

Classique Care Services Limited

# Classique Care Services Limited

## Inspection report

The Lansdowne Building  
2 Lansdowne Road  
Croydon  
Surrey  
CR9 2ER

Tel: 02089367603

Website: [www.classiquecare.com](http://www.classiquecare.com)

Date of inspection visit:  
24 May 2019

Date of publication:  
18 June 2019

## 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

Classique Care Services Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats. 15 people were using the service at the time of our inspection. Not everyone using Classique Care Services Limited receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

### People's experience of using this service

- People and relatives were positive about the care from Classique Care Services Limited. People liked the staff and described them as kind and caring and this was an improvement since our last inspection. People had confidence in the staff and developed good relationships.
- Staff knew people well, including their likes and dislikes and their preferences about how they wanted staff to care for them. People received consistency of care as a small number of staff worked with each person each day.
- There were enough staff to meet people's needs. Staff usually arrived on time and people were informed if staff were running late. Staff stayed the agreed length of time. The provider checked staff were suitable to care for people during recruitment.
- The provider had improved their systems to assess risks to people and staff understood the best ways to support people to reduce risks.
- People received their medicines safely and the provider trained staff in medicines management and the provider had improved systems to check this since our last inspection. The provider checked staff remained competent by regularly observing them administer medicines.
- Staff followed good practice guidelines to help prevent the spread of infection.
- People were supported to access to health and social care services they needed to maintain their health. People received the right support in relation to eating and drinking.
- The provider employed a trainer who ran various training courses each week. Staff received the training they needed to understand people's needs.
- People were supported and encouraged to make choices in their day to day care and people received care in line with the Mental Capacity Act (2005).
- People were treated with dignity and respect and their privacy was maintained. Staff understood how to support people to be as independent as they wanted to be.
- People and their relatives had confidence the provider would take action if they raised any concerns or complaints.
- The provider had improved their quality monitoring since our last inspection and had good oversight of the service. The provider consulted with people and staff as part of monitoring the service and identifying any areas for improvement.

We found the service met the characteristics of a "Good" rating in all areas

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: At the last inspection the service was rated as Requires Improvement [report published on 24 May 2018].

Why we inspected: This was a planned inspection based on the rating at the last inspection. The rating has improved to Good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

## 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 ●

# Classique Care Services Limited

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

Our inspection was completed by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise for our expert by experience was as a person who had used, and cared for people who used, social care services themselves.

#### Service and service type

Classique Care Services Limited provides personal care to people in their own homes including older adults and younger adults with physical disabilities, mental health issues or learning disabilities.

The 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. 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. At the time of our inspection, a manager was in post who was registering with us.

#### Notice of inspection:

The inspection took place on 24 May 2019 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

## What we did

- Our inspection was informed by evidence we already held about the service. We also checked feedback we received from members of the public and the local authority commissioning and quality monitoring group.
- The provider completed a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.
- We spoke with five people who used the service and four relatives of people who used the service.
- We spoke with the director, the manager, the trainer and three support workers.
- We reviewed three people's care records, three staff personnel files, audits and other records about the management of the service.

# Is the service safe?

## Our findings

We have inspected this key question following up on the concerns found during our previous inspection on 5 April 2018. At that inspection we found concerns about risk assessments and medicines management. At this inspection we found that improvements had been made to the risk assessment process and medicines management. The provider used a revised template to consider a wider range of risks to people and guidance was available for staff on reducing the identified risks. The provider assessed risk relating to medicines management for each person. The provider trained all staff in medicines management regularly and assessed their competence. The provider audited people's medicines and medicines records each month, helping staff improve if they found any errors, strengthened checks of medicines management and had recently reviewed risk to all people. We have therefore changed the rating from Requires Improvement to Good.

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

Good: People were safe and protected from identified harm. Legal requirements were met

### Assessing risk, safety monitoring and management

- The provider assessed a wide range of risks relating to people's care and support needs.
- People and their relatives were consulted as part of this process and any professional reports, such as those from social services, were reviewed. The provider put clear guidance in place for staff to follow in reducing any identified risks.
- Staff we spoke with understood the risks relating to people's care and told us they had enough time to read risk assessments and follow guidance to protect people.

### Using medicines safely

- People did not raise any concerns about the support they received with medicines. One person told us, "staff always record medicines."
- The provider risk assessed medicines management for each person, including those who self-administered, to check staff were doing all they could to reduce risks. Care plans clearly set out the support people required from staff.
- Staff received training in medicines management each year and the provider assessed their competency through regular observations.
- The provider retrained any staff who required further support.
- The provider audited medicines management each month to check people received their medicines as prescribed. Records showed staff recorded medicines administration following best practice with no unexplained omissions.

### Systems and processes to safeguard people from the risk of abuse

- People felt safe with the staff who supported them and told us they would report any concerns. Comments included, "[My family member] is definitely safe" and "[My family member] is absolutely safe."

- □ Staff received training in safeguarding and understood their responsibilities to keep people safe from abuse.
- □ Staff told us they would report any concerns following the whistleblowing policy and they had confidence the provider would respond appropriately.

#### Staffing and recruitment

- □ People told us staff usually arrived on time and they were informed if staff were running late. Staff stayed the right length of time, although one person experienced a missed visit in the last few months and the provider reviewed this as part of reducing the risk of it happening again. Comments from people included, "They are very good at staying the agreed time" and "They have been really good, always on time."
- □ The provider and staff told us there were enough staff to care for people safely. The provider continued to recruit so they could increase the numbers of people they cared for.
- □ The provider used suitable recruitment processes to check staff were safe to work with people. The provider checked for any criminal records, satisfactory employment, personal references, identification and any health conditions.

#### Preventing and controlling infection

- □ Staff received training in infection control and understood how to reduce the risk of infection when caring for people. A relative told us, "When I go, the flat is always clean."
- □ Staff used personal protective equipment (PPE) such as gloves and aprons when carrying out personal care.

#### Learning lessons when things go wrong

- □ The provider recorded when things went wrong such as missed visits and accidents and incidents. The provider used these to identify if there were any areas the service could improve.



# Is the service effective?

## Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 5 April 2018. At that inspection we found the provider had not always followed the Mental Capacity Act 2005 (MCA) when they had reason to suspect people lacked capacity. At this inspection we found the provider had taken action to improve. We have therefore changed the rating from Requires Improvement to Good.

Good: People's outcomes were consistently good, and people's feedback confirmed this

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

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. We checked whether the service was working within the principles of the MCA.
- Staff had received training in the MCA. However, not all staff understood how this legislation affected their roles. The provider told us they would support staff further to increase their understanding. Staff asked people for consent when providing care to them.

Staff support: induction, training, skills and experience

- People were supported by staff who received a range of training to support them to meet people's needs. One person told us, "Staff know how to use the hoist. They know exactly what I want and they are well trained."
- The provider reviewed the training staff required during supervision.
- The provider employed a trainer who ran courses to meet the needs of individual staff each week. The provider also ran English weekly workshops to support staff whose first language was not English.
- New staff received an induction which included training and shadowing experienced staff. The provider registered as a training centre and planned to train staff in nationally recognised care qualifications such as the Care Certificate and diplomas in health and social care.
- Since our last inspection staff supervision had been inconsistent. However, the provider was now following a programme to ensure staff received regular supervision.

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

- People told us they were happy with the support they received from staff regarding food and drink. Staff supported some people to make light meals of their choice, including reheating food prepared by family members.
- People were supported to have enough to eat and drink. The provider recently introduced records for all people to check they received the food and drink they needed.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider assessed people's needs before they began receiving care. Assessments included people's backgrounds, health conditions and what they wanted to achieve from their care. The provider also reviewed any available professional reports as part of their assessment.
- The provider reviewed people's care to check it continued to meet their needs. When people's needs changed the provider requested social services reassess their needs to ensure their care remained suitable.
- People were supported to access the health and social care services they needed. Some people made their own arrangements to see healthcare professionals involved in their care and the provider supported others in line with their care plans.
- Staff followed advice from healthcare professionals and ensured that changes were communicated and acted upon.

# Is the service caring?

## Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 5 April 2018. At our previous inspection people and relatives were not always positive about staff. Some people and relatives felt staff did not always treat people with dignity and respect, staff did not always support people to maintain their independence and not all staff understood people's needs well. At this inspection feedback from people and relative was positive which showed the service had improved. We have therefore changed the rating from Requires Improvement to Good.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care

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

- People were positive about the staff. One person told us, "They are very kind. I could not praise them more." A relative told us, "[My family member] holds the carer's hands and gazes at them. They are wonderful carers, brilliant!" A second relative said, "The carer has been amazing and we trust him 200%."
- The provider went the extra mile to make people feel they mattered. The provider visited people on their birthday and presented them with a bunch of flowers and a birthday card.
- The provider told us they presented all people using the service with cards and flowers on Valentine's day.
- The provider told us they presented people with a gift after caring for them for a year. For example, the provider told us they purchased a ticket for a person to go to Wimbledon in the summer to watch the tennis.
- Staff understood people's needs. One person told us, "Staff know exactly what I can do and what I cannot do. They always know what to do." A relative told us, "They understand him absolutely. They know exactly how to deal with his needs." Our discussions with staff confirmed they knew people well.
- People received consistency of care because the provider assigned only a small number of staff to care for each person through the week.
- People's diverse needs were recorded in their care plans. This included the support people required in relation to their personal, cultural and religious beliefs.

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

- People were encouraged and supported to make decisions about their care.
- The provider asked people what they wanted to achieve from their care and recorded this in their care plans for staff to be aware. The provider regularly reviewed whether people felt they were being supported to achieve their goals.
- People were given time to communicate their wishes by staff.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and their privacy was respected. One person told us, "Of course they treat me with dignity and respect. Staff seem to be very considerate. They always close the door if other

people are around." A second person said, "They always close the door when washing me." A different person told us, "They are very respectful."

- People told us staff helped them maintain their independence. One person told us, "Staff do help me to be as independent as possible."
- Our discussions with staff showed they understood the need to treat people with dignity and respect and staff gave us examples of how they respected people's privacy and promoted their independence.

# Is the service responsive?

## Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 5 April 2018. The provider did not always use concerns people raised to improve the service they received. At this inspection we found the provider had improved as they investigated concerns raised and used these as part of their quality assurance processes to improve. We have therefore changed the rating from Requires Improvement to Good.

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

Good: People's needs were met through good organisation and delivery

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People and relatives told us care met people's needs well.
- People were involved in developing and reviewing their care to check it continued to meet their needs.
- The provider identified people's communication needs as part of their assessments. People's communication needs were identified, recorded and highlighted in care plans to inform staff.
- The provider went the extra mile to meet people's communication needs. For example, the provider translated their service user guide into three different languages to meet the needs of people whose first language was not English. The provider confirmed they would translate their service user guide into any language as well as braille and audio format if required.

Improving care quality in response to complaints or concerns

- People and their relatives understood how to raise a concern or complaint. Comments included, "I have never complained, but I am confident that they would take concerns seriously", "I have no concerns, I am completely satisfied" and "They always sort out any issues. The manager has visited twice to ensure everything is OK."
- There was a suitable complaints system in place and records showed the provider investigated and responded to concerns raised.
- The provider gathered positive feedback from people, relatives and professionals to share with staff to help motivate them.

End of life care and support

- At the time of the inspection, no-one was receiving end of life care. The provider told us they would work with the person, their relatives and other health and social care professionals to ensure the care needs of anyone on end of life were met.
- Staff received some training in end of life care and the provider told us they would arrange any further training required to help staff better understand what good end of life care looks like.

# Is the service well-led?

## Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 5 April 2018. At that inspection there was no registered manager in place and the provider did not have suitable governance systems in place to assess, monitor and improve the service. Systems to communicate with people and relatives required improvement. At this inspection we found the service had improved. A manager was in post who was registering with the CQC. Governance systems had improved and the provider had better oversight of the service. The provider regularly communicated with people to gather their feedback and used this to improve the service. We have therefore changed the rating from Requires Improvement to Good.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care

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

- People and relatives were positive about the management and leadership of the service. A relative told us, "I think it is well organised. If I need to phone it is always answered. If I do have a problem they do their best to sort it out. Overall, I would give them 9 out of 10." Other comments included, "you can get hold of the manager. They are very dedicated", "I think that they know what they are doing" and "Overall, very well managed."
- The 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. 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. At the time of our inspection, a new manager was in post who was registering with us. Our discussion showed they understood their role and responsibilities, as did the director and owner of the service.
- Our discussions with staff and inspection findings showed they also understood their roles and responsibilities.
- After our last inspection the provider sent us an action plan setting out how they would improve. We found the provider had followed their action plan and improved all aspects of the service.
- Since the last inspection the provider improved their quality assurance systems. Regular checks of medicines management were in place, any incidents including missed calls were recorded and investigated, staff training and support including supervision and observations improved and care plans and risk assessments were kept under review.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The provider had involved people in reviewing their care, along with their relatives and healthcare professionals. People's preferences, hopes and aspirations were reflected in their care plans. People and relatives found the staff and management were open and communicated well with them.
- The provider notified CQC appropriately of significant incidents as required by law.

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

- The new manager and care coordinator visited all people in their homes recently to introduce themselves, get to know people better and gather any feedback which could help improve the service. Since our last inspection the provider improved their systems to call or visit people regularly to gather their feedback.
- The provider held regular staff meetings where staff could receive support and guidance, share any concerns and best practice and learn about any service developments.
- The provider planned to hold a summer BBQ for staff to show their appreciation.
- The provider considered the equality characteristics in their role. For example, the provider understood some Muslim staff could not provide personal care to people of the opposite gender. The provider also accommodated the rotas for staff who were fasting for religious reasons at the time of the inspection. The provider booked a restaurant for their Muslim carers to celebrating Eid and planned to do the same for Christmas.

Working in partnership with others

- The provider shared information appropriately with other health and social care professionals so people got the support they required. Staff followed any professional guidance provided.
- The provider attended forums for adults social care provider's in the borough to share learning and best practice.