

First Class Healthcare 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

The inspection was carried out on 6 July 2018, and was an announced inspection.

First Class Healthcare is a domiciliary care agency registered to provide personal care for people who require support in their own home. CQC only inspects the service being received by people provided with 'personal care' and help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. This was the first comprehensive inspection since the agency was registered on 11 July 2017. At the time of our inspection, the service was supporting 11 elderly people.

The provider was also the registered manager at the service. 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 Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The provider understood their responsibilities under the Deprivation of Liberty Safeguards. People's capacity to consent to care and support had been assessed and recorded within their care plans.

The provider had suitable processes in place to safeguard people from different forms of abuse. They knew what their responsibilities were in relation to keeping people safe from the risk of abuse. The provider and staff recognised the signs of abuse and what to look out for. There were systems in place to support staff and people to stay safe.

The provider and care co-ordinator involved people in planning their care by assessing their needs on their first visit to the person, and then by asking people if they were happy with the care they received. There was a strong emphasis on person centred care. People were supported to plan their support and they received a service that was based on their personal needs and wishes. The service was flexible and responded positively to changes in people's needs. Some people were supported by their family members to discuss their care needs, if this was their choice to do so. People told us they were able to express their opinions and views and were encouraged and supported to have their voices heard.

People were supported with meal planning, preparation, eating and drinking as necessary. Staff supported people, by contacting the office to alert the provider to any identified health needs so that their doctor or nurse could be informed.

Staff provided caring and considerate support and respected people's privacy and dignity.

At this time, the service did not provide care and support to people who were at the end stages of life.

The provider had followed effective recruitment procedures to check that potential staff employed were of

good character and had the skills and experience needed to carry out their roles.

The provider deployed sufficient numbers of staff to meet people's needs and provide a flexible service.

Staff had received training to enable them to carry out the duties they were employed to perform. All staff received induction training at the start of their employment. Refresher training was provided at regular intervals.

Staff received regular supervision and an annual appraisal so they were supported to carry out their roles.

Staff followed an up to date medicines policy issued by the provider and they were checked against this and assessed by the provider. Management systems were in use to minimise the risks from the spread of infection. Staff received training about controlling infection and had access to personal protective equipment like disposable gloves and apron's.

People said that they knew they could contact the provider at any time, and they felt confident about raising any concerns or other issues.

The provider had processes in place to monitor the delivery of the service. As well as talking to the provider at spot checks, people could phone the office at any time, or speak to the person on duty for out of hours calls. People's views were obtained through meetings with the person and meetings with families of people who used the service. The provider checked how well people felt the service was meeting their needs.

People felt that the service was well led. The provider and care co-ordinator demonstrated strong values and a desire to learn about and implement best practice throughout the range of services provided. There were systems and processes to enable lessons to be learned and improvements made if things went wrong. Staff were motivated and proud of the service. The provider had developed effective links with organisations that helped them develop best practice in the service. The provider used effective systems to continually monitor the quality of 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.

People experienced a service that made them feel safe. Staff knew what they should do to identify and raise safeguarding concerns.

Staffing levels were flexible and determined by people's needs. Robust recruitment procedures ensured people were only supported by staff that had been deemed suitable and safe to work with them.

General and individual health and risks were assessed.

Systems were in place so that medicines were administered safely.

### Is the service effective?

Good ●

The service was effective.

People's needs were assessed.

People were cared for by staff who knew their needs well.

Staff encouraged people to eat and drink enough.

Staff met with their managers to discuss their work performance. Staff received on-going training and regular supervision.

### Is the service caring?

Good ●

The service was caring.

People had good relationships with staff so that they were comfortable and felt well treated.

People were treated as individuals and able to make choices about their care.

People had been involved in planning their care and their views were taken into account.

People were treated with dignity and respect. Staff understood how to maintain people's privacy.

### **Is the service responsive?**

The service was responsive.

People received care that was based on their needs and preferences. They were involved in all aspects of their care and were supported to lead their lives in the way they wished to.

The service was flexible and responded quickly to people's changing needs or wishes.

Information about people was updated with their involvement so that staff were aware of people's current needs.

People's views and opinions were sought and listened to.

**Good** ●

### **Is the service well-led?**

The provider operated systems and policies that were focused on the quality of service delivery.

There were structures in place to monitor and review the risks that may present themselves as the service was delivered.

There was an open and positive culture which focused on people. The provider and registered manager sought people and staff's feedback.

The provider maintained quality assurance and monitoring procedures in order to provide an on-going assessment of how the service was functioning; and to act on the results to bring about improved services.

**Good** ●

# First Class Healthcare 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.

The inspection took place on 6 July 2018 and was announced. The provider who is also the registered manager was given 3 days notice of the inspection as we needed to be sure that the office was open and the provider would be available to speak with us, as they at times worked 'hands on' and covered calls to people in the community. The inspection was carried out by one inspector who visited the agency's office and an expert by experience who made telephone calls to people who used the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete 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 also looked at information we held about the agency, such as, notifications. Notifications are changes, events or incidents which the provider is required to tell us by law. We used all this information to plan our inspection.

We spoke with the provider, a care co-ordinator, and three members of staff who provided care to people living in the community. We telephoned and spoke with four people and five relatives of people that used the service. We contacted and received a response from one health and two social care professionals.

We looked at records held by the provider. This included three care plans; daily notes; a range of the provider's policies including safeguarding, medicines and the complaints policy; the recruitment and training records of three staff employed at the service; the staff training programme and policies and procedures.

This was the first inspection of First Class Healthcare, since it was registered in July 2017.

# Is the service safe?

## Our findings

People described a service that was safe and said they felt safe receiving care from the staff. They told us that they felt safe with the staff that visited them in their own home and had no cause for concern regarding their safety or the manner in which they were treated by staff. One person said, "Oh yes, there has never been any query with me not being safe. I have said to the office that I did not want a male carer to wash me, so I do not have a male carer". One relative said, "Yes, she does (feel safe), she has become quite accustomed with them and has a good bond with them all". An occupational therapist told us, "Yes, the service was safe". A social care professional told us, "I have not received any concerns or complaints in regards to the safety of the service".

The provider had a clear policy for safeguarding adults from harm and abuse. This gave staff information about preventing abuse, recognising the signs of abuse and how to report it. It also included contact details for other organisations that could provide advice and support. Staff had received training in safeguarding and the provider checked their understanding of the policy at meetings and one to one discussions. Staff we spoke with understood what action they needed to take to keep people safe. Staff told us they were confident to report abuse to management or outside agencies, if this was needed. Staff also knew how to blow the whistle on poor practice to agencies outside the organisation. This meant that staff knew how to protect people from the risks of harm and abuse.

The risks involved in delivering people's care had been assessed to keep people safe. Before any support package was commenced, the provider carried out risk assessments of the environment, and for the care and health needs of the person concerned. Environmental risk assessments were very thorough, and included risks inside and outside the person's home. For example, risk assessments for inside the property highlighted, if there were any obstacles in corridors and if there were pets in the property.

People's individual risk assessments included information about action to take to minimise the chance of harm occurring. For example, some people had restricted mobility and information was provided to staff about how to support them when moving around their home. In this way people were supported safely because staff understood the risk assessments and the action they needed to take when caring for people.

Staff knew how to inform the office of any accidents or incidents. They said they would contact the office and complete an incident form after dealing with the situation. The provider said that there had been no accidents or incidents to date. The provider said they would view any accident or incident report, so that they could assess if there was any action that could be taken to prevent further occurrences and to keep people safe.

People were supported to manage their medicines safely and at the time they needed them. One relative said, "Carers manage all of 'X' medication; that is what the last visit of the day is for". Checks were carried out to ensure that medicines were stored appropriately, and staff signed medicines administration records for any item when they assisted people. Staff had been trained to administer medicines to people safely. Staff were informed about action to take if people refused to take their medicines, or if there were any errors.

Records showed that people received the medicines they needed at the correct time. One staff member told us, "I complete the medication administration record (MAR), whenever I have supported the person to take their medicine".

Staffing levels were provided in line with the support hours agreed and determined by the number of people using the service and their needs. Currently there were enough staff to cover all calls.

The service had robust staff recruitment practices, ensuring that staff were suitable to work with people in their own homes. These included checking prospective employees' references, and carrying out Disclosure and Barring Service (DBS) checks before successful recruitment was confirmed. DBS checks identify if prospective staff have had a criminal record or have been barred from working with children or vulnerable people. Employment procedures were carried out in accordance with equal opportunities. Interview records were maintained and showed the process was thorough. All applicants were provided with a job description. Successful applicants were provided with the terms and conditions of employment, and a copy of the staff handbook. New staff were required to complete an induction programme during their probation period, so that they understood their role and were trained to care for people safely.

Staff had received infection control training. The provider held in the office a supply of personal protection equipment and they knew how important it was to protect people from cross infection. Staff were provided with appropriate equipment to carry out their roles safely. For example, they were issued with gloves and aprons. Staff confirmed that they had access to personal protective equipment (PPE) kept in the office, and could stock up when they visited the office. One relative said, "They have uniforms and have plastic aprons and gloves".

There were systems and processes to enable lessons to be learned and improvements made if things went wrong. The provider said that they would analyse any accidents and incidents so that they could establish why they had occurred and what needed to be done to help prevent the same things from happening again.

The provider planned in advance to ensure people's care could be delivered. The provider had policies about protecting people from the risk of service failure due to foreseeable emergencies so that their care could continue. The provider had an out of hours on call system, which enabled serious incidents affecting people's care to be dealt with at any time should they arise.

## Is the service effective?

### Our findings

People told us staff were well-trained and attentive to their needs. Feedback from people was very positive. People benefited from consistent staff who got to know their needs well. One relative said, "We had care for her from a different company. This company is far better and Mum is a lot happier with them. With First Class we have the same small group of carers and within that group there is one main carer. The provider is excellent and always gets back to me. She has given us a very good service". One social care professional told us, "Yes, in my knowledge, all the care packages that I have facilitated, I have not received any concerns".

Robust arrangements were in place to assess people's needs and choices so that care was provided to achieve effective outcomes in line with national guidance. Records showed that the provider had carefully established what support each person needed before they received assistance from the service. This had been done to make sure that the service had the necessary resources to consistently deliver the right support. Records also showed that the initial assessments had suitably considered any additional provision that might need to be made to ensure that people's citizenship rights under the Equality Act 2010 were fully respected. An example of this was the registered persons carefully establishing if people had cultural or ethnic beliefs that affected how they wanted their care to be provided.

Care plans gave written guidance about how to support people with all aspects of their health such as their mobility, continence and skin care. Staff followed specific instructions to meet individual needs. People told us they had regular carers, whom they knew well and people said they got on well with the carers that visited them. We were told that people could always contact the office and discuss the support that was needed.

Staff understood and had a good working knowledge of the key requirements of the Mental Capacity Act 2005. They put these into practice and ensured people's human and legal rights were respected. The staff had a clear understanding of people's rights in relation to staff entering their own homes.

The Mental Capacity Act 2005 (MCA 2005) 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 people lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People had recorded their consent to receive the care in their care plan and staff gained verbal consent at each visit. Gaining consent from people before care was delivered happened routinely. People were free to do as they wished in their own homes.

We checked whether the service was working within the principles of the MCA. Applications must be made to the Court of Protection in order to legally deprive people of their liberty. Where a person's family member or representative had made such an application, the service had taken steps to check the authenticity of this documentation.

Staff were matched to the people they were supporting as far as possible, so that they could relate well to each other. The provider or the care coordinator introduced care staff to people, and explained how many staff were allocated to them. People got to know the same care staff who would be supporting them. This allowed for consistency of staffing, and cover from staff that people knew in the event of staff leave or sickness. One person said, "Yes, they have been good, all of them. I get on well with them".

People's care was planned and delivered to maintain their health and well-being. People were supported to maintain a balanced diet. Care records evidenced the care and support needs that people had in relation to maintaining their health through eating and drinking. Care plans encouraged staff to offer plenty of drinks and staff said that they always left drinks in reach of people before leaving. Care plan records showed that people were referred to their GP if there were concerns about their food and fluid intake or if they had lost weight.

People were involved in the regular monitoring of their health. Staff identified any concerns about people's health to the registered manager or team leaders, who then contacted their GP, community nurse, or other health professionals. Each person had information about medical history in their care plan, and details of their health needs. Records showed that staff worked closely with health professionals such as district nurses in regards to people's health needs.

All new staff completed an induction when they started in their role. Learning and development included face to face training courses, eLearning, and on the job coaching. The induction and refresher training included all essential training, such as moving and handling, fire safety, safeguarding, first aid, infection control and applying the Mental Capacity Act 2005. We saw training certificates in staff files and the staff training matrix that showed all training that staff had undertaken. This meant that staff understood how to maintain people's health and well-being and that people were supported by staff that had the skills and knowledge to meet their needs and ensure their safety.

Staff told us they were supported through individual supervision and appraisal. Records seen supported this. Spot checks of staff were carried out in people's homes and we saw written records. A spot check is an observation of staff performance carried out at random. These were discussed with people receiving support at the commencement of their care support. At this time people expressed their agreement to occasional spot checks being carried while they were receiving care and support. People thought it was good to see that the staff had regular checks, as this gave them confidence that staff were doing things properly. Spot checks were recorded and discussed, so that staff could learn from any mistakes, and receive encouragement and feedback about their work.

# Is the service caring?

## Our findings

People said that staff were kind and caring. One person said, "All very good yes. They come here to do the job they do and they do it very well. They are very nice as they do it, every one of them and that is the God's honest truth". A social care professional told us, "Yes, the carers are caring and considerate to the needs of the people".

Staff had developed positive relationships with people. The staff were organised to ensure that people received support from a small number of staff that knew them well. Staff and their mix of skills were used to give them the time to develop positive and meaningful relationships with people. One relative said, "Mum has a team of three who split the week between them; there is a fourth member of staff on the bank to cover carers' holiday and any sickness. The provider has also come before, to cover a carer's sickness". This showed that the provider took care to deploy staff that would meet people's individual needs.

People valued their relationships with the staff team. They spoke highly of individual staff members. Staff listened to people and respected their wishes. One person said, "Yes they do (respect privacy and dignity), they know what to do and they do it. Never any rudeness. They are very nice". One relative said, "Absolutely yes, they always ask Mum before doing anything; it is a two way operation and if Mum does not want them to do anything they do not do it". Staff recognised the importance of self-esteem for people and supported them to dress in a way that reflected their personality. One member of staff said, "I do what the person tells and directs me to do". This showed that staff provided caring and considerate support and respected people's privacy and dignity.

Staff were made aware of people's likes and dislikes to ensure the support they provided was informed by people's preferences. People told us they were involved in making decisions about their care and staff took account of their individual needs and preferences. For example, morning routines were clearly written in the care plan records, and included the order in which the person liked their morning routine to be carried out. Regular reviews were carried out by the provider, and any changes were recorded as appropriate. This was to make sure that the staff were fully informed to enable them to meet the needs of the person. The staff knew each person well enough to respond appropriately to their needs in a way they preferred and support was consistent with their plan of care.

The provider had reliable procedures in place to keep people informed of any changes. The provider told us that communication with people and their relatives, staff, health and social care professionals was a key for them in providing good care. The provider told us that people were informed if their regular member of staff was off sick, and which staff would replace them. People said that when they first started to use the service, they were given a time when their member of staff would arrive at their home. People confirmed to us that if staff were running late, they were informed.

The provider and staff had a good understanding of the need to maintain confidentiality. People's information was treated confidentially. Personal records other than the ones available in people's homes were stored securely in the office. People's individual care records were stored in lockable cupboards. Staff

files and other records were securely locked in cabinets within the office to ensure that they were only accessible to those authorised to view them.

## Is the service responsive?

### Our findings

People described staff as being 'supportive' and 'caring'. A social care professional told us, "Yes, there is always someone available to respond to any queries in a timely manner". An occupational therapist told us, "Yes, the service was responsive. They responded quickly and effectively to my queries or problems raised by my patients".

People received personalised care and support. They and the people that matter to them had been involved in identifying their needs, choices and preferences and how these should be met. People's care and support was set out in a written plan that described what staff need to do to make sure personalised care was provided. People's plans were electronically reviewed on a regular basis or sooner if their needs changed and they were provided with support that met their needs and preferences.

Staff said they were informed about the people they supported as the person centred electronic care plans contained all the information they needed to provide individualised care to the person. The plans also included details of people's religious and cultural needs. For example, for one person the staff had to change the times of visits to fit in with the person's prayer times. Care plans detailed if one or two care staff were allocated to the person, and itemised each task in order, with people's exact requirements. This was particularly helpful for staff assisting new people, or for staff covering for others while on leave, when they knew the person less well than other people they supported, although they had been introduced.

The service was flexible and responsive to people's individual needs and preferences. Relatives told us that the service was flexible and had provided additional support to respond to urgent changes in need. Staff worked enthusiastically to support people to lead the life of their choosing and as a result their quality of life was enriched and optimised to the full.

The provider had a complaints and compliments procedure. The complaints procedure was clearly detailed for people within the 'service user's handbook'. The complaints policy available in the office showed expected timescales for complaints to be acknowledged and gave information about who to contact if a person was unhappy with the provider response. This included The Care Quality Commission (CQC) and the Local Government Ombudsman (LGO). Records showed that the one complaint received to date had been taken seriously, investigated, and responded to quickly and professionally. Relatives told us that they felt confident they would be listened to if they made a complaint. One person said, "Yes, they did say to me about all of that (how to make a complaint) and gave me their phone number. I have nothing to complain about". One relative said, "There is a folder in Mum's house and there is information about how to make a complaint in there". Another relative said, "Yes, this is in the folder that also has a list of names and telephone numbers, land line and mobiles and also the out of hours' contacts. The provider visits approximately every two weeks to make sure everything is going ok".

The provider confirmed that there had to date been no missed calls, and all people had received the relevant number of visits that had been agreed. One person said, "The office rang me once when a member of staff was running late". A relative said, "No never missed any call, they have always turned up". The

electronic system in use alerted office staff if staff did not arrive on time at their allotted calls, thereby assuring that no calls were missed.

First Class Healthcare provided care and support to people to enable them to maintain their independence and live in their own homes. At this time, the service did not provide care and support to people who were at the end stages of life. The provider said that they would consult people about their end of life wishes as appropriate.

## Is the service well-led?

### Our findings

People and their relatives were consistently positive about the service they received. People spoke highly of the provider and staff. When asked if they thought the service was well led, people said, "Yes, I should think so, yes, I am sure it is. They do all they have to do. Everything is good" and "Oh yes, I would say so". One relative said, "From what I have seen, yes, I would say so". Social care professionals told us, "Yes, the leaders of the service are effective and are always available to respond to any queries" and "The service is well led and communication is effective".

People and relatives said they would recommend the service. Comments included, "Oh yes, yes, definitely. I am very happy with the service and the care that I get". Relatives said, "Yes, I would, because they give you regular carers, who are on time and do everything they are meant to do", "From the experience I have had with the service, yes, I would. Like I said I have nothing to complain about and if I did, I would tell them about it" and "From our current experience I would say yes, I would".

The provider had developed and sustained a positive culture in the service encouraging staff and people to raise issues of concern with them, which they always acted upon. Staff said they felt they could speak with the provider, if they had any concerns. Staff said they liked working for the service. One staff member said, "I think they are very good, sometimes they come and work with us as well". Our discussions with people, their relatives, the provider, the care coordinator, and staff showed us that there was an open and positive culture that focused on people. Staff told us they were free to make suggestions to drive improvement and that the provider and care co-ordinator were supportive of them. Staff told us that the provider had an 'open door' policy which meant that staff could speak to them if they wished to do so. Staff told us there was good teamwork amongst staff. One member of staff said, "Good management, easy to access anytime and any problems they will sort it out".

The provider had clear vision and values that were person centred. These values were owned by people and staff and underpinned practice. Staff consistently provided person centred care and support. The provider provided clear leadership and used systems effectively to monitor the culture of the service. This included a regular presence of the provider working in the services alongside staff to role model. Observation of practice was used at regular intervals as the management team ensured the staff values and behaviours were maintained through these regular spot checks. Staff spoke highly of their management support and said that they were accessible and approachable.

People were invited to share their views about the service through meetings, and phone calls from the provider and care co-ordinator. Comments seen included, 'Thanking all the staff for the excellent care they gave to my Mum. She has never experience such great carers' and 'X (staff member) was incredibly helpful and calm and went above and beyond the family's expectations'.

There were systems in place which meant that the service was able to assess and monitor the quality of service provision and any concerns were addressed promptly. The ethos of providing good care was reflected in the record keeping. Clear and accurate records were maintained and comprehensive details

about each person's care and their individual needs. Care plans were reviewed and audited by the provider on a regular basis. There were auditing systems in place to identify any shortfalls or areas for development, and action was taken to deal with these for example, refresher training for staff. These checks were carried out to make sure that people were safe.

Policies and procedures were available for staff. The provider ensured that the staff were aware of procedures to follow and of the standards of work expected of them to provide safe, effective, responsive care and support for people.

The provider ensured that staff received consistent training, supervision and appraisal so that they understood their roles and could gain more skills. This led to the promotion of good working practices within the service.

Staff knew they were accountable to the provider and they said they would report any concerns to them. Staff meetings were held and minutes covered topics for example, training, customer feedback reviews and management and staff performance feedback. Staff said they were able to voice opinions. We asked staff if they felt comfortable in doing so and they replied that they could contribute to meeting agendas and 'be heard', acknowledged and supported. The provider had consistently taken account of people's and staff's views in order to take actions to improve the care people received.

The provider had a whistleblowing policy. This included information about how staff should raise concerns and what processes would be followed if they raised an issue about poor practice. The policy stated that staff were encouraged to come forward and reassured them that they would not experience harassment or victimisation if they did raise concerns. The policy included information about external agencies where staff could raise concerns about poor practice, and also directed staff to the Care Quality Commission.

The provider took a systematic approach to enable the service to learn, innovate and ensure its sustainability. Quality checks were undertaken to make sure that the service was running smoothly. These checks included making sure that care was being consistently provided in the right way and staff had the knowledge and skills they needed. Where areas for development had been highlighted an action plan was in place and monitored to make sure that any shortfalls had been addressed.

The provider worked in partnership with other agencies to enable people to receive 'joined-up' or integrated care. Links had also been formed with health and social care professionals, for example, community nurses and occupational therapists.

The provider was aware of when notifications had to be sent to CQC. These notifications would tell us about any important events that had happened in the service. We used this information to monitor the service and to check how any events had been handled. They were aware of the statutory Duty of Candour which aimed to ensure that providers are open, honest and transparent with people and others in relation to care and support. The provider confirmed that no incidents had met the threshold for Duty of Candour. This demonstrated the provider understood their legal obligations.