

Classic Health Care Solutions Ltd

Classic Health Care Solutions

Inspection report

10 Cherry Drive
Pontefract
WF8 2FH

Tel: 07920163616

Date of inspection visit:
17 August 2022

Date of publication:
30 August 2022

Ratings

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

Summary of findings

Overall summary

About the service

Classic Health Care Solutions is a domiciliary care agency and provides personal care to people living in their own homes. At the time of our inspection there was one person receiving personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

People were safe and protected from avoidable harm because management and care staff knew how to identify and report any concerns relating to the risk of abuse. Risks to people's health, safety and well-being were assessed and measures developed to remove or reduce the risks. People were supported by care staff who had been safely recruited.

People's medicines were managed safely. Care staff received appropriate training and had their competency assessed to help ensure they were sufficiently skilled and knowledgeable to safely administer medicines. Care staff received training in infection control practices and personal protective equipment was provided for them. The management team took appropriate action following any incidents and learning was shared with the team.

Before care delivery started, assessments were completed to help make sure people's needs could be met. Management and care staff knew people well. They were able to promptly identify when people's needs changed and sought professional advice appropriately. People were supported to have maximum choice and control of their lives and care workers supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Relatives praised the kind and caring nature of care staff. People and their relatives were confident to raise any concerns with the management team. Everyone we spoke with during this inspection was satisfied with the care and support they received.

The management team was committed to providing a high standard of care to the people they supported as well as the care workers and understood their responsibilities under the Duty of Candour. People, their relatives and care workers spoke highly of the management team and told us they were always available and supportive. Governance processes were effective and helped to assess, monitor and check the quality of the service provided to people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 8 January 2021 and this is the first inspection.

Why we inspected

This was a planned inspection following registration.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Classic Health Care Solutions

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

Classic Health Care Solutions is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 17 August and ended on 19 August 2022. We visited the office location on 17

August. We reviewed documents and contacted people on 19 August 2022.

What we did before the inspection

We reviewed all the information we had received about this service since its registration with us in 2020. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with two relatives about their experience of the care provided. We spoke with the registered manager, operations manager and two care staff. We reviewed a range of records. This included one person's care records. We looked at three staff files in relation to recruitment. We also looked at a variety of records relating to the management of the service. We looked at quality assurance records, audits and policies and procedures.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk from abuse

- The service safeguarded people from the risk of abuse. The provider had a safeguarding policy in place. This outlined their responsibilities in helping to keep people safe from the risk of abuse or avoidable harm.
- Staff had received training about safeguarding adults. They were knowledgeable about types of abuse and knew that they needed to report all allegations and suspicions of abuse without delay.
- There had been no safeguarding concerns since the service was registered with us. The registered manager understood their responsibilities in relation to safeguarding people. They knew they needed to make appropriate referrals to the local safeguarding team when there were concerns about people's safety or abuse was suspected.
- Relatives told us they felt their loved one was safe and at ease when they received their care. One relative said, "[Person] is very safe indeed."

Assessing risk, safety monitoring and management

- Risks assessments were in place to help keep people safe. The registered manager had completed risk assessments for every person which contained guidance for staff to manage the risks. These included risks associated with mobility, falls, eating and drinking and environment.
- Presenting risks were regularly reviewed to ensure people were safely supported. People were supported by regular staff who understood their needs and could respond swiftly as and when the person's needs and risks changed.

Staffing and recruitment

- There were enough staff to meet people's needs.
- There was a call monitoring system to provide the registered manager and care supervisor with oversight of the times and durations of support calls made and identify any issues with late or missed calls. This was monitored to ensure any issues with care were identified as they arose.
- The provider's recruitment procedures ensured that staff members were suitable for the work they were undertaking. Checks of criminal records (DBS), identity and references had been carried out before staff started work.
- We looked at the recruitment records for three care staff currently working for the service. The records showed that the provider took all necessary steps to verify information provided by new staff.

Using medicines safely

- The provider's medicines management systems were safe. Records showed that staff had received medicines training.

- Medicines assessments were completed to assess whether people needed staff to support them to take their medicines. Where staff support was required, this was clearly recorded along with a list of medicines that people had been prescribed.
- Medicines records were checked by the registered manager for accuracy.
- Relatives told us staff supported the person to take their medicines. Comments included, "Yes they help [family member] with medicines and they do it well."

Preventing and controlling infection

- The provider had procedures to promote safe infection control practices. The service had an infection prevention and control and COVID-19 policy in place.
- The service ensured an adequate supply of personal protective equipment (PPE) was available to staff. Relatives confirmed this and said staff wore the protective equipment while supporting their family member.
- We were assured the provider was using PPE effectively and safely. Accessing testing for staff was undertaken.
- All staff had received infection control training and an assessment of their understanding.

Learning lessons when things go wrong

- The provider had systems in place to help ensure learning from events, incidents or accidents.
- The registered manager told us learning from such events was shared with staff during training and meetings. One staff member said, "I am always kept up to date about changes to policies and procedures or legislation. I also get information about how to report any safeguarding or accidents or complaints but have not had any."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed by the registered manager before they started to use the service. Assessments included people's support needs and their individual preferences. These assessments formed the basis of people's care plans and risk assessments.
- People received care that met their needs and preferences. People's relatives praised care staff for the effective care and support they delivered. One relative told us, "The staff understand [person's] needs and deliver fantastic, personalised care specific to [person's] needs."

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to meet their needs.
- New staff completed an induction that was linked to the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life.
- Staff received ongoing training relevant to their roles, and specific to people's needs.
- Staff were supported through spot checks and regular supervision. One staff member told us, "I feel very supported. I have regular supervision which gives me a chance to voice any concerns, ideas or personal development wishes."

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

- People were supported to maintain a balanced diet.
- Care staff supported people to eat meals that had been supplied by family members or prepared simple snacks for them.
- Care plans included information about people's dietary requirements including their preferences of what they liked to eat for breakfast, lunch and in the evening.
- Care staff were familiar with people's dietary requirements.

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

- Staff supported people to access health or social care professionals as needed.
- Staff knew what to do if a person became unwell or needed additional support. One staff member said, "I would take action depending on the issue by reporting to the manager, GP, district nurse or next of kin. I would also call an ambulance in an emergency."
- We were told by relatives the management and staff team managed health needs well. One relative said, "They are very good at keeping health, attendance and medication records up to date. Communication is

very good indeed."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- The registered manager understood their responsibilities under the Act and staff empowered people to make their own decisions.
- A staff member confirmed they always asked a person for their consent before carrying out a care task and would act on their response.
- No one using the service at the time of the inspection had any restrictions placed on their liberty.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection since registration of this service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who had taken the time to get to know them well.
- Relatives told us staff always treated their family member well and respected them. A relative told us, "The staff have built a very close relationship with [person] and they always respond to whatever they want or need." Another relative said, "All staff are professional and friendly. I really don't know what we would do without them"
- Staff told us they were encouraged to get to know people and understand what was important to them. The support was tailored to help people and their family in the way that which suited their lifestyles, preferences and wishes.

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

- People and those important to them were consulted in the development and review of their support needs. On a day-to-day basis staff asked people to make choices, such as what they wanted to wear or to eat.
- People, and those important to them, took part in making decisions and planning their care and risk assessments.
- The service obtained people's feedback at regular intervals to make sure the care and support they received was continuing to meet their needs

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected. People's care plans described how staff should support people so that their privacy and dignity were maintained.
- Staff maintained people's independence by supporting them to independently manage as many aspects of their care as they could.
- Privacy was upheld in the way information was handled and who this information could be shared with. The service recognised people's rights to privacy and confidentiality. Confidentiality policies complied with the General Data Protection Regulation (GDPR) law.
- People's care records were stored securely both in writing and by a secure computer system. People could be assured that the provider was taking the necessary measures to comply with keeping information secure and confidential as they are required to by law.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People had individualised care plans that supported a person-centred approach. We saw there was clear guidance on how to meet people's individual needs. People's care files included information about their personal histories and what was important to them.
- Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved in people's care.
- People's care plans were personalised and regularly reviewed. This allowed staff to provide personalised care. A relative told us, "The staff know [person] really well. [Person] always smiles when staff arrive."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider had considered people's communication needs. People's care plans contained information about how they communicated, and if any communication aids were used.
- All people using the service were able to communicate verbally with staff.
- The registered manager told us they would provide information in other formats if this was required to support people. For example, by providing care plans in other languages or in larger print.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Although most people did not require support with social aspects of their lives, staff were ready to offer it when needed. Staff knew people's emotional needs and supported them to maintain the relationships important to them.
- Staff spent time chatting with people and got to know their family members too.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place.
- The registered manager told us the service had not received any complaints since it registered with CQC.
- There was a service user guide given to people when they started using the service. There were details about how to make a complaint and what people could expect to happen if they raised a concern. This included contact details for other organisations who could be approached if someone wished to raise a

concern outside of the service.

- Relatives felt comfortable about contacting the service if they had any concerns. One relative said, "I don't have any concerns at all. If I did, I know how to complain and have confidence in the manager to address them."

End of life care and support

- At the time of the inspection there was no one receiving end of life care.
- The registered manager informed us that should they be required to provide people with end of life care they would always ensure they liaised closely with people's relatives, healthcare professionals and others to ensure each person received the care they needed and wanted at the end of their life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There were a range of systems to ensure people had choice and control over their care. People were visited in person by the provider to check on the quality of care provided and to ask people about their needs.
- A relative told us "The registered manager and their team are punctual, professional, trustworthy, and always willing to listen. I think it's a faultless service."
- The provider demonstrated through our conversations with them and written information we obtained that an open and inclusive approach to the running of the service was promoted. A member of staff said, "The company is very responsive to any problem, questions or issue I might raise."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility in relation to the duty of candour and the need to report certain incidents, such as alleged abuse or serious injuries, to CQC, and had systems in place to do so should they arise. The provider had not been required to date to supply CQC with notifications of any events as they confirmed none had occurred.

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

- The registered manager understood their regulatory roles and responsibilities.
- There was a range of checks and audits to monitor the quality and safety of the service and to help drive improvements. These included checks on risks to people, care plan reviews, spot checks and regular quality visits to people's homes.
- Leadership at the service had a clear vision of how they wanted the service to run and put people at the centre of what they did.
- Staff said they were well supported by the registered manager with ongoing training and one to one supervision. They understood their responsibilities to keep people safe whilst respecting and promoting personalised individual care.

Continuous learning and improving care

- We found a commitment to the continuous improvement of the service and the care provided. The registered manager told us they ensured information from complaints, feedback, care plan reviews and

accidents and incidents were used to inform changes and improvements to the quality of care people received.

- The provider's policies and procedures were kept up to date to ensure the service delivery would not be interrupted by unforeseen events.
- The registered manager told us, "Should there be lessons learnt from when things go wrong, improvements would be made to the systems to enhance the care people receive. I would make sure the lessons were shared with staff during meetings and supervisions."

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

- The management team demonstrated they had good communication systems and involved people, relatives and staff. Relatives confirmed all staff were good at communicating with them.
- Staff meetings took place regularly and phone, email and use of telephone applications supported good communication between care staff and the management team.
- Staff told us they enjoyed working at the service. One staff member said, "It's a really great place to work with a great staff team and great management."

Working in partnership with others

- The provider worked well with other organisations to ensure people's needs were appropriately met. This included liaison with statutory health and social care bodies.
- The registered manager said they discussed people's progress with professionals and family members as appropriate to help ensure they continued to meet people's needs appropriately.