

Best At Home Domiciliary Care Services Ltd

Best At Home (1)

Southerton House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Best At Home Domiciliary Care Services Ltd is a domiciliary care agency providing personal care to people living in their own homes. At the time of our inspection 33 older people were receiving personal care at home from this provider. 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.

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

People and their relatives were mostly positive about the quality and safety of the personal care they or their loved ones received. People agreed the service was moving in the right direction and had significantly improved in the last 12 months.

At our last inspection we found the provider had failed to ensure; staff call visits were always well-coordinated, we were notified without delay about the occurrence of significant incidents that adversely affected the health and wellbeing of people they supported, and they appropriately maintained and audited medicines records.

At this inspection we found enough improvements had been made. People now received consistently safe, good-quality personal care from the same group of punctual staff who were familiar with their needs and daily routines. The provider had also introduced a range of electronic systems to monitor staffs time keeping, their record keeping and medicines management and had created a new quality assurance and compliance manager role to oversee the effectiveness of the providers new oversight and scrutiny systems.

People continued to be protected against the risk of avoidable harm by staff who knew how to keep them safe. The fitness and suitability of prospective new care staff was thoroughly assessed and checked. People received their prescribed medicines as and when they should. People were confident any concerns they raised would be listened to and dealt with appropriately. Staff followed current best practice guidelines regarding the prevention and control of infection including, those associated with COVID-19. 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.

Most people and staff were complimentary about the way the office-based managers now led the service, and how approachable they all were. Complaints, concerns, accidents, incidents, and safeguarding issues were appropriately reported, investigated, and recorded. The provider promoted an open and inclusive culture which sought the views of people, their relatives, and staff. People had up to date, detailed, person-centred care plans in place, which were routinely assessed, monitored, and reviewed. Staff had the right levels of training and support to deliver safe care to the people they supported. People were treated with dignity and respect by staff who they typically described as "attentive" and "kind." The provider worked in

close partnership with other health and social care professionals and agencies to plan and deliver people's packages of care at home.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 26 May 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We conducted an announced comprehensive inspection of this service in April 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve how they coordinated staff call visits, managed notifiable incidents they were required to send the CQC and how they maintained and audited medicines records.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe and well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Best At Home Domiciliary Care Services Ltd on our website at www.cqc.org.uk.

Follow up

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

Good ●

The service was well-led.

Details are in our well-led findings below.

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

Service and service type

Best At Home Domiciliary Care Services Ltd is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection the service did not have a manager registered with the CQC. A new manager was appointed in May 2023, and they have submitted an application to be registered with us.

Notice of inspection

We gave the service 48 hours of the inspection. This was because we needed to be sure that the managers would be in their office to support the inspection.

Inspection activity started on 31 May 2023 and ended on 5 June 2023. We visited the provider's offices on the last day of this inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke in-person with various managers during our site visit including, the operations manager, the quality assurance and compliance manager and the nominated individual (The nominated individual is responsible for supervising the management of the service on behalf of the provider). We also received telephone and/or email feedback from various people in relation to their experiences of using or working with or for Best At Home Domiciliary Care Services Ltd. This included a person who received a care at home service, 8 relatives, and 8 care staff who worked for this provider.

Records we looked at as part of this inspection included, 6 people's care plans, 6 staff files in relation to their recruitment, multiple medicines records, and a variety of other documents relating to the providers overall management and governance systems.

After we visited the provider's offices, we continued to seek clarification from them to validate evidence found. We requested the provider send us additional evidence after our inspection in relation to staff training, satisfaction surveys completed by people who received a service, their relatives and care staff, and the provider infection prevention and control policy.

Is the service safe?

Our findings

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

At the last inspection, this key question was rated as requires improvement. At this inspection, this key question has changed to good. This meant people were now safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection we found the provider had failed to ensure people received consistently high quality care and support from staff who were familiar with their needs, always arrived on time for their scheduled call visits. This was a breach of regulation 18 (Staffing) 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 18.

- We were assured the way the provider coordinated staffs call visits was now well-managed and staff continued to be recruited safely.
- The provider's electronic call monitoring (ECM) system was now being used more effectively to coordinate and monitor staffs call visit times. The system electronically logged the exact times staff arrived and left their calls, and automatically notified the office-based managers if staff were late, left early or missed a call all together.
- We received mixed comments from staff about the way their call visits were coordinated, but most staff told us this had improved in the last 6 months. Typical feedback included, "My call visits are better coordinated these days, which means I can get to my visits on time and have enough time to do what is expected of me", and "I can usually get to my next visit on time. The few times I had clashing visits the office did adjust my travel times and the issues was sorted" and "I think the way the office coordinated my calls could have been better in the past, but things did improve, and my call times aren't that bad right now. I'm usually given reasonable travel time to move between visits so I can get there on time and do what I need to do."
- People told us staff never missed their scheduled calls and were usually on time. A person receiving care at home said, "They [staff] have never missed a call." A relative added, "They [staff] never rush and have never missed a call. Sometimes the carers may be running a bit late for my [family member], but the office always let us know that and the carers always do what the need to do."
- People also told us they received consistently good personal care from a core group of staff who were familiar with their needs, preferences, and daily routines. A relative remarked, "My [family member] tends to have the same carers each time." Another relative added, "Despite some initial hiccups they have provided us with consistency of care, and I cannot praise our regular carers enough."
- The provider currently had no staff vacancies' and had a few more staff than they presently needed following a recent staff recruitment drive.
- Staff recruitment processes were thorough, and records demonstrated they were always followed. The provider conducted thorough pre-employment checks to ensure the suitability of staff for their role. These

included checks on prospective new staffs identity, previous employment, their character, their right to work in the UK and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- All new staff received a thorough induction training, a handbook and there was mandatory training that was regularly updated which their electronic staff training matrix identified when it was due. The induction programme was mapped to 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 health and social care sectors. It is made up of 15 minimum standards that should form part of a robust induction programme. New staff were able to shadow more experienced ones as part of their induction. A member of staff said, "Yes, I received all the necessary training I needed to perform my work well, which included a thorough induction."

Assessing risk, safety monitoring and management

- People were supported to stay safe, and their rights were respected.
- People had up to date care plans that contained a detailed risk assessment and management plans to help staff keep them safe. They addressed key areas such as people's personal care, mobility and falls prevention, nutrition, and dietary needs.
- Risk assessments were regularly reviewed and updated as people's needs changed. This included equipment used to support people, such as mobility hoists, which were routinely serviced and maintained.
- People told us staff knew how to prevent and manage risks they might face.
- Staff demonstrated a good understanding of people's identified risks and the action they needed to take to prevent or minimise those risks. For example, a member of staff told us, "I've received moving and handling training and know 2 people are supposed to always operate a mobile hoist, guiding the client through it all and making sure they use the right position. This will reduce the risk of falls and accidents happening."

Using medicines safely

- Medicines systems were well-organised, and people received their prescribed medicines safely.
- People told us they received their medicine's as and when they should.
- We found no recording errors or omissions on any of the new electronic medicines records we looked at.
- People's care plans included detailed information about their prescribed medicines and how they needed and preferred them to be administered.
- Staff were clear about their responsibilities in relation to the safe management of medicines. Staff received safe management of medicines training and their competency to continue doing so safely was routinely assessed and refreshed.
- Medicines were regularly audited by the office-based managers and staff.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes in place to protect people from the risk of abuse and neglect.
- People told us they felt safe with the care staff who regularly visited them at home and were confident any safeguarding issues would be taken seriously and appropriately dealt with by the provider. A person said, "I feel safe with my carers as they are all nice and have a nice attitude." A relative added, "I can tell my [family member] feels safe with her regular carers because her body language is so positive with them."
- The provider had safeguarding and staff whistle-blowing policies and procedures in place which staff could immediately access on their electronic handheld devices.
- Staff knew how to recognise and respond to abuse they might encounter, including how to correctly report it. A member of staff told us, "I have been trained to detect any signs of abuse and neglect which I would report to my line manager who I know will look into it. They work directly with our quality assurance

manager to take the right action to ensure the safety of our clients, including letting the local authority and CQC know."

- Managers understood their responsibility to immediately refer safeguarding incidents to all the relevant external agencies and bodies.

Preventing and controlling infection

- The provider followed current best practice guidelines regarding the prevention and control of infection, including those associated with COVID-19.
- We were assured the provider was using personal protective equipment (PPE) effectively and safely. People told us care staff who visited them at home always wore PPE.
- The provider gave staff up to date infection prevention and control and PPE training. A member of staff told us, "I have received extensive infection control training and I'm always provided with enough PPE."
- We were assured that the provider's infection prevention and control policy was up to date.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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.

- People consented to the care and support they received from staff. People told us staff always asked for their consent before providing them with any personal care. A person told us, "They [staff] ask me if it's okay if they do something for me, so yes they do ask for my consent." A relative added, "They [staff] will seek my [family members] consent before they apply their creams."
- Managers and care staff understood their responsibilities regarding the MCA and Deprivation of Liberty Safeguards (DoLS) within the context of care at home provision and had received MCA and DoLS training.
- Care plans clearly described what decisions people could make for themselves. The assessment process addressed any specific issues around capacity.

Learning lessons when things go wrong

- The provider learned lessons and made improvements when things went wrong.
- The provider had systems in place to routinely analyse accidents, safeguarding incidents, concerns, and complaints raised. This enabled managers to identify issues, learn lessons and take appropriate action to minimise the risk of similar events reoccurring. Any learning from these incidents was shared and discussed with managers and staff and used to improve the safety and quality of the service they provided for people.
- The provider has introduced new electronic systems and improved existing ones to help them safely manage medicine's, care planning and coordinate staff call visits. Managers gave us a good example of how they had used their recently improved ECM system to analyse why staff were continually arriving late and/or not staying the duration of certain scheduled call visits and had taken appropriate action to resolve the way they now coordinated staff calls.

Is the service well-led?

Our findings

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

At the last inspection, this key question was rated as requires improvement. At this inspection, this key question has improved to good. This meant the service was now consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection, we recommended the provider review how they maintained and audited medicines records and notified us about significant incidents that had adversely affected the health and wellbeing of people they supported.

At this inspection we found the provider had taken enough action to improve how they now recorded medicines and reported notifiable incidents to the CQC.

- The service was now being better managed and moving in the right direction through continuous learning.
- The provider had completed a time specific improvement plan which we had required them to do following our last inspection and had begun taking appropriate action to address all the outstanding issues we identified at that time. This included improving how staff call visits were coordinated, medicines were recorded, and the occurrence of significant incidents reported to us.
- The provider had recruited an experienced and qualified quality assurance and compliance manager following all the issues we identified at their last inspection. The new quality assurance and compliance manager had been in post since December 2022 and was clear about their role overseeing the providers governance systems. They also recognised the importance of learning lessons and continuous improvement to ensure people received good quality and safe care at home.
- The provider had introduced a new multi-purpose electronic system that now recorded every aspect of the care people received, continuously monitored staff's time and record keeping, and how they managed medicines. For example, the system logged the exact time staff started and finished their scheduled visits, which would automatically flag up and alert the managers in the office if staff were running late, left early or missed a call visit all together. A member of staff said, "If I'm ever late for a visit the new ECM will not allow me to log out until I've indicated the reason why I was late in the new system."
- The provider now operated their established quality monitoring systems more effectively and understood about how to continuously learn and improve the service people received from them. This included a range of managerial audits, ongoing care plan reviews and regular home monitoring visits conducted by office-based staff. These home monitoring visits were used to observe care staff's working practices, including staff record keeping and how they interacted with the people they were supporting. A relative told us, "They [staff] have been a couple of times to do a spot check on our carers, ask what we think about them and check my [family members] care plan."
- The outcome of all the various audits and electronic monitoring systems and checks described above

were now routinely analysed to identify issues, learn lessons, and implement action plans to improve the service they provided. For example, the quality assurance and compliance manager had developed a new electronic system that identified how the service was performing and specifically areas requiring improvement.

- The management team understood their responsibilities in relation to their CQC regulatory requirements around notifiable incidents. For example, in the last 12 months managers had submitted notifications to us without delay in relation to allegations of abuse and neglect.
- The service has been without a registered manager since March 2023, which the provider is legally required to have in post to oversee the delivery of regulated activities at this location. However, a new manager was appointed in May 2023, and they have submitted an application to be registered with us.
- The service's previous CQC inspection report was easy to access on the provider's website. The display of the ratings is a legal requirement, to inform people using the service, those seeking information about the service and visitors of our judgments.
- Most staff were positive about the way the service was now being managed. A member of staff said, "The company's management is effective, which makes my job easier. They respond to any help I need and provide extra training and support to help boost my confidence and work performance." Another member of staff added, "I am confident to reach out to my line manager or supervisor if I need any support, advice, or help in any aspect of my work in the field."

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

- The provider's culture achieved good outcomes for people. This included being open, inclusive, empowering, and person-centred.
- People's care plans were up to date, person-centred and contained sufficiently detailed information about people's unique strengths, likes and dislikes, and how they preferred staff to meet their care and support needs and wishes. A relative told us, "My [family members] care plan is person-centred."
- Managers had a clear vision for the service. They told us they routinely used individual supervision and group team meetings, and training to continually remind staff about the organisations underlying core values and principles.
- Managers were aware of their responsibilities under the Duty of Candour. They told us they understood the need to be open and honest when things went wrong with people's care, and they would provide an apology. They reported all concerns to the relevant people and organisations and shared outcomes with people, their relatives, and the staff team. A relative remarked, "They [staff] are always keen to resolve any issues and the managers are quick to say sorry when things don't go to plan."

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

- The provider promoted an open and inclusive culture which sought the views of people receiving a service, their relatives, and staff.
- The way the provider gathered people's views about what the agency did well or might do better had improved since our last inspection. The office-based managers and staff were now in regular contact with the people they supported through monthly welfare check telephone calls, 3 monthly service monitoring visits conducted by senior care staff, multi-professional care planning reviews and bi-annual customer satisfaction surveys.
- People told us the office-based managers and staff were in regular contact with them and routinely asked them for their views about how the service was run, what they did well and what they could do better. A relative said, "The managers are approachable and do listen to us. I said about having more regular carers, which they took on board and now we have 3 or 4 carers on a fairly regular basis." Another relative added, "I

have a good relationship with the office staff, and they do take on board any concerns I might raise and always seek to resolve them. They [staff] often phone to ask me for feedback to see if im happy with the care my [family member] receives."

- The provider supported staff and valued their views. Staff were encouraged to have their say and contribute to improving the service through individual and group meetings with the office-based managers and their fellow co-workers. This included regular 1 to 1 supervision meetings, observing their working practices and annual work performance appraisals. Most staff told us they received the support they needed from the office-based managers and senior staff team. A member of staff said, "I attend regular team and individual supervision meetings with the managers where we can discuss how to improve the quality of the service we provide people."

Working in partnership with others

- The provider worked in close partnership with various community health and social care professionals and external agencies. This included local authorities, GPs, district nurses, the police, social workers and the CQC.

- Managers and staff told us they regularly consulted with these external bodies and professionals, welcomed their views and advice, and shared best practice ideas with the whole team. A member of staff said, "We work alongside other professionals such as district nurses and social workers who provide us with all the information we need to know about how best to look after people who live at home."