

Classic Home Care Services Limited

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Inspection report

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Date of inspection visit:
10 November 2016

Date of publication:
29 November 2016

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

We undertook an announced inspection of Classic Home Care Services Limited on 10 November 2016. We told the provider two working days before our visit that we would be coming because the location provided a domiciliary care service for people in their own homes and the registered manager and staff might be not be available to assist with the inspection if they were out visiting people.

Classic Home Care Services Limited provides a range of services to people in their own home including personal care. They covered two geographical areas of Surrey, one included Epsom and Cheam, and the other Ashted, Leatherhead, Bookham and Fetcham. People using the service had a range of needs such as learning and/or physical disabilities and dementia. The service offered support to people over the age of 18 years old. At the time of our inspection 100 people were receiving personal care in their home. Most people were paying for their own care, but five people were funded by their local authority.

The service was last inspected on 12 November 2013, where we found that the provider was meeting all the standards we inspected.

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.

The risks to people's wellbeing and safety had been assessed, and there were detailed plans in place for all the risks identified.

There were procedures for safeguarding adults and the care workers were aware of these. Care workers knew how to respond to any medical emergencies or significant changes in a person's wellbeing.

Feedback from people and their relatives was positive. Most people said they had regular care workers visiting which enabled them to build a rapport and get to know them.

People's needs were assessed by the provider or, in some cases, by the local authority prior to receiving a service and support plans were developed from the assessments. People had taken part in the planning of their care and received regular visits from the care managers.

People we spoke with and their relatives said that they were happy with the level of care they were receiving from the service.

The registered manager was aware of their responsibilities in line with the requirements of the Mental Capacity Act (MCA) 2005 and told us that all staff had received training in this. People had consented to their care and support and had their capacity assessed prior to receiving a service from Classic Home

Care Services Limited. Nobody was being deprived of their liberty unlawfully at the time of our inspection.

There were systems in place to ensure that people received their medicines safely and the care workers had received training in the management of medicines.

The service employed enough staff to meet people's needs safely and had contingency plans in place in the event of staff absence. Recruitment checks were in place to obtain information about new staff before they supported people unsupervised.

People's health and nutritional needs had been assessed, recorded and were being monitored.

Care workers received an induction and shadowing period before delivering care and support to people. They received the training and support they needed to care for people.

There was a complaints procedure in place which the provider followed. People felt confident that if they raised a complaint, they would be listened to and their concerns addressed.

There were systems in place to monitor and assess the quality and effectiveness of the service, and the provider ensured that areas for improvement were identified and addressed.

People, staff and relatives told us that the registered manager and senior team were approachable and supportive. There was a clear management structure, and they encouraged an open and transparent culture within the service. People and staff were supported to raise concerns and make suggestions about where improvements could be made.

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.

The risks to people's safety and wellbeing were assessed and there were detailed plans in place for all the risks identified.

There were procedures for safeguarding adults and staff were aware of these.

People were given the support they needed with medicines and there were regular audits by the care managers.

The service employed enough staff and contingency plans were in place in the event of staff absence. Recruitment checks were undertaken to obtain information about new staff before they supported people unsupervised.

Is the service effective?

Good ●

The service was effective.

The registered manager was aware of their responsibilities in line with the requirements of the Mental Capacity Act (MCA) 2005 and understood its principles. People had consented to their care and support. Nobody was being deprived of their liberty unlawfully.

Staff received the training and support they needed to care for people.

People's health and nutritional needs had been assessed, recorded and were being monitored.

Is the service caring?

Good ●

The service was caring.

Feedback from people and relatives was positive about both the care workers and the provider.

People and relatives said the care workers were kind, caring and respectful. Most people received care from regular care workers

and developed a trusting relationship.

People and their relatives were involved in decisions about their care and support.

Is the service responsive?

Good ●

The service was responsive.

People's individual needs had been assessed and recorded in their care plans prior to receiving a service, and were regularly reviewed.

There was a complaints policy in place. People knew how to make a complaint, and felt confident that their concerns would be addressed appropriately.

The service regularly conducted satisfaction surveys for people and their relatives. These provided vital information about the quality of the service provided.

Is the service well-led?

Good ●

The service was well-led.

At the time of our inspection, the service employed a registered manager.

People and their relatives found the management team to be approachable and supportive.

There were systems in place to assess and monitor the quality of the service.

The provider encouraged good communication with staff and people who used the service, which promoted a culture of openness and trust within the service.

Classic Home Care Services 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.

This inspection took place on 10 November 2016 and was announced.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to assist with the inspection.

The inspection was carried out by a single inspector. An expert by experience carried out telephone interviews with people and their relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert on this inspection had personal experience of caring for a family member who used domiciliary care services.

Before the inspection, the provider completed a Provider Information Return (PIR). This 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 reviewed the information we held about the service, including notifications we had received from the provider informing us of significant events that occurred at the service.

During the inspection we looked at the care records of five people who used the service, four staff files and a range of records relating to the management of the service. We met the administrative staff, the care managers and spoke with the provider, the registered manager, a senior care worker and four care workers.

Following the inspection, we telephoned six people who used the service and three relatives of other people to obtain feedback about their experiences of using the service. We emailed five social care professionals

and one healthcare professional to obtain their views about the service, and four of these people replied to our request for feedback.

Is the service safe?

Our findings

People and their relatives told us they felt safe with the care workers who visited their home. One relative told us that care workers were "Very observant" about her family member's health and reported any concerns. People we spoke with told us they knew who to contact if they had any concerns, and had the contact numbers in the book given to them by the service.

The registered manager raised alerts of incidents of potential abuse to the local authority's safeguarding team as necessary. They also notified the Care Quality Commission (CQC) as required of allegations of abuse or serious incidents. The registered manager worked closely with the local safeguarding team to carry out the necessary investigations and management plans were developed and implemented in response to any concerns identified to support people's safety and wellbeing. A social care professional and records we viewed confirmed this.

Staff told us they received training in safeguarding adults and training records confirmed this. The service had a safeguarding policy and procedure in place and staff were aware of these. They told us they had access to the whistleblowing policy. Staff were able to tell us what they would do if they suspected someone was being abused. They told us they would report any concerns to their manager or the local authority. One care worker told us, "We get to know people quite well. We know when something isn't right. I would report and record anything of concern."

The service kept a log of all accidents and incidents that occurred. We saw that these were rare, however when they happened, there was evidence that appropriate action had been taken to minimise the risk of reoccurrence. Records showed that the registered manager carried out the necessary investigations and recorded their recommendations. These were used to review and update people's care plans to ensure that staff were able to meet their needs in a safe way. This included where a person had reported money missing, we saw that the provider had informed the relevant agencies, carried out a full investigation, and had dealt with a member of staff in line with their disciplinary procedures.

We were told that care workers were usually on time and on the rare occasions they were late, people using the service would be notified and the care workers would stay longer to make the time up. The registered manager told us that staff were expected to call the office if they were running unexpectedly late, then the care manager would immediately inform the person using the service. People confirmed that this was usually the case.

The provider told us that they paid a 15 minute travelling time between visits for all care workers, and ensured that each care worker was allocated groups of people within the same geographical area. They also carried out regular spot checks and telephone monitoring to ensure that people were happy with the punctuality of staff. The registered manager told us that any care workers who were persistently late or not attending a visit would be dealt with under their disciplinary policies and procedures.

The provider employed enough staff to meet people's needs, and there were contingency plans in place to

ensure that staff absences were appropriately covered and people received their care as planned. Care workers told us they were providing care to people on a regular basis and had built a good rapport with them. One care worker told us, "I have my regular people, we know each other well. It's lovely." One person who used the service said that there had been two changes in the last year, and this was "working very well". They added that staff were "very willing", and "cannot fault them". Another person told us, "I am happy because they always send me the same lady."

There were appropriate procedures in place for recruiting staff. These included checks on people's suitability and character, including reference checks, a Disclosure and Barring Service check (DBS) and proof of identity. Care workers confirmed that they had gone through various recruitment checks prior to starting working for the service.

There were protocols in place to respond to any medical emergencies or significant changes in a person's wellbeing. One care worker told us, "I know my people so well, I can see when they are unwell or if their needs have changed. The care manager is very good. If I am worried about someone, I can report and they call the GP, the OT etc." We saw evidence in one care record that where a person who used the service had a fall, an ambulance had been called and the person was treated in hospital. This indicated that people received medical attention without delay.

People and relatives told us that care workers supported them with prompting, assisting or administering their prescribed medicines. We saw a range of medicines administration records (MAR) charts which had been completed over several weeks. These showed that the care workers had administered all the medicines as prescribed and there were no gaps in signatures. Medicines risk assessments were in place and were reviewed to ensure they were accurate. These included specific instructions for each person such as the time and preferred way of administration. People's allergy status was clearly recorded on MAR charts. We saw training records showing that all care workers had received training in medicines management and they received yearly refresher training. The care managers carried out regular spot checks in people's homes to ensure that people were supported with their medicines. They also carried out thorough audits of the medicines which included checks on the storage, stock, and MAR charts. We viewed a range of monthly checks undertaken, and saw that these showed no concerns identified. This meant that the systems in place minimised the risk of people not receiving their medicines as prescribed.

Where there were risks to people's safety and wellbeing, these had been assessed. These included general risk assessments of the person's home environment to identify if there would be any problems in providing a service and carrying out falls risk assessments. Risks were assessed at the point of initial assessment and regularly reviewed and updated where necessary. Individual risks were assessed and there were measures in place to minimise identified risks and keep people as safe as possible. These included specific hygiene instructions for a person who had a catheter and was at risk of infection.

Is the service effective?

Our findings

People and their relatives spoke positively about the care workers and the service they received. People said that the care workers knew what they were doing and had the skills and knowledge they needed to support them with their needs. One person told us they had "confidence" in the care workers and added that the care was "absolutely excellent." A relative told us that the staff were "all brilliant" with their family member and added, "Her needs are met." A healthcare professional said, "I have used Classic on many occasions and I have never had any form of negative feedback from any of our clients. They have always acted in a professional way."

Care workers told us they were able to approach the senior staff to discuss people's needs anytime they wanted. One care worker said, "I noticed that one of my clients was no longer able to play scrabble. She had dementia and it progressed quickly. I informed her family and the office. After review, extra care was put in place." We saw from the care records that any changes to people's conditions were recorded and this prompted a review of their needs, or a referral to the relevant professional. Regular reviews of people's needs included discussions about any changes to people's condition and any requirements from the GP to be passed on to care staff.

People's nutritional needs were assessed and recorded in their care plans. These included their dietary requirements, likes and dislikes and allergy status. Guidance to staff included, '9am, woken with a cup of tea, milky, no sugar', 'Please offer choice, like toast, cereal or egg', 'evening meal must be a cooked meal with veg' and "Do not give coke or any fizzy drinks." Some people required support at mealtimes such as warming up already prepared food of their choice, and others required their meals to be cooked from scratch. One person told us, "My carer has just made a lovely lunch for me" and a relative said, "Staff make sure that [family member] has enough to eat and drink." Daily care records we viewed described the support given to people, what they ate, and whether there were any concerns. This meant that people's nutrition and hydration needs were consistently met.

People were cared for by care workers who were appropriately trained and supported. New staff undertook training in the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. This was followed by a training and development programme which included shadowing an experienced care worker in order for the people who used the service to get used to them and for the care workers to learn the job thoroughly before attending to people's care needs. Care workers were assessed throughout the development programme in areas such as safeguarding, health and safety, dementia, basic life support and infection control. Assessments carried out included observations of the care worker's practices such as medicines administration competencies. Throughout this period, each care worker received support from the allocated care manager. This was to make sure they had acquired the necessary skills to support people in their own homes. One newly recruited care worker told us, "It is good. Very helpful. I had a very good and thorough induction. They gave me time to read stuff and ask questions. I got training in manual handling, medication. I just got training in first aid and food hygiene."

People we spoke with all thought that staff were properly trained. Records of staff training showed that they had received training in areas the provider identified as mandatory. This included training in safeguarding adults, moving and handling, health and safety, medicines management, food hygiene and infection control. They also received yearly refresher courses. We saw a training matrix which was showed that training was monitored and kept up to date. This meant that people received care from staff who were sufficiently trained to meet their needs.

Care workers told us they were supported through one to one supervision meetings. One care worker told us, "I am nearing the end of my probation and I have already had two supervisions. We get spot checks regularly" and another said, "I feel very supported by all of them. We get supervision every three months, appraisal yearly and we get all our training regularly." The care managers carried out unannounced spot checks for all care workers. These checks included punctuality, appearance, procedures and relationships with people who used the service. Each section was rated and any concerns were recorded and any identified concerns were discussed formally with the care worker. Staff received a yearly appraisal where they were given the opportunity to reflect on their performance and to identify any training needs.

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's capacity to make decisions had been assessed and they had been asked to consent to their care and treatment. People told us that their consent was sought before any care was carried out. Where people lacked capacity, consent was obtained in their best interests by people who knew them well. People told us they had been consulted about their care and had agreed to this.

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. The registered manager told us that 11 people who used the service lacked the capacity to consent to their care and support and that nobody using the service were being deprived of their liberty unlawfully. The registered manager was aware of the legal requirements relating to this and had taken appropriate action to make sure that any restrictions were in the person's best interest and were authorised through the Court of Protection. Records we viewed confirmed this.

People told us that care workers gave them the chance to make daily choices. We saw evidence in the care records we checked that people were consulted and consent was obtained. People had signed the records themselves, indicating their consent to the care being provided. Care workers told us that as part of their induction training, they received training in the principles of the MCA. One care worker told us, "It is their life, they must have control. If I noticed that they stopped having capacity, I would let the office know. They would organise a meeting and make sure they invite the right people to review the situation."

Is the service caring?

Our findings

People and their relatives were complimentary about the service and the care they received. Most people we spoke with said they had regular care workers and had built a good rapport with them. People said the care workers were kind, caring and respectful. Some people's comments included, "Very good", "Very helpful", "Extremely kind", "Superb", "My carer looks after me very well." Relatives echoed this. Their comments included, "The service is superb", "I would not swap Classic for anyone" and "We used two care agencies and chose to use Classic exclusively as they are the best." One healthcare professional told us, "We hear a lot of praise. People speak very highly of the agency."

Care plans indicated that people were treated with dignity and that staff respected their human rights and diverse needs. People we spoke with confirmed this. People and their relatives told us they were involved in discussions about their care and support, and had signed to give consent for their support.

During the initial assessment, people were asked what was important to them. Religious and cultural needs were recorded. We saw one care record where a person had requested a care worker of the same gender as themselves and were receiving this service. The registered manager told us that where possible, based on people's preferences or needs, the most suitable care workers were allocated.

Care workers confirmed that care plans contained relevant and sufficient information to know what the care needs were for each person and how to meet them. Three people told us that their care workers took them to appointments and activities outside their homes. One person told us their care worker was "helpful above and beyond" and another nominated their care worker as "one of the best."

The service kept a record of letters and compliments received from people and relatives. Comments included, "Thank you so much for everything you have done for me, from the bottom of my heart", "Your care team was excellent. Very kind and considerate to [family member]. Keep up the good work", "My [family member]'s main wish was to be at home and your wonderful team helped make that happen. It is impossible to put into words and give justice to the heartfelt gratitude we have to you" and "Keep on doing what you do, because your staff 'care'."

The above evidence demonstrates that people were receiving a person-centred service which fully met their individual needs.

Is the service responsive?

Our findings

Care plans we looked at were clear and contained instructions for care workers to follow to ensure people's needs were met. They were developed from the information gathered from the community care assessments and were based on people's identified needs, the support needed from the care workers and the expected outcomes.

Records we viewed showed that people had taken part in the planning of their care. People and relatives told us they were happy with the input they had into organising and planning their care. One person said, "They asked me questions and wrote everything down." One relative echoed this and said, "We work together with Classic in planning care." Most people had met members of the senior team during regular spot checks and reviews.

Support plans were person specific and took into consideration people's choices and what they were able to do for themselves. They contained information about the person's background, life history, communication needs, routines, personal care needs, mental health needs and anything specific to the person such as their religion, ethnicity and cultural needs. Care workers we spoke with told us they encouraged people to do things for themselves if they were able to. People described a variety of support they received from the service. Those we asked thought that the care and support they received was focussed on their individual needs. One social care professional thought that the agency had been professional and patient when a person with complex needs started receiving a service from them. They told us, "All the concerns with this person have been dealt with appropriately. I have not had any concerns or any bad experiences working with Classic Home Care."

People's needs were assessed and the support and care provided was all agreed prior to the start of the visits. Relatives confirmed that they were involved in these assessments. Information related to mobility, medicines, care needs and personal preferences was recorded so that comprehensive information was available. This resulted in people's needs being consistently and comprehensively met.

People were supported to undertake activities of their choice. We were told that one person liked to go out to lunch every day, and another enjoyed attending the local leisure centre once a week. We saw evidence that these activities were taking place as planned.

The registered manager told us that review meetings were undertaken regularly and as and when there were changes to a person's health. This prompted an immediate review to ensure the service could continue to meet people's needs. People confirmed that reviews were regular. One person who said that their midday visits were sometimes late said they felt comfortable raising this at their next review meeting and added, "They always put things right." Records showed that the service worked closely with healthcare and social care professionals when people's needs changed. This included contacting the GP to request a referral to the Occupational Therapist for a person whose mobility was progressively declining.

There were processes in place for people and relatives to feedback their views of the service. Quality

questionnaires were regularly sent to people and their relatives. These questionnaires included questions relating to how people were being cared for, if their care needs were being met and if the carers were reliable and punctual. We saw that questionnaires returned to the service indicated that people were happy with the service. Comments from people and relatives included, "Excellent", "Above and beyond expectations", "Carers are thorough and thoughtful", "Very satisfactory", "Whenever I call, they try to be helpful", "Very efficient, clear phone manner" and "The care workers are all excellent." The provider analysed the questionnaires received and provided feedback to people who used the service, including where the service did well, where improvements were needed and their action plan. This included improving communication and responding to people's queries in a timely manner.

We saw that an electronic system was in use for the planning and management of visits. This enabled senior staff to organise the staff rota and scheduling of visits to meet people's requirements. The registered manager told us that once someone had got to know a person they tried to ensure that the rota was designed to match the staff to the person as far as possible. The electronic system included information about people's contacts details and details of their requirements. This helped the management team to keep an overview of the service being provided and ensure that individual needs were being met. We saw that the system included relevant reminders for each person's care plan, for example, about equipment which needed servicing.

The service carried out six monthly quality monitoring visits to people who used the service, or where necessary, more frequently. We saw that one person had requested monthly visits and this was respected.

The service had a complaints policy and procedure in place. These were supplied to all people using the service. People told us they were happy with the way the service dealt with complaints. Their comments included, "The matter was dealt with promptly" and "There was an incident which was dealt with to our satisfaction." People were encouraged to raise concerns and we saw evidence that these were addressed and feedback provided appropriately and in a timely manner. This included where a person who used the service had complained about their regular care worker being changed without notice. We saw that this was addressed and their original care worker was reinstated immediately. This indicated that the service was responsive to people's complaints and put systems in place to rectify areas of concern.

Is the service well-led?

Our findings

People and their relatives thought the service was well-led. They told us they met the office staff regularly, when they carried out spot checks or came to review their care and referred to them by their first name. One person told us, "I have regular visits from [office staff]. She is popping by next week" and another said, "It's a good company." When asked if they would recommend the service, all of them said they would with some saying "Definitely".

The provider carried out regular audits of the service. These included the rostering of staff, safeguarding, medicines management and recruitment. The provider met with the registered manager on a one to one basis to provide advice and support.

The care managers were involved in audits taking place in people's homes. They included medicines audits, spot checks about the quality of care people received, environmental checks and health and safety checks. The service carried out quality monitoring visits to people who used the service to check if they were happy with the service and if the care workers were being punctual.

This evidence showed that the provider had effective monitoring processes in place.

The service was founded in November 1999 and was a family business. The management team consisted of a provider, a registered manager, administrative staff and three care managers. Two of the care managers were very new and still learning their role. The provider told us that they worked well together and encouraged an open and transparent environment. Staff we spoke with told us that the registered manager and the provider were approachable and supportive and they felt encouraged to develop within their role.

Care workers spoke positively about the management team. Their comments included, "The care manager is very good. I feel very well supported. They drop everything and come to your rescue if you need them. They are very good here", "It's a nice company. Very supportive", "The office staff are very responsive", "I really enjoy working here", "The office staff are so understanding and supportive. Nothing is ever a problem" and "Good, supportive area manager."

A social care professional and a healthcare professional thought the service was well led. Their comments included, "I consider them to be one of the most dependable homecare agencies in the area", "They are very quick to respond to both email and telephone messages and always stick to the time slots that we have agreed for visits" and "Their services are good and the carers respectful and caring. The clients never complain about them."

There were frequent management meetings organised at the service. However, we saw that there had not been any recent staff meetings. We raised this with the provider who told us that it had been difficult to organise staff meetings recently due to the changes in the management team, but they intended to start them again in the near future. Meanwhile, care workers told us and we saw that the management team communicated with them by telephone and memos. These were to inform them about anything relevant to

their job and the people they provided care for. This included training, pay, changes to people's care packages, new staff, compliments and instructions.

The registered manager told us they had organised social events for people who used the service, which included refreshments and chats, but these were usually poorly attended. They were planning to organise separate ones according to people's geographical area, and hoped that this would improve attendance.

Staff who excelled received recognition from the service. We saw certificates in staff files which had been issued. These included a "Certificate of Excellence" for outstanding feedback from a person who used the service, and a "compliments award" where a person using the service had specifically praised a care worker for the care they had received.

The registered manager told us they attended provider forums and events organised by Skills for Care whenever they could and kept themselves abreast of development within the social care sector by accessing relevant websites such as that of the Care Quality Commission (CQC). They also attended a yearly Social Care conference and workshops organised by Surrey County Council.