

Home's Best Ltd

Home's Best

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

Home's Best is a domiciliary care agency providing personal care to people in their own homes. Not everyone who used the service received personal care. The Care Quality Commission (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. At the time of inspection, 18 people were receiving personal care.

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

There were issues around the safe recruitment of staff. Some pre-recruitment checks were not made in the five files we considered. During the inspection, additional measures were put in place to ensure these matters were resolved. We found no evidence people were at risk of harm from this concern. This has resulted in making a recommendation that can be seen in the 'safe' section of this report.

People told us they felt safe. Staff understood their responsibilities about keeping people safe. Risks were identified and managed. Incidents and accidents were recorded so that they could be considered and reflected upon to make improvements to the service. Staff understood their responsibilities to prevent the spread of infection whilst working in and between people's homes. They wore the correct personal protective equipment (PPE) and were regularly tested to ensure they were safe to work with people.

People liked the staff who supported them and told us staff were kind and respectful. The registered manager, care manager and staff considered people's diversity and respected their right to privacy and dignity. They encouraged people to be as independent as they could be and involved them in decisions about their care. People's personal information was kept confidentially.

Staff had completed training in key areas and were supported to carry out their roles. They were supported in their roles by the provider and registered manager. People were supported to access health services if needed. People's dietary needs were assessed and, where required, they were supported with their meals.

People's care plans were up to date and detailed their individual needs and preferences. People and their relatives knew how to complain.

People were supported during the end of their life. The service respected people's wishes and worked closely with relatives and health care professionals to ensure people had dignity in their final days.

The service was managed by a registered manager who had a clear vision about the quality of care they wanted to provide. The registered manager was also a representative of the provider. Staff were aware of their roles and responsibilities. There were quality assurance systems in place to monitor the quality and safety of the service. There was a focus on continuous improvement and learning from mistakes.

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

Rating at last inspection

This service was registered with us on 07/08/2019 and this is the first inspection.

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?

Good ●

The service was well-led.

Details are in our well-led findings below.

Home's Best

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 and an Expert by Experience. The Expert by Experience made calls to people and their relatives seeking feedback on the service. 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.

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 48 hours' notice of the inspection. This was because it is a community based service and we needed to be sure the registered manager and care manager would be in the office to support the inspection.

Inspection activity started and concluded on 22 April 2021. We visited the office location on 22 April 2021.

What we did before the inspection

We reviewed information we had received since the service was registered with us. We also sought feedback from health care professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to

make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with five people who used the service and three relatives about their experience of the care provided. We spoke with two members of staff including one from the office, the care manager and the registered manager who was also a representative of the provider. We reviewed a range of records which included four people's care records and five staff files. We looked at a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found.

Is the service safe?

Our findings

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

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

Staffing and recruitment

- Safe recruitment procedures were not always followed. On occasions, these had not been thorough enough. Some checks with previous employers in health and social care and some other pre-employment checks had not been made in the recruitment files we considered.
- Checks such as those into identity, right to work and criminal records had been made.
- There was no evidence anyone had been harmed because of the omissions. We raised this with the registered manager who immediately implemented further measures to ensure the whole staff team continued to be safe to work with vulnerable people.

We recommend the provider reviews its recruitment processes to ensure they are compliant with legislation and best practice.

- There were enough staff employed. The staffing rotas supported this. People and their relatives told us staff arrived on time, stayed for the right amount of time and did not rush them.

Using medicines safely

- Medicines were managed safely. Medicines were recorded within people's medication administration records. This meant the registered manager had oversight of medicines people took and ensured they were administered in line with the prescriber's instructions. One person said, "The carers give me my medication. In between, they're all locked up for safety."
- Medicines were administered by staff who had completed relevant training to administer them safely. Staff member's competency to administer medicines was regularly checked.
- Any errors were noted and acted upon in regular audits of records and action taken with staff where they had made mistakes. In one case, we noted staff had established an error with professionals who had provided medicines. This was reported to the office and senior staff had taken action to ensure people were safe.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff that supported them. One person said, "The carers always check that everything's safe before they leave. I feel I can trust them."
- There were effective safeguarding processes in place and staff, the registered manager and care manager had a good understanding of safeguarding. They understood their responsibilities for keeping people safe and the processes for reporting any concerns. A member of staff said, "We are encouraged to report concerns and are well supported with this."

Assessing risk, safety monitoring and management

- There were effective risk management systems in place. People's care plans included risk assessments about individual care needs such as nutrition, hydration and using specialist equipment. Control measures to minimise any risks that were identified were set out for staff to refer to. We noted many of these incorporated specialist input of social and healthcare professionals such as community nurses. A health care professional said, "We provide guidance and the service always follows our advice. If there are any issues, they contact us so that people are protected and receive appropriate care and support."
- People told us staff were attentive to their safety and wellbeing. One person said, "Carers look out for any [health] issues and tell me if there's anything."

Preventing and controlling infection

- Actions were taken to reduce the risks of cross infection. Personal protective equipment (PPE) such as masks, gloves and aprons was available to staff to reduce the risks of infections spreading. People told us staff wore PPE when appropriate. One person said, "The carers always have an apron, mask and gloves for everything and change them afterwards."
- The inspection took place during the COVID-19 pandemic. Management and staff were participating in a regular infection testing programme to ensure they were safe to work with people.

Learning lessons when things go wrong

- The registered manager communicated openly with people if improvements to care were needed. A log of incidents was kept and analysed to prevent further incidents occurring.
- The registered manager and care manager told us they felt they were continually learning lessons including some they had gained from the CQC inspection.

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

- People's needs were assessed before the service began to provide support. Where people lived and the impact on staffing capacity were considered before a decision was reached about whether the provider could meet a person's needs. The registered manager said they would decline to provide a service if the person's needs could not be met.
- Following the initial assessment, all risk assessments and individual support plans were developed with the person, their relative and where appropriate, health and social care professionals. These were planned and reviewed regularly to ensure people received support that met their changing needs. One relative said, "The manager came out and went through everything in the care plan with me."

Staff support: induction, training, skills and experience

- Staff had the right level of training and experience. People and relatives we spoke with said they felt staff had the right skills to provide the care and support they needed. One person said, "Two of my carers are senior and experienced and they know what they're doing. When there's someone new being trained, they mentor them and show them what to do and how."
- Staff training in key areas was up-to-date. Staff members we spoke with felt they had received enough training for their role. Records supported staff members' training was up to date. Where required, we noted specialised training was provided around areas such as moving and handling. All staff were scheduled to undertake a practical emergency life saving first aid session later in the year.
- Staff had completed or were working towards additional external qualifications in health and social care. New staff had completed an appropriate induction to the service. One staff member said, "I am supported to progress my career with qualifications and opportunities. I hope to get to a stage where I am selected as an apprentice in social work."
- Staff received regular supervisions and an annual appraisal.

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

- People received support with eating and drinking, where they had needs in this area. Care plans were personalised and included details of people's preferred way of being supported, such as what food they liked and how they liked to eat it.

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

- People received ongoing health care support. Where appropriate, referrals were made to health care services when people's needs changed. People told us the service contacted health professionals when their

health had declined.

- Records showed the service worked with a range of external professionals to maintain and promote people's health. One health care professional said, "They [staff] work really well with us. They are accessible and call on us appropriately. They also follow the care plan and are appreciative of our specialist input."

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 with appropriate legal authority. 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.

- At the time of the inspection, no one using the service was subject to any restriction of their liberty in line with MCA legislation. We noted one person may have required a review around the extent and level of supervision the service was providing to ensure compliance with legislation. The registered manager undertook to arrange this.
- The registered manager had a good understanding of the MCA. They knew not to deprive a person of their liberty unless it was legally authorised, and they understood the importance of gaining a person's consent before providing any care and support. One person told us, "They always check it's okay before they do anything."
- Although the registered manager routinely assessed people's capacity and held best interest discussions with key people, this was not always formally documented. They agreed to review processes to bring them in line with the MCA.

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 treated with respect and kindness. People and relatives told us staff members and the care and registered manager were kind and compassionate. They told us their experiences of receiving care from staff had a positive impact on their wellbeing. One relative said, "The carer goes above and beyond, and is a very kind and caring person. My relative has a bit of fun with all of the carers." Staff and management also spoke with affection and understanding of working with people and their relatives.
- Staff understood the importance of treating people as individuals with rights. They were also aware of the importance of treating people equally, taking account of the diversity of the people they cared for. These values were promoted by the service and were covered during staff members' induction.

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

- Staff helped people to express their views, so staff and the registered manager understood them around their preferences and choices. One person said, "The care plan is always there and we can refer to it. My family have access and can leave a message in it for the carers to pick up."
- When people could not make day-to-day decisions, if required, the service could provide information to people about advocacy services. This meant people had someone who could speak up on their behalf.

Respecting and promoting people's privacy, dignity and independence

- People were respected and treated with dignity. People and relatives told us staff were good at upholding their dignity. This meant people felt respected and were comfortable with staff entering their homes. One person said, "When I started having care I was a bit self-conscious, but the carers make me feel comfortable about it. It's just their general attitude really."
- People were promoted to be as independent as they were able and wished to be, without compromising safety. One person said, "The carers don't take over; I feel they let me do whatever I can for myself."
- The care and registered manager could describe to us in detail people's likes and dislikes. They knew people well.
- Records were kept confidentially at the office and only authorised staff and management could access them.

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 to meet their needs and preferences; 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

- Care plans were person centred, up-to-date and regularly reviewed. They were well written and contained information about people's daily routines and specific care and support needs. Of the eight relatives and people we spoke with, one relative spoke negatively about the service meeting and supporting the needs of their loved one. The other views were positive around care planning and the ability of the service meeting the needs of people.
- The staff members we spoke with knew people's needs and preferences and said they would be responsive to people's changing needs. One relative said, "If my relative says no to a shower, it's a bed bath instead. He's allowed to say yes or no to things."
- People were supported by staff to participate in activities which were meaningful to them. In some cases, we noted staff regularly supported people in the community with shopping and community activities.
- A summer garden party in 2020 had been cancelled because of government restrictions around COVID-19. The service had made safety adaptations and provided party food and presents safely to people in their own homes. The registered manager told us of plans for a party in the summer 2021 but this would only happen if safety restrictions allowed the gathering of people.

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. 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 service met people's communication needs. The registered manager and senior staff assessed people's communication needs and recorded this information as part of the initial assessment and care planning process. The registered manager gave us examples of how important information such as complaints processes could be provided to people in different formats such as audio recordings. This would assist in enabling people to engage with the service.
- We noted technology was sometimes used to assist communication. The service was in the process of using assistive technology and providing hand-held devices to staff. This would assist staff and people in communicating and ensuring people were kept up to date around their care and support needs.

Improving care quality in response to complaints or concerns

- People and relatives knew how to complain. People told us if they had any serious concerns they would speak to senior staff directly. The provider had received one complaint since starting the service. We noted

this had been handled correctly. The registered manager said that lessons had been learned from the process and some areas of the provision of care and support had changed as a result of the experience.

- People who used the service were given a guide when they started to use the service. This contained information about how to raise any concerns and how they would be managed.

End of life care and support

- The service had a comprehensive end of life care and support policy. At the time of the inspection, three people were receiving end of life support.

- Specialist training had been given to all staff around this area of care and support. The registered manager told us plans for senior staff to receive nationally accredited training in this area had been delayed because of the COVID-19 pandemic and it was hoped this could be arranged later in 2021.

- The registered manager said the service wanted to concentrate, amongst other areas, on this essential area of care and support. They gave examples of how they were currently working with people needing support, their relatives and health care professionals to ensure people's needs and wishes were met.

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

- There was an open and positive culture within the service. The registered and care manager provided effective leadership and a clear direction for staff to provide person centred care.
- Staff told us they felt listened to and well supported to develop their roles within their work to improve the care and support for people. We were told, "We are really well supported and I know there is always someone available whenever I need support or come across a matter that requires management input."

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 registered and care manager told us they were always honest with people if things went wrong and, where appropriate, would make referrals to the local authority safeguarding team. There was a policy to inform staff of the action to take if something went wrong or changes were required to support a person.
- The registered manager and staff understood the importance of reporting accidents and changes in people's health to the appropriate professionals and agencies and keeping families informed. This indicated that the principles behind a duty of candour were recognised within the service's culture. One person said, "I could ring about any problem whatsoever. I feel I can rely on the service and the managers and staff."

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

- The registered manager understood the requirements of their registration. They notified CQC of significant events that may require regulatory oversight and worked with outside agencies to advance peoples welfare.
- The registered manager kept up to date with changes in legislation and current best practice and monitored staff practices and development.
- The registered and care manager operated quality assurance processes and monthly audits on all aspects of the service including medication and care records. These had highlighted where any improvements were needed to keep people safe, such as the need to check staff competence around medicines administration.

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

- The registered manager had created an inclusive and open environment. They sought ideas and feedback from people and relatives both informally and by using surveys. People said they felt their views were important and staff respected their choices and chosen lifestyles. One said, "We had an anonymous survey

to send through the post and after we'd sent it we had a call from the survey company, asking more questions."

- Staff told us they felt valued, listened to and well supported to develop in their work. They told us staff morale was good and they had the opportunity to speak about any issues at their regular meetings with management staff.
- The registered and care manager worked in partnership with health and social care professionals. We noted one example of this had led to a person's condition improving and reduced the risk of hospital admission and further intervention of health care professionals.