

# Best At Home Domiciliary Care Services Ltd

## Best At Home Domiciliary Care Services Ltd

### Inspection report

Peel House  
34-44 London Road  
Morden  
Surrey  
SM4 5BT

Tel: 07725750250

Date of inspection visit:  
18 September 2019  
26 September 2019

Date of publication:  
23 October 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?

Requires Improvement ●

# Summary of findings

## Overall summary

About the service: Best At Home Domiciliary Care Services Ltd is a domiciliary care agency and registered for 'personal care'. The service provides personal care to older people who may be living with dementia and have physical disabilities. At the time of inspection, 40 out of 43 adults were receiving support with personal care from this service.

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:

There were no quality assurance processes in place for the registered manager to review the audits taking place. We made a recommendation about this.

Risks to people's health and safety were not always sufficiently assessed and more guidance was required for staff on how to mitigate the potential risks to people. Although care records reflected people's preferences and choices, some additional information was required on how to support people with personal care and at the end stages of their lives.

Staff followed provider's procedures if they noticed people being at risk to harm. People were assisted to manage their medicines safely. Staff were required to undertake appropriate checks before they were employed by the provider. Systems were in place to ensure hygienic care for people.

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. Staff knew the actions they had to undertake should they noticed people's health needs deteriorating rapidly. People were assisted with their meal preparations as necessary.

People felt respected by the staff that supported them. Staff encouraged people to maintain their independence skills where possible. People were provided with information, so they could make choices and decisions for themselves as necessary. Personal information about people was securely stored.

Staff encouraged people to engage in conversations and used their preferred ways of communication. People and their relatives felt confident to raise any concerns they had which were addressed by the service to the satisfaction of the complainant.

People and relatives told us there was good leadership at the service which ensured that their views were adhered to as necessary. We found the registered manager transparent and caring about people's wellbeing. The staff team worked together with the families to ensure person-centred care delivery for people. Support and guidance was provided for staff to ensure they performed their duties well.

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

The last rating for this service was good (published 10 May 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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.

## 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?

Requires Improvement ●

The service was not always well-led

Details are in our Well-Led findings below.

# Best At Home Domiciliary Care Services Ltd

## **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

This inspection was carried out by one inspector.

#### Notice of inspection

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

#### 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 two managers in post who were 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.

#### What we did before the inspection

Before the inspection, we looked at information we held about the service, including notifications they had made to us about important events. 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 visited the agency office on 18 and 26 September 2019 and spoke with the provider, one of the registered managers and a member of the human resources team.

We reviewed a range of records. This included six people's care records, three staff files, recruitment, medicine records and other documents relating to the service delivery.

We spoke to two people, six relatives and a friend asking for their feedback about the service delivery. We also talked to three staff members working for the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at data relating to training and staff support.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- During the inspection we found that staff seemed to know how to prevent and manage the potential risks to people safety, despite there was a lack of recorded guidance.
- Risks to people's safety were not always assessed where there was a need identified. People had risk management plans in place for moving and handling which had the risks assessed and managed where a person required support to use mobility equipment. However, risk assessments were not carried out where it was identified that a person was at risk for pressure sores and nutrition. Although some information was available of how staff should mitigate these risks, more details were required to ensure the person's safety.
- The registered manager told us that environmental risk assessments were carried out when people were first referred to the service and only updated if there was a change in people's living conditions. This meant that people's environment was not regularly reviewed to ensure their safety. We also found that the environmental risk assessments had not included checking of fire safety in people's homes.
- These concerns were discussed with the management team who told us they would update the risk assessments immediately. On the second day of inspection, we saw the forms in place in preparation to be completed as necessary and soon after the inspection we were provided with examples of completed risk assessments. We will check their progress at our next comprehensive inspection.

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

- Staff knew the actions they had to take to protect people from the risk of abuse and harm. One staff member told us, "Security of people we support is important to us. We make sure there is no harm or danger around them. If I notice anything unusual or concerning I would report it to the [registered] manager."
- Policies and procedures were in place for reporting, recording and monitoring any abuse allegations.
- No safeguarding investigations had taken place since the last CQC inspection.

### Staffing and recruitment

- Staff were required to undertake pre-employment checks before they started working for the provider. Staff had to fill in an application form noting their experience and training related to working with vulnerable people. They also attended an interview, provided references and undertook a criminal record check to ensure their fitness for the role. Systems were in place to monitor staff that required work permission to ensure they had the legal rights to work in the United Kingdom.
- People told us they had support from regular carers who knew their care needs well. They also said that staff arrived on time and stayed the allocated time of their visit.

### Using medicines safely

- People had support to manage their medicines safely. Care plans included information related to the

support a person required to order, collect and take their medicines safely.

- Spot checks were used to monitor the administration of medicines to people. Field supervisors were required to check if medicines administration records (MARs) were completed appropriately and to observe staff administering the medicines to people. This ensured that people were supported to take their medicines as prescribed.

#### Preventing and controlling infection

- Staff were aware of the actions they had to take to avoid risk of infection. They provided us with examples of how they protected people from cross contamination. One staff member told us they used a new pair of gloves every time they supported a person with personal care or food preparations which helped them to maintain infection free environment.

#### Learning lessons when things go wrong

- The registered manager told us that their health and safety training course included training for staff in relation to incidents and accidents which all staff had attended as required.
- Staff were aware of their responsibility to report any incidents and accidents taking place to ensure people's safety.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- An initial assessment was carried out when people were first referred to the service to identify the care needs related to people's daily living. This included the support people required with mobility and medicines.
- The registered manager told us they provided people with a copy of their care plan to ensure they were in agreed with the proposed support.

Staff support: induction, training, skills and experience

- Records showed that staff were provided with mandatory training courses which included training in safeguarding vulnerable adults, health and safety, Mental Capacity Act (2005), Dementia awareness, medicines management and infection control. A staff member told us, "I get good response from clients and families. This is what the training helped me to achieve."
- Staff told us they were encouraged to develop in their role, including undertaking the Qualifications and Credit Framework (QCF) training. QCF is a recognised qualification in social care sector for training staff.
- Staff were supported through one-to-one supervision and appraisal meetings with their line manager. Records showed that all staff had been recently spot checked to ensure they performed their duties as necessary. Medication competency assessments were carried out after staff had completed training in medicines management to ensure their competence in this area.

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

- People told us they had the necessary support and at the times they required it to meet their nutritional needs. This mostly included support with preparation of meals. People were given a choice of what they wanted to eat.
- Staff were aware of people's nutritional needs. One staff member told us how they supported a person to prepare pureed diet meals. Another staff member said they used instructions to appropriately heat up the food for a person to ensure it was at the right temperature.

Staff working with other agencies to provide consistent, effective, timely care;

Supporting people to live healthier lives, access healthcare services and support

- Staff were allocated into the team for those people who needed two staff members to support them, so they could travel and work together ensuring consistent and timely care provision.
- The registered manager told us they provided support to people to meet their health needs as and when they required it. This included making referrals, booking and accompanying people to medical appointments when such support was not available for them from their families.

- Staff were aware of the actions they had to take should they noticed people's health needs deteriorating rapidly. This included calling the emergency services and providing immediate care for a person before the ambulance had arrived.

#### 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. Staff told us they followed the care plans to ensure they supported people to make everyday choices in accordance to their wishes and preferences. Staff were provided with a pocket guidance of MCA principles to ensure they were applying the legislation in practice as necessary.
- The registered manager said they assessed people's capacity during the initial assessment process to ensure they consented to the proposed support.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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; equality and diversity

- Staff attended to people's needs with care and compassion. One person said that "carers are very good and understanding. They are supportive and encouraging." A relative told us, "Carers are very nice, polite, respectful and calm. I am very pleased with them."
- Staff understood people's cultural and religious needs well. A staff member told us, "I support [a client] of Islamic faith so I take my shoes off when going into their house, making sure they are comfortable. I put on the Islamic music for when they go to sleep as this is what they like."
- The registered manager told us they took people's cultural and religious needs into consideration when planning their care delivery, which included allocating a staff member of the same gender or who could speak a person's native language.

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

- People told us they were provided with choices and that they made decisions about their care delivery. One person said, "I choose my care and how and when to be supported. No one does that for me!" A family member told us they advocated on their relative's behalf and that the choices were always provided to them as to how they wanted their relative to be supported with personal care. A staff member said, "I always give a choice. I don't decide for [people], like what they would like to eat for breakfast."
- People were provided with a 'Service Users' Handbook' which provided information to help them to choose different aspects of their care delivery and what they should expect from the Best At Home Domiciliary Care Services.

Respecting and promoting people's privacy, dignity and independence

- People's dignity was respected. A staff member told us, "I respect people. I close the doors when supporting them and I put a towel to cover them after a wash. I make them feel comfortable when I am around. I do not talk about people outside the organisation."
- Staff encouraged people's independence where they were able to carry out activities for themselves. A staff member said, "I let [a person] do what she can do for herself and I help her to do the rest if she needs help, like washing her back or to walk independently."
- Systems were in place to ensure that confidential information about people was only shared on a need to know basis. People were asked to agree for their personal information to be shared in accordance with the General Data Protection Regulation which protected their right to privacy.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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 told us that staff responded to their care needs as necessary and in good time. One person said, "Carers are very good at what they are doing, and they are here when I need help." A family member told us, "I don't think the carers can do much better. They do appear to provide good care. They are helping me, they are proactive. They know what [my relative] needs."

- Care plans were in place for staff to follow to ensure effective care delivery for people. Information was provided in relation to the daily activities people required support with, their medical conditions, personal histories and important relationships.

- However, some information required to be more person-centred to ensure continuity of care provision for people. For example, the specific support a person required with dressing, undressing and washing of their hair. Although people told us they had their cultural and religious needs met appropriately, this information was not included in people's care plans as necessary.

### End of life care and support

- Staff were trained on how to support people at the end stages of their lives.

- Care plans were in place for those people who were at the end of their life. Information was included if people had expressed Do Not Attempt Resuscitation (DNAR) wishes and how to support a person if death was approaching.

- However, more information was required to reflect people's end of life wishes in relation to their spiritual needs and preferences, including how and where and in presence of whom they wanted to spend the last minutes of their lives.

- The above concerns were discussed with the management team who told us they would update the care plans immediately to reflect the changes required. On the second day of inspection, we saw the care plans being updated to include an assessment of people's cultural and spiritual needs. We will check their progress at our next comprehensive inspection.

### 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.

- The provider was aware of their responsibility to meet the AIS. Staff told us how they encouraged and supported people to communicate their needs. One staff member said, "Some people can speak, others use hands to tell us what they want. If I talk slowly, they understand what I say. If I want a client to choose their

clothes, I put it in front of them and they put a finger on what they want. We always find a way to communicate with our clients." A family member told us, "Carers know what to do and how to communicate with [my relative]."

Improving care quality in response to complaints or concerns

- People and their relatives told us they felt confident to raise their concerns when necessary and that the issues they raised would be addressed appropriately. Relatives' comments included, "I would call the [registered] manager or the owner and they would definitely sort out [my concerns]" and "If I am not happy, I would talk to the council, [registered] manager for Best at Home or doctor. I do tend to get help if needed."
- Complaints received were recorded and addressed by the provider to the satisfaction of the complainant. For example, a staff member was replaced where a person requested for a different staff member to support them on a regular basis.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to 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.

### Continuous learning and improving care

- Some quality assurance processes were in place to monitor the care delivery at the service.
- There were shared responsibilities within the management team to carry out audits as necessary. We found that records related to incidents safeguarding and complaints were overseen by the registered manager who ensure that lessons were learnt if any reoccurring event had taken place. Record showed that people's care plans were reviewed regularly by the field supervisors to ensure they were up-to-date and accurate.
- However, systems were not always in place for the registered manager to review the audits undertaken by the management team making sure they were robust as necessary. We found that some audits lacked information to reflect the changes that took place in people's care records. Our findings confirmed that people's care records were not always sufficiently maintained to guide staff on the actions they had to take to ensure safe care delivery.
- The registered manager told us that audits undertaken by the management team were not checked by them, but that they were notified if a change in care deliver was required so they could take actions to address it as necessary. The registered manager recognised the importance of monitoring the audits and told us they would review the processes in place to ensure good care delivery for people.

We recommend that the provider seeks guidance on how to sufficiently monitor and improve the service delivery so that people's care records are maintained as necessary.

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

- The registered manager told us that one of their core values was to promote person-centred care at the service. They only took to support a person if they knew they were able to meet the person's individual care needs and preferences. One relative told us, "I would recommend this agency to other people."
- Staff told us how they worked together with the families to ensure they provided good care for people. One staff member said, "We are in contact with the families a lot. We do a lot for the clients. I have clients who passed away and the families are still contacting me. We do well on the job. I've got passion for it."

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

- We found the registered manager dedicated and transparent towards their responsibilities. They told us, "This is a family affair. It's clients, staff and providers and we work as one. Where we can improve the welfare

of a family, we make sure we do."

- There was a clear leadership at the service with shared responsibilities to help staff perform their duties as necessary. Staff said that the management team was "only a phone call away when I need them", "always there to help" and that "The [registered] manager was reliable and would always do his best to find solutions."
- The registered manager was aware of the different forms of statutory notifications they had to submit to CQC as required by law.

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

- Spot checks, annual feedback questioners and telephone monitoring were used to gather feedback from people about the service delivery. Actions were taken where it was identified that improvement was required, for example to ensure that staff were always wearing badges and appropriate clothing.
- Systems were in place for staff to share information effectively as necessary. Team meetings were facilitated to discuss any up-coming concerns and good practice, for example in relation to safeguarding procedures. Staff used daily notes to make a record of the activities they carried out during their shift to ensure consistent care delivery.

Working in partnership with others

- The management team told us they were registered with external organisations for information about the changes taking place in the healthcare sector. This included receiving notifications about the improvements required to be made in policies and procedures used at the service.