

## Best Care Liverpool Limited

# Best Care Liverpool Limited

### Inspection report

Knowsley Community College, Kirkby Centre  
Cherryfield Drive  
Liverpool  
L32 8SF

Tel: 01512720181  
Website: [www.bestcareliverpool.co.uk](http://www.bestcareliverpool.co.uk)

Date of inspection visit:  
13 May 2019  
17 May 2019  
23 May 2019

Date of publication:  
23 July 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?	Good ●

# Summary of findings

## Overall summary

### About the service

Best Care Liverpool Limited is a domiciliary care service providing personal care to people living in their own homes and within the local community. At the time of this inspection 28 people were using the 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 and what we found

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.

We have made a recommendation in relation to a review of daily records completed by the staff team.

People's needs and wishes were assessed and planned for. Care plans identified the intended outcomes for people and how their needs were to be met. People received care and support from staff who had received training for their role. People were supported with their nutritional needs and access to support from health care professional when requested.

Systems for assessing and monitoring the quality and safety of the service were effective in identifying areas of improvement within the service. People and their family members described the registered manager and provider as accessible and supportive. Systems were in place to gather people's views on the service.

People were protected from abuse and the risk of abuse and staff understood their role in relation to this. People and their family members told us that the service was safe. Risks to people and others were identified and measures put in place to minimise harm. Good infection control procedures were in place.

Staff knew people well and were knowledgeable about individual's needs and how they were to be met. People and their family members knew how to raise a concern or make a complaint about the service. People were treated with kindness by staff. Staff provided care and support with positive outcomes for people.

Why we inspected: This was the first scheduled inspection of the service since its initial registration.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 Care Liverpool Limited

## 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

This 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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

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 reviewed information we had received about the service and sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

#### During the inspection-

We spoke with six people who used the service and four family members about their experience of the care

provided. We spoke with five members of staff including the provider, manager and care workers.

We reviewed a range of records. This included three people's care and medication records. We looked at five staff files in relation to recruitment and staff training. 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 information that the provider provided to us. This included training information and procedures in place.

# Is the service safe?

## Our findings

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

At this inspection this key question was good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- Policies and procedures were in place for the safe recruitment of staff.
- The recruitment of staff was safe. Appropriate checks were carried out on applicant's suitability for the role before they were offered a job. However, the full dates of previous employment and education were not always recorded in full on application forms. We discussed this with the provider who demonstrated a commitment to address this.
- Sufficient numbers of suitably trained and experienced staff were employed to meet people's needs. The number of staff required to support people was based on the individual needs of each person. People told us that they were happy with the staff that supported them. Comments included "Exceptional", "I can't fault them" and "They know what they are doing"
- Staff rotas were electronically generated which helped the service ensure that people get their visits when they need them. People using the service told us that staff always turned up on time. People told us their needs were always met by the staff working with them.

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

- Guidance and procedures were in place to safeguard people from the risk of abuse. However, two safeguarding concerns that had been raised with the local authority under safeguarding procedures had not been notified to CQC. The provider rectified this and following discussion, demonstrated a clear understanding of local safeguarding
- Safeguarding procedures were in place. Staff had completed safeguarding training and had access to information about how to protect people from harm.
- Staff knew how to refer any concerns they had about people's safety. One member of staff was able to give an example of how they had raised safeguarding concerns in previous employment and would not hesitate to raise concerns in the future.
- People told us they felt safe using the service.
- Family members told us they were confident that their relative was safe from harm. Their comments included, "A very safe service" and "We trust them all"

### Assessing risk, safety monitoring and management

- Staff had access to policies and procedures in relation to health and safety and had received training in this area.
- A system was in place for staff to report any concern that they had about people's safety.
- Risks to people's physical and psychological wellbeing were identified and plans were in place to minimise those risks.

- People's care plans contained information as to how staff were to support people safely with their mobility.

#### Using medicines safely

- People were encouraged, when appropriate to manage their own medicines safely.
- Staff responsible for managing people's medicines had completed training and their ability to manage medicines safely had been checked to ensure their competence.
- Policies and guidance was available to staff about how and when to administer medicines prescribed for people.
- People told us that they received support with their medicines when needed.
- Medication administration records (MARs) were completed to ensure that appropriate records were maintained of people's medicines.

#### Preventing and controlling infection

- Systems were in place to prevent the spread of infection. Staff had received training and procedures were in place to deliver safe care to people.

#### Learning lessons when things go wrong

- Accident and incidents which occurred were recorded and analysed to look for any patterns and trends and ways of minimising further occurrences. This included monitoring the number of falls people experienced. The provider was able to give examples of changes that had been made to people's care and support following incidents.
- There was a clear understanding of the service's responsibilities to report any incidents that occurred. Situations were discussed and where possible, changes were made to how people's support was delivered to further minimise negative outcomes for people.

# 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 this inspection this key question was 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

- Systems were in place to assess and review people's needs and wishes in line with legislation and best practice.
- People's individual needs were assessed to ensure they could be met at the service. This involved a senior member of staff visiting the person prior to their care package commencing. In the event of the service receiving an urgent referral, people's needs were assessed on the day of the service commencing.
- People, their family members and health and social care professionals, where appropriate, were involved in the assessment and planning of people's care. Family members told us that they had felt included in the planning of their relatives care and support. Comments included, "The care package was well put together" and "Very supportive [of family members], always included, they do the job well."
- People's care plans contained information gathered at the time of the assessment process, about how people's needs were to be met.
- Staff delivered effective care to people in line with people's care plans. People told us that staff always consulted with them prior to delivering care and support. Care plans clearly stated what support people required with decision making.
- People and their family members spoke positively about the care and support they received from the service. Comments included, "Wouldn't be living at home without their support", "They [staff] are very good" and "They understand my mental health needs as well as my physical needs."

Staff support: induction, training, skills and experience

- Staff supporting people had the right knowledge, skills and experience to meet their needs effectively.
- Staff told us that training was available to ensure that they had up to date knowledge for their role. People spoke positively about the knowledge and skills of the staff that supported them. Comments included, "They are very good at their job", "They're the best" and "Very pleased with the staff."
- Staff competency was regularly assessed for specific tasks within their roles.
- Staff received training, support and supervision for their role. In addition, they told us that the provider was always contactable for advice and support in an emergency.

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

- People were protected from poor nutrition and dehydration.
- Support people needed with their meal and drink preparation was recorded in their care plans. One person told us that staff supported them with their meal preparation whilst encouraging them to maintain as much independence as possible. For example, "Help me butter my bread and I make my salad." Another



person told us that staff always prepared their lunch and drinks during their morning visit to ensure that had sufficient to eat and drink prior to their visit at teatime.

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

- People and their family members told us that if required the service would assist with arranging medical appointments. In the event of an emergency staff sought appropriate support and contacted family members.
- The provider sought professional guidance relating to people's individual needs when required. People told us that this included seeking advice from community health professionals and supporting people to make referrals when their needs were changing.
- Systems were in place to ensure that important information about people's needs was shared with health care professionals when needed. For example, each person's care plan contained an 'ambulance grab chart' which contained a summary of information important to the person that health care professionals needed to know in the event of an emergency.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the Deprivation of Liberty Safeguards (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 and found that they were. The provider and staff had a clear understanding of the MCA and knew what actions to take to ensure that people's rights were upheld under the Act.

# 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 this inspection this key question was 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 kindness, dignity and respect. People's comments included, "I look forward to them coming, always a smile", "Hoped for the best and got the best", "They respect difference", "Non-judgemental" and "Staff respect me and my body."
- Staff had got to know people well and it was evident that positive relationships had been formed. People told us that having regular members of staff helped build respectful relationships. Comments included, "They always have a chat with me when they come and ask me how I am", "They treat me as an individual and listen to me" and "Very respectful, always." A family member told us "They keep the same staff, which helps greatly with my relative with memory problems, it really helps us."
- Staff understood and supported people's communication needs. People told us that staff always took time to listen to them. One family member told us, "Very caring towards [relative]. Can't walk or talk but they communicate and talk with them." Another family member told us that with the staff support they had slowly helped family members to trust others with their relative's care.
- People's care planning documents gave the opportunity to record specific needs and wishes in relation to their chosen lifestyle.

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

- People and their family members were encouraged to share their views about the care provided. People told us that staff regularly asked them how they were feeling.
- Regular care reviews gave people and relevant others the opportunity to express their views about the care provided and make any changes if they wished to.
- People told us that staff always asked if it was ok prior to commencing care and support.
- Family members confirmed they had been involved in supporting their relatives to make decisions about their care and support. In addition, family members spoke positively about the communication they had with staff at the service. Their comments included, "[Provider] telephones on a regular basis to see how things are going" and "[Provider] often visits to check everything is ok."

Respecting and promoting people's privacy, dignity and independence

- Staff provided support in private to maintain people's privacy and dignity. People's comments included, "They very much respect the family's privacy and dignity", "All the care is done in a dignified and respectful way" and "When getting washed and dressed, staff always put a towel around me to respect my dignity."
- People told us they always felt comfortable when staff supported them with personal care. People told us, "Staff are very thoughtful and understand when you feel a bit off, or embarrassed, they put you at ease straight way" and "When getting washed and dressed, staff always put a towel around me to respect my

dignity." Another person told us "They maintain my dignity. They go at my pace and give me time to do what I can do myself."

- Staff ensured that people's confidentiality was maintained. People's personal information was stored securely at the office.

# Is the service responsive?

## Our findings

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

At this inspection this key question was 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

- People told us that they had a care plan detailing their needs and wishes. Records of each visit were maintained and formed part of people's care planning documents. However, we found that more detailed information could be recorded in relation to what care and support had been delivered during the visit. In addition, not all of people care planning documents had been signed and dated.

We recommended that the provider carries out a review of care planning records to ensure that they are signed and dated and contain detailed information.

- People's care planning documents demonstrated the principles of person-centred care and support.
- People's needs were identified, including those needs that related to protected equality characteristics.
- People had a detailed care plan that clearly demonstrated their needs and wishes.
- Family members told us that they received regular communication from the provider and were involved in planning of their relatives care when it was appropriate.
- Staff were person-centred in their approach when speaking about the people supported.
- People were happy with how their care and support was planned. Comments included, "They do what I want", "They treat me as an individual and listen to me" and "Happy with the service."
- Family members commented "These [staff] do individualise everything" and "The [provider] visits often and rings to check that everything is how [family member] wants it."

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.

- People and their family members told us that staff knew them well and how best to communicate to support their understanding.
- People's care planning documents included people's needs and wishes in relation to their communication.
- People received a service user guide at the time their care package commenced. This guide was produced in a typed format. However, the provider stated that the guide could be produced in different sized print, alternative languages and presented to people in the spoken word if that was their preference.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place and formed part of the service user guide. A record was maintained detailing complaints, how they were investigated, the outcome and any lessons learnt.
- People told us they know who to speak to if they were not happy or wished to raise any complaints about the service they received. People told us that they would be happy to speak with the provider in the event of wanting to make a complaint. They described the provider as "Approachable", "Attentive" and a "Good listener." Family members were also aware of how to raise any concerns they may have about the service and felt that appropriate action would be taken by the service.

#### End of life care and support

- At the time of this inspection people were not in receipt of end of life care.
- Procedures were in place for use in the event of people requiring end of life care and the provider explained that a specific care plan would be developed with the support of other supporting health care professionals' at this time.
- Training records demonstrated that staff had received training in 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.

At this inspection this key question was good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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 provider stated that they had sought clarification on their responsibilities of duty of candour and informing CQC of notifiable incidents. The provider explained that they had previously notified the local authority with regards to safeguarding concerns but had not always informed the CQC. The provider was clear about their responsibilities and had a good understanding of regulatory requirements, as they had sought advice from CQC prior to this inspection taking place.
- The provider had a clear understanding of their responsibilities in responding to people who use the service under the duty of candour following incidents and when things have gone wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- A system was in place for the monitoring of quality and safety. This monitoring included the provider and the registered manager carrying out regular visits and telephone calls to assess the level of service people were receiving and to monitor people's care planning documents. Areas for improvement that were identified through these audits were addressed. For example, prior to this inspection the provider had identified that further information was required to be written in staff visit records.
- The service promoted a person-centred approach to the assessment and care planning of individuals' needs and wishes. People told us that their individuality was respected.
- There was a clear line of accountability within the service. Staff had a clear understanding of their role and responsibilities and the registered manager and provider had daily oversight of the service.
- The registered manager was in the process of changing their role within the service. A new manager had been recruited and they had submitted an application to register with the CQC.
- Policies and procedures to promote safe, effective, person centred care for people were available to staff. These documents had been designed by an external company who updated the documents when required, for example, when there was a change in best practice, guidance or regulation.
- People told us that they experienced a good standard of care and support from their service. Their comments included, "Very happy", "[Relatives care is excellent]", "Very pleased with the staff" and "They're the best."

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

- The registered manager and provider engaged and involved people using the service.

- Staff were engaged and involved through regular team meetings.
- The registered manager and provider sought advice and worked in partnership with others such as commissioners to ensure the best possible support for people.

#### Continuous learning and improving care

- The registered manager and staff received regular training and support for their role to ensure their practice was up to date and safe.
- The registered manager and the provider worked together to make and sustain improvements.
- Learning took place from accidents and incidents to minimise the risk of re-occurrence.