

Best Choice Care Limited

# Best Choice Care

## Inspection report

Uxbridge House  
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Date of inspection visit:  
23 February 2023

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06 June 2023

### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service caring?

**Good** ●

Is the service responsive?

**Good** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

### About the service

Best Choice Care is a domiciliary care service for people living in their own homes in the community. At the time of our inspection, there were 72 people using the service. The provider was also newly registered as a supported living service, but at the time of the inspection had not begun to offer this service. Additionally, the provider had moved location since the last inspection.

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

The service was not always able to demonstrate how they were meeting the underpinning principles of right support, right care and right culture.

### Right Support

The provider had not always ensured people received care in line with the principles of the Mental Capacity Act 2005 (MCA). People were not always supported to have maximum choice and control of their lives and the provider could not demonstrate people were always supported in their best interests. While the provider had policies and systems in place, these were not always robustly implemented. The provider had not always notified the CQC as required. We recommended the provider is consistent in following their safeguarding policy and procedures in protecting adults at risk of abuse. Risks to people were assessed and monitored. Medicines were managed safely, and staff enabled people to access healthcare appropriately.

### Right Care

Staff understood people's cultural needs, provided culturally appropriate care and responded to people's individual needs. Overall, people were satisfied with the care provided. People's care plans reflected their range of needs and this promoted their wellbeing. Staff received appropriate training to meet people's care needs. People were supported by the same staff which provided consistency.

## Right Culture

During the inspection we found recording systems were not always robust enough to monitor and mitigate the risks relating to the health, safety and welfare of people using the service. Additionally, systems were either not in place or robust enough to demonstrate service improvement was effectively managed. People and those important to them were involved in planning their care. Staff told us they felt supported by the management team. People and their relatives said they knew who to approach if they had a complaint.

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 and update

The last rating for this service was requires improvement (published 29 July 2021).

## Why we inspected

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

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Best Choice Care Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## Enforcement and Recommendations

We have identified breaches in relation to good governance and consent to care at this inspection. Please see the action we have told the provider to take at the end of this report. We also recommended the provider is consistent in following their safeguarding policy and procedures and notify CQC as required.

## Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was 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 not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Best Choice Care

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was conducted by one inspector. After the inspection, two Experts by Experience supported the inspection by making phone calls to people who used the service and their relatives to ask for their feedback. 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.

This service is also registered to provide care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. However, at the time of the inspection, the provider had not begun caring for people in supported living settings.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

### Notice of inspection

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.

Inspection activity started on 21 February 2023 and ended on 21 March 2023. We visited the location's office on 23 February 2023.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection, including notifications of significant events. We used all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. 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. We took this into account in making our judgements in this report.

### During the inspection

We spoke with the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included 10 people's care records, multiple medicines records and 4 staff records. A variety of records relating to the management of the service, including audits were also reviewed. As part of the inspection we spoke with 13 people who used the service and 18 relatives. 19 care workers emailed us feedback of their experience of the service.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Learning lessons when things go wrong

At our last inspection the provider had failed to investigate incidents, record lessons learned or identify preventative measures to help mitigate future incidents. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider remained in breach of regulation 17.

- The provider had a policy for responding to incidents and accidents and systems to investigate and review them. However, although the incident and accident forms recorded the incident there was no record of an investigation into the incident, lessons learned or what preventative measures were put in place as a result of the incident.
- We looked at incident forms dated 20 October and 5 November 2021 and 4 March, 24 May and 5 August 2022. These included falls which could be reoccurring. None of these incidents had lessons learned or preventative measures in place to help mitigate future incidents. This meant there had been no analysis of what preventative measures were implemented to help mitigate the risk in the future.

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

- In addition to the monthly manager's audits, the provider had begun completing audits in February 2022 to help identify and address incidents.
- An external organisation had created incident templates for the provider which included preventative measures. The provider confirmed they would start using these templates immediately.

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

- The provider had systems and processes to help safeguard people from abuse. These included safeguarding adult and whistleblowing procedures. However, the provider had not always fully implemented them.
- We saw a safeguarding alert had been raised with the local authority on 13 November 2022 regarding missed visits. The provider had taken appropriate action and suspended the staff member and worked with the local authority, but they had not notified CQC of the safeguarding alert as required in the Regulations

which meant they had not fully followed their policy and procedures. However other notifications had been appropriately sent to CQC.

We recommend the provider is consistent in following their safeguarding policy and procedures in protecting adults at risk of abuse.

- People and their relatives gave us mixed feedback about feeling safe with the care they received. One person said, "Carers don't wear any ID badges so I don't always know if I can trust them, so then I don't feel safe". Relatives told us, "We feel like we have to be there all the time for [person]. We just don't feel that they would be safe on their own. There are so many trainees, they just don't know what they are doing." Other comments were more positive, including, "I do feel safe with them all. I have no problems at all" and "Yes [person] is safe with the carers and we have no complaints about them and we are happy with them".
- Staff had completed safeguarding training to help ensure they had the skills and ability to recognise when people were at risk of abuse and the action to take to help make sure people were safe.
- From February 2023, the provider began completing safeguarding audits to help to identify trends and improve service delivery.

#### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People were protected from the risk of avoidable harm. Risks identified and assessed to help keep people safe included falls, moving and handling, catheter care and COVID-19.
- Risk assessments included guidance for staff about how to minimise risks happening. For example, someone who was at risk of choking had clear guidance for staff to take when supporting the person to eat, to help prevent choking. Additionally, the guidance indicated what signs staff needed to be aware of that would indicate the person may be choking and what to do if they did.
- There were also guidelines in place for staff to follow when supporting people with specific medical conditions such as COPD (Chronic Obstructive Pulmonary Disease) and diabetes, which helped staff to provide safe care.
- Health and safety risk assessments of the environment had been carried out in people's homes to help protect people and staff who provided care.

#### Using medicines safely

At our last inspection we found medicines were not always managed safely. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider had a medicines policy and procedure in place with guidelines to administer medicines safely.
- Training records confirmed that staff had received training on the management of medicines.
- Medicines administration records (MARs) were electronic and completed online. The provider completed monthly MAR audits with an action plan to help ensure medicines were being administered as directed.



### Staffing and recruitment

- There were enough staff deployed to meet the needs of the people who used the service. However, some people and their relatives told us staff did not always arrive on time. Comments included, "Feels ok generally but [person] is a diabetic and needs food at a certain time so when that is late, that is a problem as the carers can often be late" and "They usually arrive here on time, but they may sometimes be a little late or early and they do not tell us".
- The provider explained public transport strikes had impacted on staff arriving on time, but this had improved. Field supervisors were completing spot checks to help ensure staff arrived on time. After the inspection, the provider introduced a monitoring system for staff logging in and out times. This helped them to identify areas of improvement and take action to improve service delivery.
- Other people were satisfied with timekeeping and told us, "They come to me on time and stay as long as they are needed for", "I have never had a missed visit" and "So caring. [person] always feels safe."
- People often received support from the same staff which provided consistency of care.
- The provider had a call monitoring system which provided oversight and identified any late or missed calls. Staff confirmed they had enough travel time between calls.
- The provider followed safe recruitment procedures to help ensure new staff were suitable for the work they were undertaking. Staff recruitment records included completed application forms, references, identity checks and confirmation that Disclosure and Barring Service (DBS) checks had been carried out. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Preventing and controlling infection

- The provider had appropriate procedures and systems to help prevent and control infections.
- Staff had relevant training and were provided with personal protective equipment (PPE) such as gloves and masks to protect people from the risk of infection. People and their relatives confirmed staff generally followed good hygiene practices.
- COVID-19 risk assessments had been developed for people receiving support and staff to help identify increased risks from COVID-19.

# 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- We found the provider did not always follow the principles of the MCA. Lasting power of attorney (LPA) gives an identified person the legal authority to make decisions on the person's behalf. We saw a relative had signed on behalf of one person when there was no evidence the relative had lasting power of attorney (LPA) and the legal authority to make decisions for the person. The care plan indicated LPA was in place but did not have evidence for this. It also indicated a best interest decision had been agreed but there was no evidence of a mental capacity assessment or best interest decision. Therefore, it was not clear if the person had the capacity to consent to their care.
- A second person's care plan indicated a relative had consented to the staff administering medicines to them. However, there was no evidence of LPA for the relative to agree or of a capacity assessment and best interest decision if the relative did not have LPA. The provider told us the person had capacity. However, this was not clear from the care plan and the relative consenting to the administration of medicines.
- We also identified restrictive practices being undertaken by staff. This included using a lap belt in a wheelchair and bedrails. The people subject to these restrictions had not given consent to them and there was no indication that a person with an LPA had consented to these practices or best interest decisions had been made on the people's behalf to restrict their movement.

The provider had not always ensured people received care in line with the principles of the MCA. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Notwithstanding the above, we found other instances where people were able to sign their consent to care form and these were signed appropriately.
- Staff received training on the principles of the MCA.

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

- People's needs and choices were assessed before they started using the service. People and their relatives confirmed they were involved in care planning and told us, "Good planning and wrote it all down" and "We were involved with planning yes."
- Assessments considered various areas of people's care and were used to develop appropriate care plans for people. These were reviewed regularly or when there was a change in need.

Staff support: induction, training, skills and experience

- Staff received training and support relevant to people's needs. They completed an induction in line with the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Most people and relatives thought overall staff had suitable skills to care for people but some staff required more support. Comments included, "They do sound as if they have been trained from what I hear but really some are better than others. It is mixed, some just don't seem to know what to do", "Some are well trained. Out of the 3 regular ones 2 are really good and 1 does need some more training I would say" and "The carers are well trained and skilled."
- Staff completed annual training to keep their knowledge and skills up to date so they could provide good and safe care. This included safeguarding adults, moving and handling, infection control and the Mental Capacity Act 2005 (MCA).
- Staff received supervision and unannounced spot checks to help ensure good practice when supporting people they cared for.

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

- People's nutritional and hydration needs were assessed and recorded in care plans. This included individual health conditions such as diabetes.
- People and the relatives of people who were supported with meals told us they were happy with this. Comments included, "The carer does support with meals and meal choices. [Person] enjoys the meals", "They do my meals. I think they are quite good" and "They do all my meals. I am very happy. I show them the kitchen and I show pictures of what I would like for lunch."

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

- People received support to maintain good health. The provider worked in partnership with family members and other health care professionals.
- People's healthcare needs were recorded in their care plans to provide staff with guidance of how to support people safely and appropriately.

# 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 our last inspection we rated this key question good. The rating for this key question has remained 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 well treated and supported. Most people and their relatives told us they were satisfied with the care they received. Some people felt there could be improvements. For example, one relative said, "A couple of carers have been fantastic and then there are lots of carers who are very poor. They seem to have no training." Positive comments included, "Very kind and caring people lovely", "The carers do try very hard to get on well with my [relative] and are thoughtful and polite" and "They are always kind and polite to us. They call me Auntie when they come in and I like that. They talk normally to my [relative] and they are all very nice to us both. I think they know what [person] likes."
- Care records included people's social backgrounds and preferences for how they liked their care to be given.
- Records noted people's cultural and religious needs and their interests. Comments included, "We have no cultural or religious issues that they need to be aware of although we do need a carer who can speak [specific language] and they do try to send one but not always" and "They are aware we attend our local service. My [relative] cannot get there now but the clergy come to the house and the carers are respectful of that."

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

- People were able to express their views and make decisions about their care.
- People and relatives told us they were involved in decision making and received care in their preferred way. Comments included, "They treat me with respect but the only thing I would say is that some [staff have a language barrier]. They know what things I like and don't like" and "The carers are interested and want to know what works well and what suits best and they do really want to help."
- Staff told us how they supported people in a person centred way. One staff member said, "I ask them if they are feeling well and giving them time to decide what they want, respecting their choices and do the things they need."
- The provider contacted people and their relatives for regular feedback about the service, so they could make improvements.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected. People and relatives told us, "I have mostly all male carers and that is fine with me. They are all very polite to me. I would say they respect me just by how polite they all are to me. They will talk me through what is going on", "So much respect and make me feel very nice", "They are great. For example, they know I only like my back being washed as I am quite a private

person but they help me so I can wash myself discreetly" and "A good example is they never rush [person] around or make them feel [they have] to hurry. They give [person] plenty of time and not forcing them to hurry up. They are very attentive."

- Care plans had guidance for staff about how to complete personal care tasks. This included information about what people could do for themselves to help maintain their independence.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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

At our last inspection we found care plans care plans did not always have relevant information about people's needs which meant there was a risk these needs would not be met. This was a breach of regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People received personalised care which met their needs. Care plans described people's health care and support needs. They included information and guidelines for staff so they could meet people's needs and preferences. For example, we saw one person's records indicated staff should speak calmly with the person and not rush them. One person commented, "I was involved with my care plan, and they do follow it. All my needs are met". A staff member told us, "It's very important to provide person centred care, which means respect all wishes and agreed ways of working. I always treat [people] as a unique person and try to create a friendly environment to implement best practices."
- The provider tried to provide the same care worker to people using the service so there was consistency and helped staff to know people's needs. Some people felt they regularly had different care workers, but others confirmed the staff were regular and were aware of their needs. One person told us, "Not always the same [time] slots or same [care workers]. Recently there have been more of the same carers which helps so much for getting to know them and how everything is going."
- Background information provided staff with context and areas of interest when communicating with the person.
- Care plans were reviewed to reflect people's current needs.

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. People and their relatives had mixed views

about how staff communicated with the people they were caring for. Comments included, "There is a language issue. Some carers are better than others at understanding but I just have to keep repeating myself", "Language is no barrier really. Some of the carers their English is not so good but by and large they get to know what to do and what is going on" and "Very good they are [specific language] speaking and always communicate very well."

- Care staff spoke different languages and where possible were matched with people whose language they spoke.

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

- The provider supported people to access the community when this was part of their care plan. For example, they supported one person to go out for a walk which provided respite to their main carer.
- Care plans included information about people's social history, culture, religion and interests which helped the staff to understand about the people they were caring for.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure and systems in place to appropriately respond to any complaints received.
- The complaints audit was a summary of complaints investigated with actions taken and lesson learnt.
- People and their relatives knew who to speak with if they wanted to raise a concern. People and relatives confirmed, "I would phone the agency, but I have no complaints", and "I would phone the agency. I feel quite comfortable contacting them if I had to."

End of life care and support

- The provider had end of life policies and procedures to provide guidance to staff.
- Records indicated people were asked about their end of life wishes. Some people did not wish to discuss them, but where they did, the provider had recorded relevant information to help ensure people were supported in a way that met their needs and wishes.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has remained 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

At our last inspection the provider had failed to identify that not all risks to people's health and safety were appropriately identified and assessed. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider remained in breach of regulation 17.

- The provider had processes in place to monitor service delivery and completed checks and audits that included care plans, medicines, safeguarding and an overall manager's audit. However, the quality assurance systems were not being operated effectively as demonstrated by shortfalls identified during the inspection.
- We also found some areas of service delivery, such as staff logging in and out times to a care call were not monitored and recorded in a systematic way. A recorded audit was not completed to identify trends and make improvements to service delivery.
- Despite checks and audits, incidents lacked robust investigations with evidence of lessons learned and updated files to reflect what preventative measures were put in place.
- The provider's audits did not identify MCA principles were not always being adhered to appropriately. We found that the provider did not always maintain appropriate evidence that relatives had the legal authority to sign consent forms on behalf of people using the service.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate service improvement was effectively managed. This was a repeated breach of Regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- After the inspection, the provider confirmed they had implemented an audit to help ensure call times were monitored and recorded in a systematic way.
- The provider had regular contact with people using the service and their relatives to help monitor the service and make adjustments when needed.
- The registered manager undertook home visits when required and told us the face to face contact with



people helped to identify any gaps in the service and where improvement was needed.

- The provider carried out unannounced 'spot checks' on staff to help make sure care was provided to people appropriately and safely.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Most people using the service and their relatives were happy with the service they received. Positive comments from people and relatives about the service and the registered manager included, "Generally I think [the service] is good and well led", "I have asked them to come a bit later at the weekends and they do now so that is a bit better. That helps them be a good service" and " They have made my life so much better, the carers have, there are no complaints."
- People's diverse needs such as culture, religion and language spoken were considered as part of the assessment process.
- People and relative's views were sought through care plan reviews, telephone monitoring and feedback surveys. The registered manager told us staff felt less isolated with the registered manager undertaking care plan reviews and spot checks in people's homes.
- Staff felt supported by the registered manager and told us, "I feel supported, as the staff and manager of this company are very cooperative and help each other" and "Best Choice Care team always supports me if I have any concerns or doubts, they respond quickly, provide adequate guidance."
- The views of staff were sought through supervision and team meetings which provided the opportunity to raise any issues.

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 understood their responsibility around the duty of candour, and notwithstanding one missed notification to CQC, understood the requirement to notify appropriate agencies including CQC if things went wrong.
- The nominated individual told us it was important to be open and honest, and to support staff so they feel they can raise concerns.
- People and their relatives knew who to contact if something went wrong.

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

- Managers and staff understood their roles and responsibilities. The nominated individual was also the owner and involved in the running of the service.
- Staff told us managers were approachable and they could ask for help and support as required. Comments included, "I get support from office and my managers whenever I need. We have a 24 hours line that we can call in case of an emergency and if we need any guidance managers are always happy to help."

Working in partnership with others

- The provider worked in partnership with various other health and social care professionals such as district nurses and housing officers to help ensure people's needs were met.
- The registered manager told us they attended a provider forum run by the local authority to help support good practice.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider did not ensure that care and treatment of service users was provided with the consent of the relevant person.</p> <p>Regulation 11 (1)</p>

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not always effectively operate systems and processes to monitor and improve the quality of the service.</p> <p>Regulation 17 (1)</p>