

Best Choice Care Limited

# Regus House, Office No- 206

## Inspection report

Regus House, Office No- 206  
Highbridge Oxford Road  
Uxbridge  
UB8 1HR

Tel: 03335774455

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

Date of inspection visit:  
28 August 2019

Date of publication:  
16 September 2019

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

Regus House – Office No 206 provides a domiciliary care service for older people living in their own homes in the community. At the time of our inspection, there were seven people 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

Not all risks to people's health and safety had been identified and assessed. Risk assessments did not always contain guidelines for staff about how to reduce risk and support people to remain safe. There was no evidence that people's needs were assessed before they started using the service.

People's records did not always contain the correct or necessary information and there was a risk staff would not know how to meet people's individual needs. Where there were care guidelines, these were sometimes basic and lacked detail.

People were not always supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice.

Where a person lacked the mental capacity to make a decision, the provider did not always make sure others making decisions for them had the legal authority to do so.

The provider carried out a range of checks and audits to monitor the quality of the service and make improvements where needed. However, these had not always been effective and had failed to identify some of the areas for improvement we found.

People who used the service and their relatives were happy with the service they received. People said the staff were kind, caring and respectful and they had developed good relationships with them.

The provider worked with other professionals to help make sure people had access to health care services. People received their medicines safely and as prescribed. People's nutritional needs were assessed and met.

Staff were happy and felt well supported. They enjoyed their work and spoke positively about the people they cared for. They received the training, support and information they needed to provide effective care. The provider had robust procedures for recruiting and inducting staff to help ensure only suitable staff were employed.

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

This service was registered with us on 9/8/2018 and this is the first inspection.

## Why we inspected

This was a planned inspection based on the date the service registered.

We have found evidence that the provider needs to make improvement.

## Enforcement

We have identified breaches in relation to safe care and treatment, person-centred care, need for consent and good governance.

Please see the action we have told the provider to take at the end of this report.

## 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.

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Regus House, Office No- 206

## 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

The inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. 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 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started and ended on 28 August 2019. We visited the office location on 28 August 2019.

#### What we did before the inspection

We reviewed information we had received about the service since their registration. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three members of staff including the registered manager, recruitment manager and a care worker. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two people who used the service and two relatives of other people to seek their views of the service.

# 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 requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- The provider had not appropriately identified and assessed all risks to people's health and safety. One person had a serious condition affecting several areas including their breathing. The care plan provided by the Clinical Commissioning Group (CCG) clearly identified the person's health concerns. However, the person's care plan did not have a risk assessment or guidelines for staff to understand the person's conditions and meet their needs. As staff worked in people's homes without supervision, there was a risk the person may receive inconsistent or unsafe support.
- One person had a medicines risk assessment in place although the registered manager told us they were managing their own medicines. The document was poorly completed and confusing. It stated the person was prescribed a controlled medicine to be given by a district nurse if the person was anxious and oral medicines were not effective. However, there were no guidelines about how to recognise signs of anxiety, and how to assess when the person required the input of the district nurse, so we could not be sure the person was receiving their medicine as required. We discussed this with the registered manager who admitted the risk assessment was incorrect and did not include the necessary information.
- There were 'skin integrity' plans in people's care plans, and these included body maps to indicate where the skin problem was. However, these were not always completed. For example, one person needed cream applied daily to an area of dry skin, but this was not indicated on the body map. This meant there was a risk staff would not know exactly where to apply the cream.

The provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Using medicines safely

- Some people were supported with their medicines. People's medicines were recorded on Medicines Administration Records (MAR) charts. We saw these were completed appropriately and there were no gaps. However, one person's MAR chart was confusing and difficult to understand. The registered manager was able to explain this to us but acknowledged it needed to be improved. They had taken appropriate action to improve this by the end of our inspection.
- People's care plans contained individual medicines plans. These recorded a summary of their medical history, their current health needs and allergy status. It also recorded what support the person needed and from whom. One person's care plan, however, was unclear and recorded the person needed support from both the care staff and the family members but did not specify how. The registered manager acknowledged

this needed clarification and told us they would rectify this without delay.

- Staff received training in the management of medicines and had their competency regarding providing medicines support assessed regularly. The care coordinator was a qualified trainer in medicines administration and trained staff in this. They ensured staff received regular refreshers.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and happy with the care they received. One person stated, "I feel safe with the carers. They have never let me down" and a relative said, "[Family member] feels safe with them."
- The provider had a safeguarding policy and procedures, and staff were aware of these. The provider referred concerns to the local authority as needed and worked with them to investigate safeguarding concerns.

Staffing and recruitment

- The provider had appropriate procedures for recruiting staff. These included formal interviews and carrying out checks on their suitability and identity. New staff underwent training and were assessed as part of an induction, before they were able to work independently.
- People told us staff mostly arrived on time and stayed the allotted amount of time. One person stated, "Yes they stay the length of time they are supposed to."
- The provider was in the process of recruiting more staff, so they could take on more people and be able to meet their needs. The registered manager told us they offered staff some office work when there was not enough care work available, so they could motivate them to stay with the company.
- There was always a senior member of staff on call out of normal office hours. This meant people who used the service and staff were able to call someone anytime. There was a weekly report completed by the person on call. We saw this included any concerns about people who used the service, or staff absence which needed to be covered.

Preventing and controlling infection

- There were systems in place to prevent the spread of infection and cross contamination. All staff received training in infection control and had access to personal protective equipment such as gloves and aprons, and where necessary, shoe covers.

Learning lessons when things go wrong

- There was an incident and accident policy in place. Incidents and accidents were recorded. However, there had not been any reported in the last year.
- The registered manager told us lessons were learned when things went wrong. They said, "When things go wrong, we act straight away. We learn from that. We talk together, we put action plans in place. We try to prevent things happening. Preventing is important. We want good practice all round." They were unable to provide us with an example.



# 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 requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;  
Supporting people to eat and drink enough to maintain a balanced diet

- The provider did not complete full assessments of people's needs before they started using the service. The registered manager told us they assessed people's needs and ensured they met these. However, they could not show us any evidence of pre-admission assessments, apart from those they received from the Clinical Commissioning Group (CCG), when people had been referred by them. This meant there was a risk people's needs would not be met appropriately and according to their choice and wishes.
- People were supported by staff with food and drinks of their choice. Some required already prepared meals to be warmed up and other required snacks to be prepared. If necessary, staff would cook a meal and had received appropriate training in food safety. However, people's care plans did not state their preferences in terms of food and drinks, and when they wanted to eat. The registered manager acknowledged this needed improvement and said they would address this.

The provider had failed to fully assess people's needs according to their choice and wishes. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

- One person had been assessed as lacking mental capacity to make decisions about their care and support. We saw their care plan and consent to care documents were signed by a relative. The registered manager told us the relative had Lasting Power of Attorney for health and welfare matters for the person. A lasting power of attorney (LPA) is a legal document that lets a person (the 'donor') appoint one or more people (known as 'attorneys') to help them make decisions or to make decisions on their behalf.
- The registered manager could not provide evidence of the LPA at the time of our inspection. They sent us this after our visit and it indicated the LPA was for only for financial matters. This meant the relative did not have the legal authority to make decisions regarding the person's health and welfare or consent to their person's planned care arrangements. The registered manager had not checked this to make sure this was the case. This meant people's rights were not being respected as they were not being supported in line with the principles of the Mental Capacity Act."

This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us where people had the mental capacity to make decisions about their care, these were respected. We saw people had their mental capacity assessed and had signed their records to show they had been consulted and agreed with the content of these.
- People told us they were consulted, and their choices were respected. Consent was obtained in areas of people's care and support, including medicines, sharing information and personal care and we saw evidence of this in people's records.

Staff support: induction, training, skills and experience

- People and relatives thought overall, staff were well trained and knew how to support people. However, one relative stated they were unsure at first. They said, "They sent a young and inexperienced carer who did not really know what to do. I requested a more experienced carer." They added, "We had three or four carers and it's fine now. My [family member] likes them and is used to them."
- Staff received training in all subjects the provider identified as mandatory. This included medicines, safeguarding, health and safety, basic life support and infection control. They also undertook training specific to people who used the service such as duty of care, equality and diversity, person-centred care, privacy and dignity, dementia and mental health.
- Staff told us they felt supported by the management and were supervised and appraised. One staff member stated, "They come and do spot checks and I get supervision regularly."
- The recruitment manager met weekly with the care coordinator to discuss any concerns. However, these meetings were not recorded. They carried out regular appraisals where they discussed all areas of their work, what went well and how to provide support to make further improvements. The recruitment manager told us they would record all meetings going forward.

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

- People had access to healthcare professionals and staff supported them to attend appointments where necessary. The registered manager was in the process of putting in place a new more detailed log book, where any visiting professionals would record the outcome of their visits and any instructions for care staff to follow.
- People's healthcare needs were recorded. The senior staff communicated regularly with healthcare professionals. The registered manager told us, "We work with occupational therapists, physiotherapists, GPs and nurses, specialist nurses and the palliative care team. We have a good relationship with the care coordinator of the local hospital who refers people to us."

# 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 requires improvement.

This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- Care plans were not always written in a person-centred and respectful manner. For example, the individual plan for washing and dressing a person did not refer to the person in their preferred name and included sentences such as '[They] go on the commode and sit there' and '[They] get their wash done and cream is applied'. We raised this with the registered manager who agreed this was not respectful and would address this with staff.
- People told us they were cared for staff who treated them with dignity and respected their privacy. The registered manager told us they ensured all staff received appropriate training such as duty of care and person-centred care, and we saw evidence of this.

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

- People told us they were treated with kindness and respect. One person stated, "Oh definitely (they respect my dignity). I am very happy, and I don't want anything to change" and another said, "I usually have the same carer. [They] are kind and caring and definitely treat me with respect - I feel safe with [them]."
- The registered manager had taken appropriate steps to reflect their cultural background. For example, one person whose first language was not English was supported by care staff who spoke the same language to facilitate conversation and form rapport. Where regular staff were unavailable, one of the senior staff who also spoke the same language was able to cover.
- Staff supported people to access places of worship when they required this. The recruitment manager told us, "We support our clients to access the community, religious places such as church, temple or Gurdwara."

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

- People told us they were consulted and involved in decisions about their care. They were encouraged to express their views via quality questionnaires and telephone monitoring. One person said, "Everything is fine."

# 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 requires improvement.

This meant people's needs were not always met.

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

- Care plans included sections in all aspects of people's care and support, such as nutrition, continence and medicines. However, these did not always contain the correct or necessary information and there was a risk staff would not know how to meet people's individual needs. For example, one person was assessed as needing support with food and drink preparation, but there were no guidelines about the kind of support they required, and there was a risk staff would not provide appropriate support. We discussed this with the registered manager, who spoke with the relevant staff about this. They said this had been an oversight and completed the care plan.
- The same person's continence care plan indicated they required assistance to access the toilet, however, there were no guidelines about the kind of assistance they required. After speaking to the staff member, the registered manager told us the person did not require assistance and this was an error. This could cause confusion for staff and there was a risk the person would not be supported according to their needs.
- Where there were guidelines, these were sometimes basic and lacked detail. For example, people's personal care guidelines stated they required support such as a strip wash, or showering and grooming, but there was no personalised information about how people preferred to be supported and any particular requirements to meet their individual need.

The provider had failed to ensure care plans contained accurate information and there was a risk people's needs would not be met. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, we saw evidence the registered manager had started to review all care plans to make the necessary improvements.

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.

- Care plans included 'Communication plans'. These recorded if the person had difficulties with their speech, hearing, sight or written instructions and how to support them with this. For example, one person

whose first language was not English was supported by staff who could speak their language.

- One person had a hearing impairment and had hearing aids. Their care plan stated for staff to speak slowly.

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

- People were supported to undertake activities of their choice if this was part of their care plans. This included outings into the community such as the library or shops. The care plan for a person living with dementia included a range of activities to help reduce agitation and boost mood, taking into account what the person enjoyed doing. This included memory games and colour and shape puzzles. The registered manager showed us evidence staff engaged in these activities with the person regularly.

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedures in place and people knew what to do if they had concerns. One person told us, "I complained once about a carer. I did not like her." A relative stated they had some concerns at the beginning and had complained. They told us, "A couple of times, the carer has not turned up and I had not been informed" and "Once I could not get hold of them, it kept ringing and ringing. That was just a one-off. Otherwise they are responsive."
- The provider kept a log of complaints and compliments they received. We saw these had been recorded and the complainant responded to appropriately and in a timely manner.

End of life care and support

- People's records contained end of life care plans and staff received end of life care training. The registered manager told us, "It is very important for staff to understand the process and end of life care." At the time of our inspection, nobody was receiving end of life care.

# 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 requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider carried out a range of checks and audits to monitor the quality of the service and make improvements where needed. However, we found audits had not always been effective and had failed to identify some of the areas for improvement we found.
- The quality monitoring system had failed to identify that not all risks to people's health and safety were appropriately identified and assessed. Risk assessments did not always contain guidelines for staff about how to reduce risk and support people to remain safe. Body maps were in place but not always completed. There was no evidence that people's needs were assessed before they started using the service.
- The quality monitoring system had failed to identify that a person's relative did not have the legal authority to give consent on behalf of the person.
- The quality monitoring system had failed to identify that records did not always contain the correct or necessary information and there was a risk staff would not know how to meet people's individual needs. Where there were guidelines, these were sometimes basic and lacked detail.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- Following our inspection, the registered manager showed us evidence they were taking action to make improvement. For example, they had emailed the staff to inform them of the concerns and had arranged training for all staff. They had also started to review care plans and risk assessments.
- The provider had an electronic monitoring system in place. Staff were expected to log in and out when visiting people. The registered manager received an alert on their mobile phone when a staff member was running late or had not logged on. On the day of our inspection, they showed us an alert indicating a staff member had not arrived at the person's home. They called the staff immediately and were reassured they were there supporting the person, but the poor internet connection meant the system had not updated.

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

- People and relatives spoke positively about staff and management although not all remembered who the registered manager was. One person told us, "I don't know the manager, but I know the office [staff]. No problem, they are always very nice and very polite" and "I think I have met the manager."
- Staff told us they felt supported by the management and could contact them at any time. One staff member told us, "I can call them anytime if I have trouble. I can discuss things with the manager. They are supportive" and "I am happy with the support I am getting. They have time to listen to me."

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 manager was transparent and told us they understood how important it was to be honest and open when mistakes are made, or incidents happen. They told us they ensured they shared this information as necessary and apologised.

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

- People were consulted about their views of the care they received via quality questionnaires. We viewed a sample of these and saw people were satisfied with the service. Comments included, "Happy with the service so far. No concerns at the moment" and "No complaints about the carers. They are doing amazing work."
- Where any concerns were identified, the provider took appropriate action. For example, an unannounced spot check on a staff member. The registered manager told us, "When we start a new client, we give them a call after a week to see if they are happy and see if there are any changes we need to make. We do telephone interviews, quality assurance and regular reviews." One person confirmed this and said, "Somebody from the office came around to ask if I was happy with the service."

Continuous learning and improving care

- The registered manager was a qualified occupational therapist (OT) and delivered training in moving and handling to all staff. They had gained a lot of experience working in social care and managing staff. They were planning to start studying for a recognised qualification in management.
- The registered manager kept abreast of developments within the social care sector by attending provider forums organised by the local authority. They read social care publications, newsletters from the Care Quality Commission (CQC) and visited the CQC website. They were a member of 'Essex Carers' Association', attended OT shows and events organised by local councils and the CCG, for example, on digital care planning.
- The registered manager passed on relevant information to staff to improve their knowledge and make them feel valued. They told us, "I share all that knowledge in team meetings for staff. We also have a newsletter issued to staff."

Working in partnership with others

- There were regular team meetings which included subjects such as health and safety, people who used the service, staffing and training. There were also weekly office meetings and we saw evidence of these.
- The managers promoted their service in the community by attending events such as 'Carers day' in Hillingdon. They delivered presentations in local temples and libraries about elderly care, dementia, stroke, palliative care and diabetes.
- The recruitment manager told us they were an active presence with the local CCG and worked with them on a regular basis. This had led to networking at their annual event. They also had a good relationship with the local hospital discharge team who often referred people to the service.
- The provider had a good networking relationship with the local universities and had recruited suitable

students into employment.



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 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered person did not always carry out an assessment of needs and preferences for the care and treatment of the service user.</p> <p>Regulation 9 (1) (3) (a) (b)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Care and treatment of service users was not always provided with the consent of the relevant person.</p> <p>Regulation 11 (1)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not always provided in a safe way for service users.</p> <p>Regulation 12 (1) (2) (a) (b)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not always assess and monitor the quality of the service provided.</p>

