complaints procedure.

People had access to healthcare services to maintain good health. We spoke with one person, they told us.

They have nursing needs as well and they see the community nurse on a regular basis.

The service had effective quality monitoring systems in place to drive improvements and ensure the safety of people who use 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.

There were sufficient members of staff to meet people's needs.

Safe recruitment checks were in place to ensure only suitable staff were appointed.

People said they felt safe and knew what to do if they had any concerns.

Is the service effective?

Good ●

The service was effective.

People had access to healthcare services to maintain good health.

Staff had knowledge and training to carry out their role effectively.

Staff acted in accordance with the Mental Capacity Act 2005 (MCA).

Is the service caring?

Good ●

The service was caring.

Staff had established good working relationships with people and had a good understanding of their care and support needs.

Staff supported people to exercise choice and control.

Is the service responsive?

Good ●

The service was responsive.

People received care and support in the way they preferred.

Care plans were reviewed to ensure people's needs were met.

People said they were able to make a complaint if necessary and had the information required to do this.

Is the service well-led?

The service was well-led.

The registered manager was visible to inspire staff to provide high quality care.

Effective monitoring systems were in place to improve the quality of the service.

People and staff told us the service was well managed

Good ●

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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 checked 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 was carried out by one adult social care inspector and took place on 2 and 3 November 2016. The provider was given 48 hours' notice that the inspection was going to take place. We gave notice to ensure senior staff would be available at the services office to assist with accessing information we required to carry out the inspection.

Before the inspection we reviewed all the information we held about the service. We looked at notifications the provider was legally required to send us. Notifications are information about certain incidents, events and changes that affect the service or the people using it.

The provider had not returned the Provider Information Return (PIR) that was requested. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with five people who used the service by telephone, four care staff and the registered manager. We spoke with two professionals who visited people the service supports. We looked at four care records, medicines charts, four staff files and records relating to the management of the service.

Is the service safe?

Our findings

People said they felt safe and knew who to speak to if they felt unsafe. One person we spoke with said they would always contact the office if they had any issues. They told us, "There was one member of staff I clashed with and after I spoke with the office they did not send them anymore." Another person said, "I feel safe with the care staff that support me as they are very experienced and know how to transfer me safely".

Staff knew how to protect people from abuse and how to respond if they had any concerns. For example, we spoke with one member of staff who told us how they reported concerns they had during a visit. We found that this was in line with the service's safeguarding policy and procedure.

People said staff were always prompt and rarely late for their calls. If staff were running late due to traffic, they would always contact the person to let them know. Staff told us they had sufficient time to attend to people's care needs.

There were sufficient staff deployed to attend to people's care needs. The registered manager told us they would not agree to a contract with someone if they felt they could not meet their needs. The service was keen to recruit more staff as the business grew. Staff said there were sufficient staff to meet the needs of people they currently support.

Safe recruitment procedures ensured only suitable staff were appointed. We looked at staff recruitment files and saw that all the relevant checks were carried out prior to staff being appointed. For example, references, employment histories and Disclosure and Barring Service (DBS) checks. The DBS enables organisations to make safer recruitment decisions by identifying candidates who may be unsuitable for certain work, especially that involve children or vulnerable adults.

Risk assessments were in place for staff who worked at the service. For example, lone worker risk assessments were in place for staff working alone in the community. In addition, risk assessments were in place for people who use the service. Care plans demonstrated where people had identified risks, these were addressed and appropriate measures put in place. For example, one person had osteoporosis and was at risk of fractures. The person told us that staff were competent to support them and staff were aware of the need to only transfer the person in a specific way to avoid problems. We noted that any changes to people's risks were reviewed and updated as required. This was supported by people we spoke with. One person told us how their needs had changed significantly and they required earlier calls to address this. The service responded to the request and the person received earlier calls.

Newly-appointed staff shadowed senior staff before they worked unsupervised. The registered manager carried out competency assessments thereafter. This ensured people were protected from inappropriate and unsafe care.

Medicines were managed safely and people had support from staff where needed. For example, some people only required prompting to take their medicines whereas other people required staff to administer

their medicines for them. Staff told us when the medicine was administered the medicine chart would be signed. Staff received training in the safe administration of medicines.

People told us, "They prompt me to take my medicines as I am quite capable." This was supported by staff who told us what they did to ensure medicines were administered safely. For example, checking the expiry date and the correct time of the medicine to be taken. One member of staff told us how they had concerns with a person who administered their own medicines. The member of staff noted the person's eyesight had significantly deteriorated and they had difficulty seeing the medicine. This was reported to the registered manager who ensured a risk assessment was in place and that staff were aware of the person's deteriorating eyesight. We saw medicine charts that were kept in the office and found them to be correctly completed in line with the service's medicine policy.

People were safe from infection because staff ensured they followed the correct procedures for infection prevention and control. People and their relatives said staff supported them in a hygienic manner. Comments were, "They always wash their hands before and after personal care and wear gloves when required." Staff we spoke with confirmed this.

Is the service effective?

Our findings

People and their relatives told us they felt staff had received training required to meet their needs. One person commented, "They are experienced and know what to do. If a new member of staff join the team then they are paired up with someone who is more experienced." This was confirmed when we spoke with staff who told us they shadow new staff until they are determined as competent.

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Staff told us they felt suitably trained and skilled to do their job. We looked at the training matrix and saw staff had up to date training in areas such as safeguarding, mental capacity assessment, manual handling, medicines administration, dementia, infection control, health and safety, food hygiene and first aid. Updates in training were highlighted when due and staff were booked on the next available course.

Staff received appropriate induction, training and supervision. Staff confirmed they had to shadow an experienced member of staff before they were able to work unsupervised. Comments were, "I have supervisions with my manager where I am able to discuss any areas of concern or what I would like to do." We saw evidence of supervision records to confirm this. One member of staff told us, "I would not still be here if I didn't get the support".

Systems were in place to promote communication within the team. Staff had use of a work mobile phone to ensure any events such as a person's changing needs or if staff were running late for a visit could be communicated to the relevant party. Staff meetings took place which allowed any updates on care delivery or changes to people's conditions could be discussed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack capacity to do so for themselves. The Act requires 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 it is in their best interest and legally authorised under the MCA. There were no applications made to the local authority. We checked whether the service was working within the principles of the MCA.

Staff were aware of the implications for their care practice in relation to the MCA. Staff demonstrated a good understanding of the Act and knew whether people had the capacity to make informed decisions and if not, what procedure they should follow. One member of staff told us, "We assume people have capacity and if they have been assessed as not having capacity we support them and encourage them to make their own decisions."

People and their relatives said staff sought consent and involved them in decisions. Care records demonstrated people gave consent in agreement to care packages delivered. When people first joined the service an agreement contract was signed for services being delivered.

People told us staff supported them with their meals. Care plans contained people's dietary requirements. One member of staff commented, "We visit someone who needs prompting to eat their food. We always make sure we document what they have eaten so we can keep an eye on them. If we have any concerns about someone then we report it immediately to the office".

People were supported to maintain good health and have access to healthcare services. The registered manager said the service works with healthcare professionals. We spoke with registered nurses who visited people who used the service for end of life support. They told us the staff were experienced and provided effective support to people.

Is the service caring?

Our findings

People and their relatives told us staff were caring and kind and this was demonstrated in the way care was provided. One relative told us, "Thanks to staff [the person] has improved significantly. Staff are always cheerful and nothing is too much trouble [the person] cannot communicate very well since they became unwell. Sometimes staff sing to [the person] which they really like".

We saw a message that was sent to the service's office from a person who used the service, 'I am grateful for your carers and how wonderful they are. I know they would do anything to help us'.

Staff had established good working relationships with the people they supported and had a good understanding of their care needs. For example, we spoke with one person who told us they required specific support during transfers. The person confirmed only experienced staff who knew the person well was allocated to them.

People said staff promoted their independence and supported them to exercise choice. For example, staff asked people what meals they wanted and what clothes they wanted to wear. One member of staff told us, "I will always encourage people to do as much as they can. When people require their medicine, I prompt them to take it and observe them without standing over them".

People said staff involved them in planning and making decisions about their care. Staff told us, "If anything changes I will phone the office to let them know. We have an amendment document in people's care plans. If any changes occur whilst we are on a visit we document this on the amendment form then this is transferred onto the persons main care plan by the office". This demonstrated effective communication between staff to ensure correct care and support was delivered.

People said staff were kind and considerate. Comments included, "They are patient and thoughtful and never rush me". Staff told us, "We always have enough time at each visit".

People's privacy and dignity was maintained. One relative told us, "When they are washing and dressing [the person] they always close the door. This was confirmed by staff we spoke with. Care records instructed staff to ensure people's privacy and dignity was maintained when carrying out personal care.

Staff demonstrated a good understanding of how to care for people who required end of life care. Staff we spoke with said they had not had training in this area but were interested and keen to do so. We discussed end of life training with the registered manager. They told us they will look into sourcing training in this area.

Is the service responsive?

Our findings

People and their relatives told us staff were responsive to their needs. One relative told us. "They know if things are not right, they report it to the office and it is dealt with".

A health professional told us when they were attending a person with palliative needs who used the service. Staff were attentive and caring and were able to provide care to a very high standard.

Initial assessments captured identified needs such as medical history, communication needs and support preferences. For example, some people required support with personal care whilst others required support with domestic tasks such as tidying the home or assistance with meal preparation.

The service was delivered with flexibility, respected people's independence and right to make decisions. Staff were encouraged to promote independence wherever possible. Staff told us "We encourage them as much as possible".

Care plans were personalised and each file contained information about the person's wishes dislikes and people important to them. The care plans were updated in response to people's changing needs. One member of staff told us, "We review the care plan when we first attend a visit to see if anything has changed. If we notice the person has changing needs we will call the office and inform them. We will also document in the person's daily notes there and then".

People's changing needs or additional requirements were documented and updated as required. One person told us how they needed to get up earlier to avoid skin pressure damage from staying in bed for too long. The service arranged a meeting with the person to discuss their requirements and the person's request was fulfilled. The person told us the service was flexible and aimed to accommodate requests within reason.

A named care worker provided care and support to people to ensure continuity of care. One member of staff commented, "We visit the same people. You can build a good bond with them".

People and their relatives knew how to make a complaint. A complaints procedure was contained in the service user guide given to people when they first joined the service. People we spoke with told us, "If I had a problem I would just tell the member of staff". Staff we spoke with said "It all depends on what the complaint is about. I would phone the office whatever it was". The service operates a feedback procedure where someone on the person's behalf can make a complaint or suggestion.

We saw many compliments from people and their relatives who had used the service. One in particular commented on how the service had made a family member's last year of life a comfortable one.

Is the service well-led?

Our findings

People and staff told us the service was well-managed. Leadership was visible to inspire staff to provide a quality service. One member of staff told us, "It's great the manager is hands on. They can see for themselves what we have to do. I think it's extremely important that the manager goes out there". One person we spoke with told us, "The manager visited today to see how things were going". Other comments from staff were, "They are fantastic". The leadership and management of the service assured the delivery of high quality care that promoted an open and fair culture.

Other comments included, "They [the manager] are very accommodating". Staff said they felt supported in their role and felt the company was, 'A great place to work'. One member of staff told us, "I have been here since the beginning. The manager is fair but firm. If there are any issues I can talk to them freely. They give one hundred percent support".

The service sought views from people who use the service and acted upon them. This was confirmed with people we spoke with who told us, "The office contact us to see if we are happy with everything". The service monitors the quality of the service provided by observing staff in people's homes. This is in agreement with the person who used the service. The service also ask people to participate in satisfaction surveys or have interviews in person. Where the service had identified areas of concern appropriate action had been taken. For example, we saw a quality questionnaire response where people had made comments. We saw these were dated and responded to in a timely manner.

The service ensured that their approach to quality was integral and that all staff were aware of potential risks that could compromise quality. Effective quality monitoring systems were in place to improve the quality of the service. For example, spot checks were carried out in people's homes to ensure staff were following correct policies and procedures relating to the service. The checks included monitoring medicine charts, care plans and observing that staff followed correct procedures in relation to manual handling and infection control. We spoke with a member of staff who told us they checked the hoist and sling prior to each use. The service received input from an occupational therapist when they require additional advice and support in relation to mobility or manual handling issues.