

Best Care 4 U Ltd

# Best Care 4 U Stanmore

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

We undertook an announced inspection of Best Care 4 U Stanmore on 4 May 2016.

Best Care 4 U Stanmore is a domiciliary care agency registered to provide personal care to people in their own homes. The agency provides live-in and visiting personal care support to elderly people in North London. At the time of the inspection the service provided care for 30 people.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection on 9 September 2014 the service met the regulations inspected.

People who used the service and relatives informed us that they were satisfied with the care and services provided. People told us they were treated with respect and felt safe when cared for by the service. They spoke positively about care support workers and management at the service.

Individual risk assessments were completed for each person. However, the assessments contained limited information and some areas of potential risks to people had not been identified and included in the risk assessments. This could result in people receiving unsafe care and we found a breach of regulations in respect of this.

We checked the arrangements in place in respect of medicines. Staff had received medicines training and policies and procedures were in place. We looked at a sample of Medicines Administration Records (MARs) and found that there were some gaps in these. The provider confirmed that the medicines had been administered but had not been recorded appropriately on the MARs. The service did not have an effective medicines audit in place to identify these gaps. We found a breach in regulations in respect of this.

There were processes in place to help ensure people were protected from the risk of abuse. Staff records indicated that staff had received safeguarding training and staff confirmed this. Staff were aware of the process for identifying concerns and said that they would report their concerns to management. However staff were not aware that they could report their concerns to the local authority or the CQC and we spoke with the provider about this.

People using the service experienced consistency in the care they received and had regular care support workers. Relatives we spoke with confirmed this and said that they were happy about this.

People were cared for by staff that were supported to have the necessary knowledge and skills they needed to carry out their roles and responsibilities. Care support workers spoke positively about their experiences

working for the service and said that they received support from management. Records showed and care support workers told us they received training and were positive about this. Appropriate checks were carried out when staff were recruited.

Care plans included information about peoples' mental health and their levels of capacity to make decisions and provide consent to their care.

People told us they were treated with respect and dignity. They told us that care staff were caring and helpful. Staff were able to give us examples of how they ensured that they were respectful of people's privacy and maintained their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care.

Care plans were individualised and addressed areas such as people's personal care, what tasks needed to be done each day, time of visits, people's needs and how these needs were to be met. Staff were provided with details of what tasks needed to be carried out.

The service had a complaints procedure in place and a system for recording complaints.

People and relatives were satisfied with the management at the service. They said that management were approachable and supportive.

The service had a quality assurance policy and checks of the service had been carried out by management. These involved quarterly reviews with people and their relatives, staff spot checks and satisfaction questionnaires.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

There were aspects of the service that were not safe. Risk assessments did not clearly reflect all the potential risks to people which could mean risks not being appropriately managed and could result in people receiving unsafe care.

The service was not always managing medicines properly and there was not an effective medicines audit in place.

Relatives we spoke with told us that they were confident that people were safe around care staff and raised no concerns in respect of this.

Appropriate employment checks were carried out before staff started working at the service.

### Is the service effective?

**Good** ●

This service was effective. Staff had completed relevant training to enable them to care for people effectively.

Staff were supervised and felt well supported by their peers and management.

Staff were aware that when a person lacked the capacity to make a specific decision, people's families and health and social care professionals would be involved in making a decision in the person's best interests.

People's health care needs and medical history were detailed in their care plans.

### Is the service caring?

**Good** ●

This service was caring. Relatives told us that they were satisfied with the care and support provided by the service.

Staff were able to give us examples of how they ensured that they were respectful of people's privacy and maintained their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care.

People were treated with respect and dignity.

### **Is the service responsive?**

**Good** ●

Care plans included information about people's individual needs and choices.

The service carried out regular reviews of care to enable people to express their views and make suggestions.

The service had a complaints policy in place and there were clear procedures for receiving, handling and responding to comments and complaints.

### **Is the service well-led?**

**Good** ●

The service was well led. People and relatives spoke positively about the management of the service.

The service had a clear management structure in place with a team of care support workers, office staff, the registered manager and the provider.

Staff were supported by management and told us they felt able to have open and transparent discussions with them.

The quality of the service was monitored. Regular checks were carried out and there were systems in place to make necessary improvements.

# Best Care 4 U Stanmore

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

One inspector carried out the announced inspection on 4 May 2016. We told the provider two days before our visit that we would be coming. We gave the provider notice of our inspection as we needed to make sure that someone was at the office in order for us to carry out the inspection.

Before we visited the service we checked the information that we held about the service and the service provider. This included notifications we had received from the provider about events and incidents affecting the safety and well-being of people. The provider also completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR also provides data about the organisation and service.

During our inspection we went to the provider's office. We reviewed nine people's care plans, eight staff files, training records and records relating to the management of the service such as audits, policies and procedures. We spoke with five people who used the service and five relatives. We spoke with eight members of staff including care support workers, the director and human resources manager. At the time of our inspection the registered manager was on leave. However the director was able to assist in relation to providing us with necessary information.

# Is the service safe?

## Our findings

People told us that they felt safe around care staff and raised no concerns about the safety of people. One person said, "I feel very safe." Another person told us, "No question about it I am absolutely safe. I am 100% looked after. Relatives we spoke with confirmed this. One relative said, "My [relative] is safe around care staff." Another relative told us, "I really do feel [my relative] is safe."

Some risks to people were identified and managed so that people were safe and their freedom supported and protected. Individual risk assessments were completed for each person using the service. Although there were some risk assessments in place, we noted that some assessments contained limited information and some areas of potential risks to people had not been identified and included in the risk assessments. We found that there was limited information about the safe practice and risks associated with using equipment and appropriate moving and handling techniques required by staff. For example, one person's risk assessment stated the person "walks with a stick" and "uses a bath chair". However there were no further instructions to staff detailing how to assist this person with their mobility. Further, another person's care plan stated that they used a wheelchair and bed rails but there was no evidence of a risk assessment in place to identify potential hazards and risks associated with this and no guidance for staff. We found that whilst the service had identified the risk of people falling, there was a lack assessment in place detailing the potential risks inside and outside the home and what precautions were being taken to ensure this person was safe and protected from falls.

Although support that was required from care staff was detailed in people's care plans, the risk assessments did not clearly reflect the potential risks to people which could mean risks not being appropriately managed which could result in people receiving unsafe care.

The above evidence demonstrates that the assessment of risks to the health and safety of people using the service was not being carried out appropriately. All the risks were not being identified for people and their specific needs which meant risks were not being managed effectively and this could put people at risk of harm.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We checked the medicines arrangements. Records showed and care staff confirmed they had received medicines training and policies and procedures were in place. Where people needed support by the care staff, the appropriate support for that person was outlined in their support plans. The registered manager explained that people's current medicines administration records (MARs) were kept in people's home and therefore at the time of the inspection we were unable to check the current MARs. However, we viewed a sample of MARs for different people for various dates between December 2015 and April 2015. We noted that there were gaps in some of the MARs we viewed. For example, there were gaps in one person's MAR sheet for three medicines on 11 March 2016. On another person's MAR sheet we noted that there were gaps on the 4, 5 and 6 January 2016 and between 6 February to 28 February 2016. This particular MAR sheet had not been

completed correctly and we raised this with the provider, who acknowledged this error. We also saw that there was a gap on one person's MAR sheet for one medicine on 22 April 2016 and another gap for a different medicine on 23 April 2016. We spoke with the director about the gaps in the MARs and the importance of ensuring that MAR sheets were completed correctly and there were no unexplained gaps.

The service did not have an effective medicine audit in place. The director confirmed that they checked MAR sheets as part of their monitoring visits. However we saw no evidence of these being documented. Gaps in MARs we found had not been identified by the service and audits failed to identify whether medicines were correctly administered and signed for to ensure medicines management and procedures were being followed. We reported our findings to management at the service who said immediate action would be taken to improve the safe and proper management of medicines which included documenting medicine audits.

The information above is a breach of Regulations 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We noted that where medicines were in a blister pack, the MAR sheets included a list of what medicines were included in the blister pack so that medicines administered to people were documented and there was a clear audit trail about the management of these medicines.

Safeguarding policies and procedures were in place to help protect people and help minimise the risks of abuse to people. We noted that the policy referred to the local authority, the police and the CQC. Staff had received training in safeguarding people and training records confirmed this. Care support workers we spoke with were able to describe the process for identifying concerns and were able to give example of types of abuse. All care support workers told us that they would report their concerns immediately to the management at the service without hesitation. However the majority of staff we spoke with failed to explain that they could report their concerns to local authority or the CQC. We raised this with the director and they confirmed that they would do a refresher training session with staff and update the staff handbook so that it included information about safeguarding procedures.

The service had a whistleblowing policy detailing what action staff should take in order to report issues. Staff we spoke with told us that they felt confident raising issues if they needed to and would not hesitate to do so.

Through our discussions with staff and management, we found there were enough staff to meet the needs of people who used the service. The provider explained that the staff rota on the whole remained the same as this ensured consistency for people who used the service which was an important aspect of the care provided. People who used the service and relatives confirmed that that they usually had the same care support worker and raised no concerns in respect of this.

We looked at the recruitment process to see if the required checks had been carried out before staff started working with people who used the service. We looked at the recruitment records for eight members of staff and found background checks for safer recruitment including, enhanced criminal record checks had been undertaken and proof of their identity and right to work in the United Kingdom had also been obtained. At least two written references had been obtained for staff.

The service had an infection control policy which included guidance on the management of infectious diseases. Staff were aware of infection control measures and said they had access to gloves, aprons other protective clothing. People and relatives of people who used the service told us that staff observed hygienic



practices when providing care.

## Is the service effective?

### Our findings

People told us that they had confidence in care staff and the service. One person said, "The care is brilliant. It is fantastic. I cannot talk highly enough about the agency. They never let me down. I highly recommend the service and I do to my friends." Another person told us, "The care is absolutely marvellous." Another person said, "I am very happy with the care."

Relatives of people who used the service told us that they were satisfied with the care. One relative told us, "The care is fantastic. They go beyond the care of duty. Without question, the carers are good. The carers are fabulous. They are so caring and I am confident about the care."

Records showed that care staff had undertaken an internal induction when they started work and completed training in areas that helped them to provide the support people needed which included moving and handling, safeguarding adults, health and safety, basic first aid and infection control. We asked staff if they thought the induction they received was adequate and prepared them to do their job effectively. All care staff spoke positively of the induction. One care support worker said, "The induction was good and very helpful."

Staff received training to ensure that they had the skills and knowledge to effectively meet people's needs. Training records showed that the majority of staff had completed training in areas that helped them to meet people's needs. Topics included moving and handling, safeguarding, dementia awareness, first aid and health and safety. Some care support workers were in the process of completing the 'Care Certificate'. The new 'Care Certificate' award replaced the 'Common Induction Standards' in April 2015. The Care Certificate provides an identified set of standards that health and social care workers should adhere to in their work. All staff spoke positively about the training they received and said that they had received the training they needed to complete their role effectively. One care support worker said, "The training was very helpful and we have refreshers." Another care support worker told us, "I get the training I need. It is very good."

There was evidence that staff had received regular supervision sessions and this was confirmed by all staff we spoke with who spoke positively about the sessions. Supervision sessions enabled staff to discuss their personal development objectives and goals. We also saw evidence that staff had received an annual appraisal about their individual performance and had an opportunity to review their personal development and progress.

All staff we spoke with told us that they felt supported by their colleagues and management. They were positive about working at the service. One care support worker told us, "They are supportive in every way. It is a good place to work. They are always there to help." Another care support worker told us, "They are very supportive. Management are prompt and efficient. They come to my aid and I am absolutely able to ask questions." All care support workers felt matters would be taken seriously and management would seek to resolve the matter quickly.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The service had a Mental Capacity Act 2005 (MCA) policy in place. Care plans included information on people's mental health and their levels of capacity to make decisions and provide consent to their care. We noted that care plans we looked at had been signed by people or their next of kin.

When speaking with care support workers, they had a basic understanding about mental capacity and an understanding of gaining people's consent when providing people with support. The director confirmed that staff had received MCA training.

People were supported to maintain good health and have access to healthcare services and received on going healthcare support. Care plans contained information about people's health and medical conditions.

We spoke with the director about how the service monitored people's health and nutrition. He explained that care support workers prepared food for people. People who used the service spoke positively about the food prepared by care support workers and said that care support workers prepared the food that they asked for. We noted that there was a record of people's food intake and the provider explained that this helped them monitor people's food intake but also ensured that people were offered a variety of food choices. The director explained that if care support workers had concerns about people's weight they were trained to contact the office immediately and inform management about this. The service would then contact all relevant stakeholders, including the GP, social services, occupational therapist and next of kin.

## Is the service caring?

### Our findings

People we spoke with told us that they felt the service was caring and spoke positively about care support workers and management. One person said, "Staff are very caring. They always listen. I have peace of mind with my carer." Another person told us, "Staff are charming and lovely. They are very personable and caring." Another person said, "Staff are lovely, caring and helpful." Relatives spoke positively about the care at the service. One relative said, "Care staff are fine. They are very polite and respectful." Another relative told us, "The care is excellent. Staff are so caring."

The service had a service user guide which was provided to people who used the service and they confirmed this. The guide provided useful and important information regarding the service and highlighted important procedures. The director explained that the service aimed to provide high quality care which respected people's individual needs and abilities whilst also promoting people's independence and personal dignity.

There was documented evidence that people's care was reviewed quarterly with the involvement of people and their relatives and this was confirmed by people and relatives we spoke with. These meetings enabled people and their relatives discuss and review people's care to ensure people's needs were still being met and to assess and monitor whether there had been any changes.

Care support workers were aware of the importance of ensuring people were given a choice and promoting their independence. One member of staff told us, "I always talk to people in a caring way. It is important to be empathic. I respect that I am in someone else's home. I put their needs first. I am there to help them." Another care support worker said, "I always speak to people and ask them what they want. I listen to them and explain things to people. I understand their preferences. It is important that the person is happy and able to be independent."

Staff were also aware of the importance of respecting people's privacy and maintaining their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care. They gave us examples of how they maintained people's dignity and respected their wishes.

## Is the service responsive?

### Our findings

People told us that they were satisfied with the care provided by the service and said that the service listened to them if they had any concerns. One person said, "They listen to me. I am absolutely able to give feedback." Another person told us, "I feel able to complain if I need to. They always listen to me." Relatives also confirmed this. One relative said, "I feel able to raise concerns if I need to. I have not had to complain." Another relative told us, "They really do listen and act."

We looked at nine people's care plans as part of our inspection. Care plans consisted of a care needs assessment, a support plan and risk assessments. The care needs assessments provided information about people's medical background, details of medical diagnoses and social history. The care needs assessment also outlined what support people wanted and how they wanted the service to provide the support for them with various aspects of their daily life such as personal care, continence and mobility. The provider stated that before providing care, the service assessed each person and discussed their care with them and their relatives to ensure that they were able to fully meet that person's needs.

Individual care plans were then prepared and they addressed areas such as people's personal care, what tasks needed to be done each day, people's needs and how these needs were to be met. Care plans included details of people's health, their likes and dislikes. There were arrangements in place for people's needs to be regularly assessed, reviewed and monitored. Records showed reviews of people's care plans and care provided had been conducted quarterly. Records showed when the person's needs had changed, the person's care plan had been updated accordingly and measures put in place if additional support was required.

The service had a comprehensive complaints procedure. This was included in the service user handbook so that it was available to all people. There was a system in place for recording complaints. We noted that the service had not received any complaints since the last inspection and people and relatives we spoke with said that they had not needed to complain. They told us that if they had any concerns or queries, they felt able to speak with management.

## Is the service well-led?

### Our findings

People and relatives told us that the service was well managed and they had confidence in the service. One person said, "Brilliant management." Another person told us, "Management are excellent." Another person said, "Excellent. I have been with them for five years. I always recommend them." One relative told us, "I have recommended the service to lots of people. I would not have done that if I was not happy with the service."

Care staff spoke positively about management at the service. One care support worker told us, "They listen to me. I feel supported. I really feel valued working there." When speaking about the provider, one care support worker said, "He is the best boss. He is flexible. He really listens to staff. He is always very supportive and I feel able to talk to him. There really is good morale amongst staff. Staff are positive about working there. Management really care about us staff." Another care support worker told us, "It is a good place to work. Management are always there to help."

The service had a quality assurance policy and checks of the service had been carried out by management and were documented. The provider explained that they carried out extensive checks to ensure people were satisfied with the care provided. These involved quarterly reviews with people and their relatives, staff spot checks, regular monitoring visits and satisfaction questionnaires.

We saw documented evidence that management held quarterly reviews with people and their relatives to discuss whether there were any changes in people's needs as well as give them an opportunity to discuss how satisfied they were with the care provided and raise any issues if needed. People and relatives we spoke with confirmed that these reviews occurred. One person said, "I have regular reviews with them. They are always in contact." One relative told us, "They have regular reviews. They come and check if everything is ok."

Spot checks had been carried out on staff to ensure they provided care as agreed and these were carried out monthly for each member of staff and we saw evidence that these were documented. The provider explained that they did these to ensure that staff were carrying out their duties as required and used this as an opportunity to also talk to staff and ensure that they were clear about their role.

In addition to spot checks, the service carried out monthly visits to people which they called "round visits". These were carried out by management with the consent of people who used the service. During these visits management checked people's care plans, observed staff and talked to people who used the service and their relatives to check that they were satisfied with the care they received.

The punctuality of staff was monitored and checked by management. Care staff completed timesheets detailing what time they arrived and left people's homes. People and relatives told us that late attendance was not a problem and said that if care staff were delayed the service always contacted them in advance to let them know.

The provider explained that it was important for staff to feel supported by management and said, "Staff are

our tools. We rely on them. I have an open door policy here and support staff." Management contacted staff on a weekly basis to discuss how their week had been and give them an opportunity to raise any queries and concerns and this was confirmed by staff we spoke with.

The service had a staff newsletter that was published quarterly. This newsletter provided staff with internal communications and updates about the organisation as well as important practical information for staff. The provider explained that the purpose of these newsletters was to ensure that staff had all the necessary information to carry out their role as well as create a community environment amongst staff.

Staff were informed of changes occurring within the service through staff meetings and these were documented. Staff told us that they received up to date information and had an opportunity to share good practice and any concerns they had at these meetings. Staff told us that communication within the service was good and effective. One care support worker told us, "I feel like I have all the information I need. They keep me updated."

The service had a system for improving the quality of care provided. This included satisfaction surveys which were sent to people and relatives of people who used the service. We noted that surveys had been sent out and completed by some people and relatives in 2016. The provider explained that satisfaction surveys were carried out twice a year and we saw that the results of the most recent survey was generally positive. However, we did not see evidence that the service analysed the information obtained from satisfaction surveys. The provider explained that they reviewed the satisfaction surveys but this was not documented. The provider confirmed that in future they would document this information.

The service undertook a range of audits of the quality of the service and took action to improve the service as a result. Audits had been carried out in relation to care documentation, complaints/compliments, staff files and training. The service failed to show us that they documented medicines audits and we discussed this with the provider. We have detailed this under "safe" above.

The service had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people. These addressed topics such as complaints, infection control, safeguarding and whistleblowing.

Accidents and incidents were recorded and analysed to prevent them reoccurring and to encourage staff and management to learn from these.

People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation  |
|--------------------|---|
| Personal care      | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Some important risks to people were not being identified and documented for people. This could place people at risk of receiving support that was not appropriate and or which may be unsafe.</p> <p>Regulation 12(2)(a)and(b) HSCA RA Regulations 2014</p> <p>The service did not have effective arrangements for the management of medicines. This may put people at risk.</p> <p>Regulation 12(2)(g) HSCA RA Regulations 2014</p> |