

Bestchoice Global Ltd

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Inspection report

4 Leys Avenue
Dagenham
Essex
RM10 9XR

Tel: 02037457072

Website: www.bestchoiceglobal.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection of Bestchoice Global Ltd took place on the 16 July 2018 and was announced. The provider was given two days notice because the location provides a domiciliary care service. Bestchoice Global Ltd is registered to provide Personal Care services to people in their own homes. The services they provide include personal care, housework and assisting people to take their medicines. At the time of this inspection, the registered manager informed us that there were 15 people who used the service with a mixture of palliative care needs and other care needs. This is the first inspection of the service since it was newly registered in February 2017.

Not everyone using Bestchoice Global Ltd receives a regulated activity; CQC only inspects the service 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.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act and associated Regulations about how the service is run.

People we contacted were not able to speak with us because of their ill health. We however, received positive feedback from their relatives. They informed us that they were satisfied with the care and services provided. They told us that people had been treated with respect and dignity by their care workers. There was a safeguarding adults' policy and care workers were aware of the procedure to follow if they suspected people were being abused.

The service had a policy and procedure for the administration of medicines. Medicines administration records (MAR) charts we looked at had been correctly completed and we found no gaps in them. This provided a level of assurance that people were receiving their medicines as prescribed.

Risk assessments were seen in the care records of people. However, some of them were not sufficiently comprehensive as they did not inform care workers of what specific risks may be experienced by people concerned and how to keep people safe. These included risk of falls and seizures. Risk assessment forms for these were provided soon after the inspection.

The service had a recruitment procedure to ensure that care workers recruited were suitable and had the appropriate checks prior to being employed. We examined a sample of five records of care workers. We noted that these records had the necessary documentation such as a Disclosure and Barring Service check (DBS), references, evidence of identity and permission to work in the United Kingdom. We found three of these records did not contain references from a previous employer although two of them had professional references and one had character references. The registered manager explained that these care workers had not previously been employed.

The service had a training programme to ensure care workers were competent and able to care effectively for people. Certificates were seen in the records of care workers. They had the necessary support and supervision from the registered manager. Teamwork and communication within the service was good. New care workers had received a comprehensive induction.

Care workers were caring in their approach and able to form positive relationships with people. There were arrangements for encouraging people and their representatives to express their views and make suggestions regarding the care provided. Individual assessments and care plans had been prepared for people. However, the care documentation lacked information regarding people's cultural and religious background. After the inspection, the registered manager provided us with their assessment form for recording this information. Reviews of care had been carried out to ensure that people received appropriate care which reflected their current needs.

The service had a complaints procedure and people and their representatives knew who to contact if they had concerns. No complaints were recorded. The registered manager stated that none had been received. People's relatives expressed confidence in the management of the service.

The registered manager stated that some audits had been done. This included audits of MAR charts and entries in the log book. However, we did not see any comprehensive completed audits including audits of care plans, risk assessments, recruitment records, accidents, complaints and punctuality. We have made a recommendation in respect of this. The registered manager informed us that the service had only started getting more work recently and they were in the process of preparing a comprehensive audit checklist.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what actions we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

One aspect of the service was not safe. Risk assessments for some people who needed them were not in place during the inspection.

The service had suitable arrangements in place for the administration of medicines to people.

Care workers were aware of the safeguarding policy and knew how to recognise and report any concerns or allegation of abuse.

Care workers were carefully recruited. There were sufficient care workers to meet people's needs.

Infection control measures were in place and care workers observed hygienic practices.

Requires Improvement ●

Is the service effective?

The service was effective. Care workers had received support from the registered manager and been provided with induction, training and supervision.

Where agreed, care workers supported people with their nutritional needs.

There were arrangements for meeting The Mental Capacity Act.

Good ●

Is the service caring?

The service was caring. The feedback received from people and their relatives indicated that care workers were highly regarded. Care workers treated people with respect and dignity.

The preferences of people had been responded to. Care workers were able to form positive relationships with people. People and their representatives were involved in decisions regarding their care.

Good ●

Is the service responsive?

Good ●

The service was responsive. The registered manager and care workers listened to people and their relatives and responded appropriately.

Care plans addressed people's individual needs and choices. Regular reviews of care took place with people and their representatives.

There was a complaints procedure and relatives knew how to complain.

Is the service well-led?

One aspect of the service was not well led. Checks of the service had been carried out. These included spot checks on care workers and reviews of the services provided.

However, there was no documented evidence of regular and comprehensive audits of the service. This is needed to identify and promptly rectify deficiencies.

People and their relatives expressed confidence in the management of the service. Care workers worked well as a team and they informed us that they were well managed.

Requires Improvement 

Bestchoice Global 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 checked 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 16 July 2018 and it was announced. We told the provider two days before our visit that we would be coming. We gave the provider notice of our inspection as we needed to make sure that someone was at the office in order for us to carry out the inspection. One inspector carried out this inspection. At the time of this inspection the service had 15 people who used their service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. In addition, we reviewed information we held about the service. This included any notifications and reports provided by the service.

We spoke with six relatives of people who used the service. We also spoke with the registered manager, the administrator and four care workers. We also obtained feedback from one social care professional.

We reviewed a range of four records about people's care and how the service was managed. These included the care records for four people using the service, five staff recruitment records, staff training and induction records. We checked the policies and procedures and the insurance certificate of the service.

Is the service safe?

Our findings

The care records of people contained a section for risk assessments. Identified risks included risks associated with people's living environment, skin integrity and their medical conditions. However, we noted that not all potential risks had been identified and there was a lack of guidance provided for care workers. For example, there was no risk assessment with information on risks such as hypoglycaemia or hyperglycaemia for people with diabetes. In the case of one person who was at risk of seizures, there was no risk assessment with guidance for ensuring people were kept safe when having a seizure and when to summon emergency assistance. One person who was at risk of falls did not have a risk assessment to ensure that care workers were vigilant in preventing falls when caring for them.

Failure to have risk assessments with appropriate guidance to care workers for ensuring the safety of people is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

Soon after the inspection the registered manager sent us the guidance related to diabetes, an initial assessment form with sections for assessing potential risks to people, a form for seizures and a falls risk assessment form.

People who used the service and their relatives told us that people were satisfied with the care provided and felt that people were safe with their care workers. A relative said, "I am more than happy at the moment. They look after my relative well. They give medicines to my relative and warm up the food."

Care workers had received training in safeguarding people. They could give us examples of what constituted abuse and they knew what action to take if they were aware that people who used the service were being abused. They informed us that they could also report it directly to the local authority safeguarding department and the Care Quality Commission (CQC) if needed. The contact details of the local safeguarding team were available in the office. The service had a safeguarding adults' policy. However, it did not include a section about referring those implicated in abuse to the Disclosure and Barring Service check (DBS) and suspension of those implicated -following consultation with safeguarding. The registered manager stated that these would be included in the policy.

The service had a recruitment procedure. The registered manager stated that in addition to her and the administrator, eight care workers were employed by the service. We examined a sample of five records of care workers. We noted that these records had most of the required documentation such as a Disclosure and DBS, references, evidence of identity and permission to work in the United Kingdom. Three of them did not have references from a previous employer and we raised this with the registered manager. The registered manager stated that they did not have a reference from a previous employer because they had never worked in the UK and one of them had just left school. Two of the files contained three professional references and the third contained character references.

The service had sufficient care workers to meet the needs of people and this was confirmed by people's

relatives who stated that care workers were reliable, mostly punctual and able to meet the needs of people.

The service had a medicines policy. Medicines administration records (MAR) charts we looked at had been correctly completed and we found no gaps in them. Relatives we spoke with stated that they usually administered medicines to people.

The service had an infection control policy. Care workers we spoke with were aware of good hygiene practices such as washing hands and the importance of good hygiene. The service kept a stock of protective clothing and equipment in the office. Care workers said they had access to protective clothing including disposable gloves and aprons. People informed us that care workers followed hygienic practices when attending to them. One relative informed us that a few carers did not wear uniforms when visiting their relative. The registered manager explained that all care workers wore uniforms except for those who were on induction and waiting for their uniforms to be delivered. She also added that these care workers still wore their identification badges.

No accidents had been recorded. The nominated individual stated that there had been no accidents. We however, noted that the PIR indicated that there had been a significant incident. The registered manager explained that the section concerned was ticked in error. She was also aware that if accidents were reported, lessons learnt and guidance for preventing further accidents would need to be provided for care workers to ensure the protection of people.

The service had a current certificate of insurance.

Is the service effective?

Our findings

Relatives of people informed us that care workers were competent and they were satisfied with the care provided. One relative stated, "The carers are well trained and they are able to use the hoist properly. They behave in a professional way. They do check our consent when needed." Another relative said, "The carers looked after my father and he has improved. They do not cook meals. They just warm food for my relative. If needed, they do check our consent."

There were arrangements to ensure that the nutritional needs of people were met. Where needed, people's nutritional needs had been assessed and there was guidance for care workers on the dietary needs of people. However, the registered manager and care workers we spoke with said they rarely prepared food for people.

They stated that they warmed up food for people when agreed with them. Care workers were aware of action to take if they noticed deterioration in people. One care worker stated that if a person had lost a significant amount of weight or was unwell, they would inform their manager, relatives or medical staff involved.

The registered manager informed us that they worked well with healthcare professionals. She stated they maintain good liaison with them and would attend meetings with them when needed. She stated that an example of good practice is the efficient way they were able to co-ordinate the timely delivery of incontinent pads for people. This ensured that people who used the service were not inconvenienced and received proper care.

Care workers were knowledgeable regarding their roles and how to attend to the needs of people. We saw copies of their training certificates which set out areas of training. Topics included moving and handling, health and safety, equality and diversity and food hygiene. Care workers confirmed that they had received the appropriate training for their role. Newly recruited care workers had undergone a period of induction to prepare them for their responsibilities. The induction programme was extensive and covered important topics such as Privacy and Dignity, Mental Health Awareness, Fluids and Nutrition, Duty of Care, Basic Life Support, Safeguarding Adults and Medicines Awareness. One care worker had started the Care Certificate. The registered manager stated that the remaining care workers would be commencing the Care Certificate the following month. The Care Certificate provides an identified set of standards that health and social care workers should adhere to in their work. New care workers were also "shadowed" by the registered manager to ensure that they were able to perform their duties.

The registered manager stated that she had updated her knowledge by attending meetings organised by the local Clinical Commissioning Group and Social Services. In addition, she had attended a Leadership and Management Course Level 5 in Health and Social Care.

Care workers said they worked well as a team and received the support they needed. The registered manager carried out supervision and checks of care workers. This enabled them to review their progress and

development. Care workers we spoke with confirmed that these took place and we saw documented evidence of this.

We checked whether the service was working within the principles of The Mental Capacity Act 2005 (MCA). The 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 decision made on their behalf must be in their best interests and as least restrictive as possible. The registered manager informed us that most people using the service had close relatives such as people's spouses or their next of kin. She stated that people's advocates or representatives would be consulted if people lacked capacity. She was aware that where needed, best interest decisions would need to be recorded. Information regarding people's mental state was documented in the care records. Details of people's next of kin were also recorded.

The service had guidance for staff on the MCA. The registered manager stated that care workers had received MCA training. Care workers we spoke with had a basic understanding of the MCA. They were aware of the relevance and importance of obtaining consent from people or their representatives regarding their care. They stated that they explained what needed to be done prior to providing personal care or assisting people. They knew that if people did not have the capacity to make decisions then they should refer matters to their manager so that professionals involved and people's next of kin can be consulted.

Is the service caring?

Our findings

People's relatives were positive about the care provided and made positive comments about their care workers. They told us that care workers listened to them, were pleasant and caring towards people. One relative said, "We are very happy. Carers understand our relative's needs and communicate well. They do a good job. They are wonderful. The carers are gentle and careful when providing personal care. They protect his dignity and privacy." Another relative said, "I am satisfied with the care provided. My relative has adjusted well. They let me know what is happening and often phone and communicate with me." A third relative said, "The carers are brilliant! My relative is happy with the carers. They make my relative smile. This is a hard thing to do."

Care workers we spoke with had a good understanding of the importance of treating people as individuals and respecting their dignity. They were able to describe to us how they protected the privacy and dignity of people when they provided personal care. They told us they did this by ensuring that where necessary, doors were closed and curtains drawn when attending to people. They said they would also explain to people what needed to be done.

The service involved people and their representatives in preparing and organising care for people. This was confirmed by relatives we spoke with and noted in feedback forms we examined. There was evidence of meetings and discussions with people or their relatives either face to face or via the telephone.

People's care records included information obtained from people or their relatives regarding the people's background, care needs and preferences. We however, noted that some people's records did not routinely include information regarding their background, language spoken and religion. This was discussed with the registered manager who stated that this information would be recorded in the future. Soon after the inspection, the registered manager sent us their new format for recording this information.

The service had a policy on ensuring equality and valuing diversity. Their PIR stated that people who use the service would be treated equally and without discrimination. This is regardless of the individual's ethnic background, language, culture, faith, gender, age, sexual orientation or any other aspect that could result in their being discriminated against purely because they have such characteristics. Care workers we spoke with had a good understanding of equality and diversity (E & D) and respecting people's individual beliefs, culture and background. They had a good understanding of people's culture and what was expected when entering the homes of people from other cultures. One care worker stated that she removed her shoes when visiting a family as this was their culture.

The registered manager explained that the service considered that the matching of care workers to service users was of paramount importance. Due consideration was also given to the worker's availability. When the needs and preferences of people had been noted, service users would then be informed of the care workers who would provide the service. The care workers would then be introduced to service users.

We discussed the steps taken by the service to comply with the Accessible information Standard. All

organisations that provide NHS or adult social care must follow this standard by law. This standard tells organisations how they should make sure that people who used the service who have a disability, impairment or sensory loss can understand the information they are given. The service had an Accessible information policy. The registered manager stated that the service was newly registered and they intended to meet this standard. She stated that care workers were matched with people who spoke the same language so that communication with people was effective. She also said that where needed they would translate documents into the language people understood and have use big print and pictorial format when needed.

Is the service responsive?

Our findings

Relatives informed us that care workers provided the care needed and as stated in the care plans. They were satisfied with the care provided and they stated that care workers were responsive and helpful. One relative said, "We are very happy with the carers. They do what they are supposed to do. We are aware of the procedure but have no complaints." A second relative said, "We are happy with the carers. They look after my relative well. He has improved. The carers know what to do." A third relative said, "We are very happy. They are very professional. The carers do what is in the care plan and attend to the needs of my relative. They leave the home clean and tidy."

The PIR of the service stated that they were committed to providing a service which was person-centred with the service user at the core of their activity. The care records indicated that people's care requirements had been assessed before services were provided and this had involved discussing the care plan with people or their relatives and representatives. The assessments included important information about people's health, mobility, medical and mental care needs. People's choice of visit times and the type of care they wanted were also documented. Care plans were then prepared and agreed with people or their representatives. This ensured that people received care that was appropriate.

Care workers had been informed by the registered manager in advance of care being provided to any new person. Care workers told us that this happened in practice and communication with their manager was good. They demonstrated a good understanding of the needs of people. We discussed the care of people who had specific needs such as those with pressure sores and diabetes. The registered manager stated that they worked with community nurses and supported them in meeting the needs of these people. Care records of people contained pressure area assessments and care plans. They detailed the responsibilities of care workers such as ensuring people's position in bed was changed. One care worker told us that this happened in practice and they did this to prevent pressure sores. We however, noted that there were no daily repositioning charts. These are needed to record the time and action taken when repositioning, for example; on which side and when. The registered manager stated that the information would be recorded. The format of the form to be used was sent to us soon after the inspection.

Reviews of care had been arranged by the registered manager with people and their relatives to discuss people's progress and the adequacy of the service provided. This was noted in the care records of people. Relatives confirmed that this took place and they had been involved in providing feedback. We noted that there was positive feedback regarding the care provided.

The service had a complaints procedure and this was included in the service user guide. People and relatives informed us that they knew how to complain and had the telephone number of the office. No complaints were recorded. The registered manager stated that none had been received.

Is the service well-led?

Our findings

Relatives we spoke with expressed satisfaction with the care provided and the management of the service. One relative said, "The agency is well managed. They are usually punctual - 99 percent of the time!" A second relative said, "I am satisfied with the management of the service. The manager had visited recently to check if everything was alright." A third relative said, "We have not yet completed a survey form but the manager has visited to check and review on the care." The satisfaction with the service was also reiterated in completed feedback forms we examined.

Feedback from a care professional indicated that they were satisfied with the services provided and in the running of the of the service. This professional found that their clients were happy and satisfied with the care provided.

We discussed how the service monitored the quality of care provided. The registered manager stated that they had started some checks and audits. These included audits of MAR charts and entries in the log book left at the homes of people. This was done to ensure that the required tasks had been completed. Spot checks had been carried out by the registered manager to ensure that care workers provided the required care and to obtain feedback from people who used the service. The registered manager also met with people and their relatives to review the care provided. Documented evidence was kept in the care records of people.

We however, noted that there had been deficiencies which were not picked up. We asked for evidence of comprehensive completed audits. These were not available. Comprehensive audits enable the service to check that it was adhering to the required standards and regulations and identify any shortfalls or deficiencies. These audits should include checks on areas such as care plans, risk assessments, recruitment records, accidents, complaints and punctuality. We had noted that there were deficiencies in the risk assessments such as lack of diabetes and seizures risk assessments. The initial assessments did not always contain information regarding the cultural and spiritual needs of people. In addition, pressure area repositioning charts had not been used when people were being re-positioned. The registered manager stated that the service was new and they had only started getting more contracts. She stated that they were in the process of preparing comprehensive audits. Soon after the inspection she provided us with their new audit form which included checks in various areas such as staff supervision, service user records and policies.

We recommend that the service takes advice from a reputable source about review its quality monitoring arrangements to ensure that regular and comprehensive audits are carried out.

The service had essential policies and procedures to provide guidance for care workers. These included the safeguarding procedure, medicines policy, equality and diversity and a complaints procedure.

The service had a management structure. There was a registered manager. She was supported by an administrator and a team of care workers. Team meetings had been held and the minutes of these were

available. Care workers informed us that they were happy working for the service and they found their managers to be supportive and approachable. They stated that communication was good and they had been informed about their roles and responsibilities.

An annual satisfaction survey relating to the service and care provided had not yet been carried out. The registered managers explained that they had only started having more contracts for care recently and a survey would be carried out later. However, the service had a record of compliments received. These included the following:

"Staff are always helpful, happy and have a good relationship with my relative."

"We have developed a very good working relationship. Their approach has been very professional and caring."

"They are all very polite and helpful. I think they are doing a good job."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The service had not prepared risk assessments which included guidance to care workers for managing certain risks to people.</p>