Best At Home Domiciliary Care Services Ltd

Best At Home Domiciliary Care Services Wimbledon

Inspection report

12 Deer Park Road
Wimbledon
London
SW19 3TL

Tel: 07715656210
Website: www.bestathomecareservices.com

Date of inspection visit:
10 February 2020

Date of publication:
21 February 2020

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
Best At Home Domiciliary Care Services Wimbledon is a domiciliary care service providing care and support to people in their own homes. At the time of the inspection there were four people receiving personal care support.

People's experience of using this service and what we found
The service was safe. People were kept safe from harm and were supported by care workers who had been recruited through robust recruitment checks. Risk assessments included ways in which identified risks could be reduced in order to keep people as safe as possible. There were no safeguarding concerns with the provider and staff received appropriate training in how to identify an report any potential forms of abuse. Staff followed appropriate infection control procedures.

Care workers received a through induction and mandatory training when they first started their employment. People received appropriate support in relation to their nutrition and their healthcare needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received good care that was respectful and dignified. Everyone we spoke with was happy with the friendly nature of the care workers. People were supported to maintain their independence and were in control of directing their care according to their needs.

Individual care plans which were reviewed on a regular basis were in place. Care workers delivered care according to written care records. There were no formal complaints that had been received. People were given details about how to complain and were asked if they were happy with the service during reviews.

People and their relatives were happy with the way the service was managed. The provider carried out regular checks which helped to ensure people were receiving good, quality care.

Rating at last inspection
This service was registered with us on 29 January 2019 and this is the first inspection.

Why we inspected
This was a planned inspection based on when the service registered with us.

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

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

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Best At Home Domiciliary Care Services Wimbledon

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 Care Act 2014.

Inspection team
This inspection was conducted by one inspector.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own homes. This is help with tasks related to personal hygiene and eating.

The service had a manager who was applying to become registered with the Care Quality Commission at the time of the inspection. 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.

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 10 February 2020 and finished on 13 February 2020. We visited the office location on 10 February 2020.

What we did before the inspection
We reviewed information we had received about the service since it had registered with us. We used this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection
We spoke with five staff, the registered manager, the business manager, care co-ordinator and two care workers.

We reviewed a range of records. This included two care records, two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including complaints, incident forms, policies and procedures were reviewed.

After the inspection
We spoke with one person who used the service and two relatives about their experience of the care provided. We requested additional evidence to be sent to us after our inspection. This including the service user handbooks and other record templates.

Good

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 for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- There were enough care staff employed to meet people's needs. Relatives told us, "Timekeeping is good" and "[The care worker] is turning up on time now, it's good. I am flexible and we have each other's contact details."
- Care workers used a clocking in/out system when they visited people's homes. This helped to ensure there was good oversight into their timekeeping. Records we saw from the system showed that care workers turned up on time, in line with the visit times agreed with people.
- There were robust recruitment procedures in place which helped to ensure that people were kept safe. Staff files included completed application forms, reference checks from previous employers, evidence of ID and a Disclosure and Barring service (DBS) checks. A DBS is a criminal record check that employers undertake to make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us their family members felt safe in the presence of care workers. Comments included "Yes, my [family member] feel safe. The carers are all good."
- Care workers understood what safeguarding was and how they would ensure people were kept safe from harm. They were able to identify the different types of abuse and how they would report any concerns. They said, "Safeguarding is about protecting people, I would report to the manager" and "Safeguarding is to make sure you protect the service users in case if they are being harmed, you pass your concerns onto the manager or even social services and the police if needed."
- All the staff had received training in safeguarding which was current.
- There were no current safeguarding concerns with the service.

Assessing risk, safety monitoring and management

- Risks assessments were completed when people first started to use the service.
- Risk assessments were individual to each person and covered areas that were relevant to people's care and support needs. These included risks associated with mobility, personal care, eating and drinking and falls prevention.
- Risk aspects included ways in which risks could be managed and reduced to keep people safe from harm.

Using medicines safely

- None of the people using the service were being supported to take their medicines. They were being supported by family members. A medicines risk assessment was in place which recorded this information.
- Records showed that staff had received training in medicines management and had also undergone a

medicines competency observation.

Learning lessons when things go wrong

● There had been no incidents or accidents since the service had first registered with us. This was reflected in the care records we saw and what relatives told us.

Preventing and controlling infection

● Personal protective equipment was available in the office for staff to come and collect. This included gloves, aprons and hand sanitisers.

● Staff received training in hand hygiene and infection control.

Good

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.

Staff support: induction, training, skills and experience

- Care workers told us they were happy with the training and support they received. Relatives also felt that care workers were competent and carried out their roles in a professional manner.
- The induction program for new staff included an introduction to the service, shadowing an experienced staff member and completing mandatory training. Care workers were also supported to complete the Care Certificate. This is an identified set of 15 standards that health and social support workers adhere to in their daily working life. It is the minimum standard that should be covered as part of induction training of new support workers and was developed jointly by Skills for Care, Health Education England and Skills for Health.
- In addition to mandatory training, care workers were also supported to completed additional training based on people's needs. This included, mental health, managing urinary catheters, diabetes and oral hygiene amongst others.
- Care workers received regular supervisions and spot checks which helped to ensure they were appropriately supported.

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

- Relatives told us they were involved in the assessment process. One relative said, "They initially came to see me and we talked it all through. It was more comprehensive than actually needed."
- The registered manager told us their main point of referrals was from the Continuing Care team. These referrals were accompanied by an overview of the support needs of people. The provider completed its own assessment once a referral had been received, this helped them to understand people's needs and ensure all the necessary support could be provided. These took place in people's homes.
- The registered manager told us, "We do an initial assessment with the care co-ordinator and the assessor and the care worker. We then put in a provisional care plan which is then typed up and taken back to the client and their family for approval."

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

- Relatives told us they prepared the meals for their family members and only needed minimal support from care workers. One person said, "They give food which is prepared by me and they feed him."
- Care plans included any support that people needed with eating and drinking. This included any preferences and their level of independence.

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

● Care plans included details of health professionals involved in supporting people, such as their GP and other community teams.
● The provider worked with referring teams such as the continuing care teams and local hospices to provide timely care to people.
● Care workers received training in areas that promoted healthier living such as hydration and nutrition, oral hygiene and mental health.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA.
● Relatives and their family members were involved in the assessment process and consent to care records were signed when they first started to use the service.
● Staff were aware of the importance of seeking consent from people. They had received training in the MCA and were familiar with its use and the importance of making decisions in people's best interest by speaking with family members and the registered manger.

Good

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 for this newly registered 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

- Relatives told us they were happy with the care their family members received. Comments included, "Very friendly and caring and [care worker] is respectful", "Very professional", "They are nice, no problems."
- There was consistency in terms of the care workers that were allocated to people This helped to breed familiarity and meant that care workers were familiar with people's individual needs.
- None of the people using the service had any religious or cultural requirements hat needed any extra consideration. Care records included any cultural or religious preferences and their likes and dislikes. care workers received training in maintaining professional boundaries, equality, dignity and personalised care and which focused on the importance of supporting people with care and respect.

Respecting and promoting people's privacy, dignity and independence

- Relatives said that, where appropriate, care workers tried to help their family members remain as independent as possible. One relative said the care workers helped their family member to exercise every day which was very helpful. Comments included, "They provide good support and help" and "They encourage me as much as they can."
- Care workers told us "If people can do any little things such as washing their face you allow them to do as much as they can and then support them with the rest." People's privacy and dignity was respected, one care worker said "She [person] is always covered when I'm doing personal care, I will only wash the parts that need washing."
- Care plans documented people's level of independence in a number of areas. This meant that care workers could support them in the most appropriate way.

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

- Relatives said care was delivered in line with their family members wishes. They told us their care was regularly reviewed and they were asked for their input through a number of ways including telephone calls, formal reviews and spot checks.
- Care plans were completed with the input of people, relatives, and health care professionals.

Good

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

- Care records reflected peoples' support needs and were reviewed on a regular basis which helped to achieve this.
- Relatives told us that care workers followed the care plans that were in place and recorded the care they delivered in visit notes. These were checked by a care co-ordinator during spot checks to ensure they were being completed correctly.
- Care workers were aware of people's individual needs and the importance of reading their care plans to get a better understanding of the type of support they needed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Communication care plans effectively captured people's needs including how they communicated and any tips for verbal communication. Care workers we spoke with were familiar with these methods.

Improving care quality in response to complaints or concerns

- Relatives told us they were happy with the service and had not raised any formal complaints. One relative said, "If I have any concerns, I would speak to carers in the first instance and then the managers. I have confidence in them."
- There had been no formal complaints received since the service had first registered.
- Any concerns that people had were explored through spot checks and telephone monitoring.
- People were given details about how to raise a formal complaint in a service user handbook they were issued with when they began to use the service.

Good

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.

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

- There was an open culture within the service. Relatives said the registered manager was approachable and there was always someone available to speak with. Comments included, "Very good person always able to get hold of her", "Not much cause to contact the office as the carer is reliable but I know I can always call them" and "Yes, I am happy with the service overall."
- The registered manager was experienced in her role and was aware of her responsibilities under the Duty of Candour. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager had a good support team in place which helped with the management of the service. There was a business/care manager and a care co-ordinator, each with their clearly defined roles and responsibilities.
- Care workers felt supported, telling us, "Staff morale is good" and "100% I enjoy it here. We are all willing to help each other."
- The registered manager and business manager took responsibility for some aspects of induction and ongoing training and staff supervision. The primary responsibilities of the care co-ordinator involved managing rotas, carrying out quality assurance checks and audits.
- Regular audits were completed and these helped to ensure a good service was provided to people with appropriate management oversight.
- Spot checks were also completed in people's homes and regular telephone monitoring took place. One relative said, "As part of their process, they asked me to fill out a questionnaire on the service and a separate one about [the care worker]."
- Feedback seen in monitoring forms indicated a good service. Comments included, "Very good and happy with the service given", "Best at home carers are trained and competent", "My carer is very friendly and efficient" and "I am very satisfied with the service."
- Care worker notes were checked during spot checks and time keeping was monitored through an electronic clocking in system.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

● Due to the short length of time the provider had been operating, no formal quality assurance surveys had been completed. However, records showed regular engagement with people and relatives took place through reviews and monitoring checks.
● Team meetings, individual supervisions and unannounced spot checks were held. These gave staff the opportunity to express their views in both a group and individual setting.
● There was evidence that the provider worked in partnership with community teams to provide consistent care to people. This included district nurses and service commissioners.