

## Best Options Agency Limited

# Best Options Agency

### Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Best Options Agency is a domiciliary care agency providing personal care to people in their own homes. At the time of our inspection there were eight people using the service.

### People's experience of using this service and what we found

People and their relatives spoke positively about the care they received. Care plans were detailed and included risks assessments however sometimes care records were not consistent, we have made a recommendation about this.. Medicines were managed safely. People were safeguarded from abuse. Effective infection prevention and control systems were in place.

Care was personalised and responsive to people's needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff received regular training, supervision and appraisal. Staff worked with external professionals to ensure people received the support they needed.

The provider had effective governance systems in place. Feedback was regularly sought and acted on. Lessons were learnt from incidents, it was not always clear how these were passed to staff.

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 20 March 2021 and this is the first inspection.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Best Options Agency

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

#### Inspection team

The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We announced the inspection. This was because the majority of the inspection took place remotely. The inspection started on 27 June 2022 and ended on 30 July 2022.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We received feedback

from the local authority about the service. We used all this information to plan our inspection.

During the inspection

We requested and reviewed four people's care records, medicine records, risk assessments and quality assurance records remotely. We interviewed the registered manager and contacted three staff members by telephone. We spoke to one person who uses the service and five relatives of people who use 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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe. The provider had policies in place to help keep people safe from abuse. One relative said, "I feel [person] is safe with the care provided".
- Safeguarding concerns were recorded, reported and investigated. The provider was working with the local authority to improve in this area. Staff were confident in their knowledge of safeguarding procedures. The safeguarding policy was accessible to all staff. Staff had completed safeguarding training.
- A relative said, "We feel [person] is safe and I think [person] feels safe because the carer is trained, careful and respectful at all times."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks were assessed, and actions were put in place to keep people safe. Care plans included detailed information about risks to people and how they should be managed. This included risks around hoisting people, catheter care, bathing and medicine administration.
- Systems and processes were in place to learn lessons from events. However, it wasn't always clear how these were shared with staff and acted on. The provider assured us this would be addressed immediately.

Staffing and recruitment

- Staff had been recruited safely and there were enough suitably trained staff to provide support to people. Staff had all necessary pre-employment checks in place including Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider was actively recruiting new staff to support with office administration and quality assurance.

Using medicines safely

- Medicines were managed safely. Medicine records clearly detailed what medicines people needed to take and when.
- 'As and when required' medicine protocols were in place. Topical medicines were applied appropriately.
- Medicines audits were carried out regularly.

Preventing and controlling infection

- People were protected from the risk of infection. A relative said, "They wear their masks."
- Infection control training had been carried out by staff and refresher training had been undertaken when issues had been identified.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People were involved in assessing their needs and deciding how their care was provided. People's relatives and health care professionals were involved when needed. People's social, religious and cultural preferences were included in their care documents. One person told us, "Once a month [staff] reassess my needs."
- Care was delivered appropriately; feedback was generally positive from people, relatives and staff.
- People were supported to eat and drink enough. Some people were assessed as being at risk of dehydration and measures had been put in place to support people with this.

Staff support: induction, training, skills and experience

- Staff were appropriately trained and received on-going support. New staff received a detailed induction and regular refresher training was carried out for all staff. One staff member said, "The induction was really good, I was able to ask lots of questions." Another staff member said, "I did lots of shadowing before being allowed to work alone."
- Staff knew the people they cared for. A relative said, "I would say they know how to care for [person] and are trained to be confident carers."

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

- The management team worked effectively with other agencies. People were referred to services such as occupational therapy in a timely manner.
- The provider has been working with the local authority who said, "The provider is open to learning and improving."

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 MCA 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..

- The provider was working within the principles of the MCA. Staff had received training in MCA and were aware of how to assess people's capacity.



# Is the service caring?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported in a caring way. Staff respected people's diversity. One relative said, "They are kind and they do speak to [person] in a respectful and gentle way." Another relative said, "[Staff member] is wonderful with [person], makes all the difference to all our lives."
- The cultural needs of people were respected. Information about people's lives was included in their care plans. Staff knew people well.

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

- People were supported to make choices about their care. Care plans included lots of detail about how they wished to be cared for. People's relatives were involved when needed.
- One relative said, "Each time a new carer comes, the manager comes too to make sure they are a good fit for [person]."

Respecting and promoting people's privacy, dignity and independence

- People were mostly treated with dignity and respect, and their independence was promoted. Most relatives felt that the care was respectful. One relative said, "[Staff] do respect [person's] privacy and always pull the cover up and close the door." However, another relative said, "[Staff] leave [person's] door open and we call all see." We raised this with the provider who confirmed he would address it with staff immediately.
- People were supported to maintain their independence as much as possible. Care plans reflected people's independence aims.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- Care was personalised to meet people's needs and preferences. Detailed care plans were in place to enable staff to provide person-centred care.
- Care plans included information in relation to people's choices, for example their communication and how they preferred to bathe. A relative said, "[Staff member] knows how to meet [person's] needs and [staff member] definitely does have the right skills and temperament to do so."
- Some of the care records were not consistent. For example, in one person's care plan there was no reference to continence needs, but in their support plan it identified the person needed support with continence needs. This was not the case in all care records. The provider confirmed he would review care documents as a matter of urgency.

We recommend the provider ensure care records are consistent to reduce the risk of people receiving incorrect care.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and recorded in their care plans. Staff were aware of people's communication needs and how to offer them support in ways they understood.
- One relative said, "[Staff member] explains everything to me but also respectfully to [person] even if he doesn't seem to comprehend what's being said to him [due to person's dementia]."

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 avoid social isolation. One relative said, "[Staff] have a chat with [person] and sometimes I hear them singing."

Improving care quality in response to complaints or concerns

- The provider handled complaints appropriately. The service had a complaints procedure which was given to people and relatives.

- A relative said, "I haven't made a complaint no ... the manager is polite and listens."

#### End of life care and support

- There was no one receiving end of life care at the time of the inspection. There was end of life care plans available to be used should someone require it.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The provider had created a positive, supportive culture focused on providing person-centred care and worked in partnership with other healthcare professionals. One staff member said, "Staff get on well and work together efficiently."
- One person said, "We are very happy with them and can always get hold of the manager if we need to."

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

- Staff understood their roles and were open and honest when things went wrong. Staff spoke positively about providing good quality care.
- The provider had appropriate quality monitoring systems and processes in place. The provider had reported incidents to CQC and other stakeholders where appropriate.
- The provider has been working with the local authority to improve their knowledge of the sector.

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

- The management team engaged with people and staff to gather their views. Quality assurance surveys were carried out with people and their relatives to ensure the care they received was appropriate and effective.
- People's equality characteristics were considered when care was planned.
- One person said, "[the provider] does ask me what sort of care I want, I do clearly let it be known how I like things to be done and I do feel listened to as well."

Continuous learning and improving care

- Systems and processes were in place to learn lessons from events. Improvements had been made based on feedback from people and their relatives.
- The provider has put an action plan in place based on feedback from the inspection, in order to continue improving.