Bestvalue Home Care Services UK Ltd

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Inspection report

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Date of inspection visit:
10 December 2019
11 December 2019

Date of publication:
15 January 2020

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

About the service:
Bestvalue Home Care Services UK Limited is registered to provide personal care to people in their own homes in the community. 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. At the time of our inspection, approximately 70 people were receiving personal care from the service.

People's experience of using this service:
Risks to people were not adequately assessed and management plans were not developed to ensure people were supported in a safe way. People's needs were not thoroughly assessed to cover all aspects of their care. The quality of the service was not monitored effectively to identify gaps in the service. There were enough staff available to deliver safe support to people but the systems for managing care visits could not always be relied upon to manage and reduce risk of late or missed visits. Care plans did not always contain people's background and histories.

People received their medicines safely. Staff had received training in safeguarding adults and knew actions to take to protect people from abuse. Lessons were learned from incidents and accidents. Staff followed infection control procedures to reduce risks of infection.

People were supported to meet their nutritional and hydration needs. Staff supported people to access health and social care services to maintain good health. Staff liaised with other services to ensure people's care and support were effectively planned and delivered.

Staff were inducted into their roles; and received regular training, supervisions and annual appraisals. Staff and the registered manager understood their roles and responsibilities under the Mental Capacity Act (MCA) 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. People consented to their care before they were delivered.

People were given choice and control over their care and support. Staff treated people with dignity and respect. People were supported to promote and maintain their independence. People received the support they needed. Staff respected people's religious, cultural beliefs and other protected characteristics.

People and their relatives knew how to complain if they were unhappy with the service. The registered manager addressed complaints received in line with their procedure. The provider worked in partnership with other organisations to develop the service. The registered manager met their statutory responsibilities to the CQC.

Rating at last inspection:

The last rating for this service was Good (published 09/06/2017). At this inspection we found the service had deteriorated and we found three breaches of regulations which related to risk management, person centred care and quality assurance.

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to review information we receive about the service until we return to visit as part of our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

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

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not well-led.

Details are in our well-led findings below.

Bestvalue Home Care Services UK Limited

Detailed findings

Background to this inspection

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

Inspection team:
The inspection team consisted of one inspector and an expert by experience (ExE) who made phone calls to people and their relatives. An ExE is a person who has personal experience of using or caring for someone who uses this type of care service. The ExE had experience working with older people.

Service and service type:
Bestvalue Home Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
We gave the service 48 hours' notice of the inspection visit because the manager is often out of the office. We needed to be sure that they would be in.

Inspection site visit activity took place on 10 and 11 December 2019. We visited the office location to see the manager and office staff; and to review care and management records.

What we did:
We reviewed information we held about the service which included notifications of events and incidents at

the service. We received feedback from a member of the local authority commissioning team. Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During inspection:
We looked at four care files, seven people's medication administration record sheets, 10 staff files, quality assurance reports and other records relating to the management of the service including incidents and accidents records. We spoke with five people using service, five relatives, the registered manager, two office/care managers and the provider's nominated individual.

After the inspection, we spoke to four care workers to obtain their views about the service.

Requires Improvement

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 Good. At this inspection this key question has now deteriorated to 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.

Assessing risk, safety monitoring and management

● Risks to people were not properly assessed and management plans were not developed to guide staff to manage risk effectively.

● In two cases, people's care assessment indicated they were cared for in bed due to physical health conditions and needed two members of staff to support them. However, there were no specific moving and handling risk assessments in place to identify the risks involved and there were no management plans to guide staff on how to support the individuals safely.

● In a third example, the referral document from the local authority indicated that the person was a wheelchair user. Their care plan stated they were supported by two members of staff. However, there was no risk assessment completed to highlight the risks associated with supporting the person and or moving and handling plan to guide staff to safely support the person. We also noted that two people required catheter care but no risk management plans were in place to reduce risks.

● Risk assessments were not reviewed and updated to reflect people's current needs. One person's care assessment stated they were cared for in bed and also stated they used a walking frame. When we contacted staff in the community to seek clarification on the support provided this differed and their risk assessment had not been updated to reflect this.

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

Staffing and recruitment

● There were enough staff available to support people with their needs. People and their relatives told us staff always completed their allocated care visit and tasks. One person commented, "My carer does stay the allocated time and sometimes a bit over if there is a lot to do. The only thing is time keeping. They get delayed in the traffic sometimes but it doesn't really affect me much." Another person said, "My carer is very much always on time and very punctual. They have never, never missed an appointment. They are never in a rush and always ask if there is anything else to be done before they leave." One relative told us, "They can be late now and again when the traffic is bad. They will ring up and tell us if they are running late, there is never a time they have not attended. They are very good when they come and they have enough time."

● The views of staff about the time allocated to complete a visit were mixed. One staff member commented, "The time given is enough." Another staff member told us, "The time given to us is not enough to do what we need to do. We struggle and find ourselves rushing which is not good. Travelling between visits is also a problem although they give us travel time but sometimes transportation is delayed and it makes us late." Staff told us however that they let the office staff know if people's times needs to be increased due to

changes in their needs.
● All the staff we spoke to confirmed they doubled up to attend double-handed care visits. One staff member said, "We always do double handling tasks together. Even if one staff gets there first they cannot do any tasks that requires two people on their own until the other person comes. They can start with other tasks one person can do until the other person arrives."
● The rota showed all care visits were covered with regular care staff members to maintain consistency. The registered manager told us that there was no missed visits and late visits were within agreed time limit. This was confirmed by what people told us. Care visits were monitored by field supervisors in the community who randomly contacted people to ensure they had received their care visits.
● Whilst people told us they had their visits as planned and the registered manager explained how they managed care visits, we discussed with them the need to look into electronic monitoring systems to reduce risks and manage the rostering system more effectively.
● The provider followed safer recruitment processes to ensure people were supported by staff who were fit and suitable to support them. Recruitment records included satisfactory references, right to work in the UK, employment history, and criminal records checks.

Systems and processes to safeguard people from the risk of abuse.
● People were safeguarded from the risk of abuse. People and their relatives told us they felt safe with staff. One person commented, "Yes, I am safe, I know carer by name, and I have the same carer, but I have not seen an ID badge." One relative said, "Relative feels safe. They are very happy. We have a safe carer and we know them by name and sight. Yes, they have ID around their neck all the time."
● Staff were trained in safeguarding adults at risk. They understood types of abuse, signs to recognise them and how to report any concerns. Staff felt confident that the management team would take actions necessary to protect people and address any concerns reported. One staff member said, "If I noticed any bruises or anything of concern I will report to the office and they will take it from there. I know how and would whistle blow if necessary."
● The registered manager understood their responsibilities in safeguarding people from abuse including making referrals to the local authority, investigating concerns and notifying CQC.

Using medicines safely
● People were supported to take their medicines safely. Staff had completed training in the safe administration and management of medicines.
● People's care plans indicated where they needed support to take their medicines. Medicine Administration Record (MAR) charts showed people received their medicines as prescribed. MAR charts were signed and dated. The office managers carried out regular medicine audits to identify issues.

Preventing and controlling infection
● Staff had completed training in infection control and understood the steps to follow to prevent and reduce the risk of infection.
● Staff were provided with personal protective equipment and told us they used them appropriately.

Learning lessons when things go wrong
● Lessons were learnt from incidents. Records showed staff reported incidents and accidents to senior members of staff and the registered manager and these were escalated appropriately. For example, staff had reported the infestation of insects and a pest control team was arranged to attend the person's home to fumigate it.
● Lessons learnt were shared with staff during staff meetings. Staff were reminded of the importance of reporting any concerns they may have about people appropriately to the registered manager or office staff

so that appropriate actions can be taken.

Requires Improvement

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 the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to requires improvement.
This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- People's needs were not thoroughly assessed to ensure their care and support was adequately planned.
- Staff carried out a face-to-face assessment of people's needs upon receiving referral documents from the local authority commissioning the service. The referral documents contained assessment of people's physical, and mental health needs, mobility, and personal care needs.
- However, we noted that assessments completed by staff were not comprehensive or detailed and did not fully highlight people's care needs. The assessments did not always include people's physical and mental health conditions. Information provided on the referral document from the commissioning authority was not considered during the assessment by staff. For example, one person had a leg amputation, and this was stated in the referral document, but their needs assessment did not mention this. There was also no mention that the person had a catheter. The section about people's medical profile was left blank in four out of the five care plans we reviewed.
- In another case, the person's referral document stated they had grade 4 pressure sores and they were being cared for in bed. Their assessment report completed by staff had not reported the state of their skin integrity. They had also not noted the person's mental health conditions.

This was a breach of regulation 9 (Person-Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience
- Staff received training to do their jobs. One person said, "Yes, I do think they are well trained and experienced. They [staff] are the ones who give me the confidence to get out of the bed and move around with their support." One relative mentioned, "Yes, I think they are well trained, they know what they are doing."
- Training records showed staff had completed training courses in core areas of the job including safeguarding, health and safety and moving and handling. Records also showed they had induction when they first started and had their competencies assessed in various areas after receiving training.
- Staff told us, and records showed they received supervision and support to enable them to remain effective in their roles. Supervision included observations and spot checks and regular team meetings.

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 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.

● Staff had received training in Mental Capacity Act (MCA) 2005 and knew to seek people's consent. One staff member told us, "Some clients with dementia may not always understand information or be able to make a choice or quick decision. We cannot make decisions for them but I have learnt that you have to be patient with them, give them time, try gentle persuasion and tactics. Most times they eventually are able to tell us what they want."
● Care plans documented people's capacity to make decisions and who supported them in making decision if they lacked capacity or needed support to make decisions.
● The registered manager understood their roles and responsibilities under MCA. They knew to involve people's relatives and other professionals where appropriate.

Supporting people to eat and drink enough to maintain a balanced diet
● People were supported with their dietary, nutritional and hydration needs. People told us they were supported with their meals. One person said, "The carer makes breakfast and I do lunch. In the evening they warm up a meal for me. I always have bottles of water near me during the day."
● Care plans stated where people needed support to prepare their meals, do food shopping and assistance with feeding. Where people's relative supported them with their nutritional needs it was stated in their care plans.
● Staff knew to report any concern about people's eating and drinking to people's relatives and the registered manager who then followed up to ensure people had the support they required to maintain a balanced diet.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People were supported to access a range of health and social care services as needed.
● Staff liaised with healthcare professionals and followed up on their recommendations to ensure people's health was maintained. Records showed a range of health and social care services were involved to maintain people's health and well-being. For example, a district nurse was involved in treating one person's pressure sores.
● There were systems in place which enabled important information about people to be shared with relevant agencies when people moved between services. For example, people had a person profile sheet which contained a contact list of people involved in their care. Staff told us they gave a copy of this profile sheet, a copy of people's care plan and MAR to ambulance service when people went to hospital.

Good

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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; equality and diversity

- Staff were caring towards people. One person commented, "Staff are very friendly, sociable and kind and they talk to me when I feel depressed – sometimes they suggest support groups." A relative told us, "Staff are very kind and caring and I would give them ten out of ten. They do their jobs with their heart and feelings with kindness to my relative. They do their work with love and everybody should be like that if they take this kind of job – treating the people they care for with dignity and affection."
- Staff knew the needs of the people they supported. They had developed relationships with them from working with people consistently. One staff member said, "I come in some days and could tell if my client is not well or they are in pain or maybe had a bad night. I know immediately that I will give them extra attention and show them I'm there. It helps them when they know you care and are interested in them and not just in the job."
- Records indicated people's protected characteristics such as religion, culture, gender, sexuality, disability and race were covered as part of their needs assessment. Staff understood and promoted equality and diversity amongst people. People told us staff respected them for who they are. One person said staff were aware of their religious belief and they respected that. The registered manager considered people's preferences in terms gender, and cultural and religious backgrounds when matching staff to people.

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

- People were involved in their day-to-day care and support. One relative told us their relative could not communicate much but staff still gave their relative choice and involved them in what they were doing. Staff also discussed any changes or decisions with them.
- Care records showed people and their relatives had input in their care planning and their views were considered.
- Staff told us they allowed and encouraged people to be involved and make choices for themselves as much as possible.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect and promoted their independence. One person said, "Yes, staff are very good. They make sure the door is shut and keep me warm and cover me. They support my independence by helping me to walk from chair to the commode." One relative told us, "Yes, they [staff] do respect relative's privacy and dignity. They make sure they are covered up so they are not left naked. Staff encourage relative to do as much as they can. Sometimes they do not want to get out of bed and they encourage them to get up and dressed."

● Staff had completed training in dignity in care as part of their induction programme. Staff gave examples which demonstrated they knew how to promote privacy, dignity and independence. One staff member mentioned, "Dignity is very important. Some examples to do this are; not exposing people unnecessarily when giving them personal care, listen to them, involve them, don't just touch them or do things for them without discussing with them first and obtaining their permission. Encourage them to do anything they can do rather than just doing it for them."

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

● People received care to meet their individual needs. One person told us, "[Care staff] work efficiently and get me out of bed, give me a shower and get me dried. They get me my breakfast and does the washing up. They do what they need to do." Another person said, "I get the support I need. I have not fallen over in six to seven months – my left arm doesn't work properly, it's painful but the care staff are pretty good. They know how to help me to reduce the pain."
● People had care plans in place which stated what support people needed, and the individual tasks staff were to complete for people to meet those needs. People were supported with their personal care, meal preparations, mobility and maintaining a safe environment.
● Staff told us the care plans gave them information they needed to support people. One staff member said, "The care plans tells you what the client wants. The information is sufficient for us to know and care about the person." Another staff member told us, "Care plans tells me what I need to know about the person and the tasks to be completed. They are very useful."
● People and their relatives were involved in planning their care. We saw where people had requested for changes to care visit times these were acted on.
● Whilst people told us they received the care they needed and staff told us they had information they needed to meet people's needs, we noted care plans were tasks focused. They did not always give a summary of people's background, history and medical profile. Although, care staff told us the office staff contacted them over the phone to discuss these details with them before they started working with people.

We recommend that the provider research best practice examples into person centred care planning.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
● People's communication needs were documented in their care plans. One person's relative supported them by interpreting to staff. The registered manager told us they would provide information in different languages if people needed this.

Improving care quality in response to complaints or concerns
● People and their relatives were aware of how to raise concerns or complain if they were unhappy with the service. One person commented, "I would just phone Bestvalue or Greenwich council if I was concerned."

One relative said, "I would go to Greenwich council social services and report anything to them."
●The registered manager was knowledgeable about the provider's complaint procedure and had investigated and responded to complaints made about the service in line their procedure.

End of life care and support
● There was no one receiving end of life care at the time of our visit. The registered manager told us they would work in partnership with relatives and other professionals and services if anyone they supported required end of life care. End of life care training was covered as part of staff induction. The registered manager told us staff will be trained specifically to people's needs as when required.

Requires Improvement

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 Good. At this inspection this key question has now deteriorated to 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.

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

- The nominated individual and registered manager understood their role and responsibilities to deliver an effective service but had failed to ensure that the quality of the service provided met regulatory requirements and promoted people's safety and well-being. We found that people's care needs and the risks they were exposed to were not thoroughly assessed. There were no management plans developed to reduce risks identified; and ensure people's needs were met in a personalised manner.
- The systems in place for assessing and monitoring the quality of the service were not effective. The registered manager had not identified the concerns we identified at this inspection. Care records were not checked by the registered manager to ensure they covered people's needs and met regulatory requirements.
- There were no processes in place to analyse when people had their care visits so late visits could be monitored, gaps identified, and measures taken to improve on it. The registered manager did not have an oversight of how many late visits they have had over a period because there was no system in place to manage and monitor this.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager complied with the requirements of their CQC registration as required. They had sent us statutory notifications as required and displayed the rating of their last CQC inspection as required.

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; 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.

- The culture of the service was open. Incidents, accidents, safeguarding concerns and complaints were investigated and dealt with. Reports from investigations completed were sent to the local authority and complainant. Incidents and accidents were discussed with staff members involved individually and appropriate actions taken.
- Staff meetings were used to share information with staff and to discuss incidents and accidents; and

learning from them. For example, following a safeguarding concern staff were reminded of the importance of reporting correctly on care provided to people and any concerns they may have or their general observation while caring for people.

● People's views about the service were sought through survey, review meetings and telephone monitoring checks. We saw that staff followed up on feedback or requests people had made. For example, where people had requested to change their care staff it was done. Most of the concerns from people following the last survey conducted in 2018 related to staff being late. The registered manager told us they contacted people to reassure them they would improve in this area. The matter was also discussed with staff in a team meeting.

● People and their relatives told us the service was adequate for their needs. One person said, "I have never met the manager and I don't know who they are, but everything seems to be going very well. I have no concerns about the service and I would definitely refer someone to this service." A relative mentioned, "I don't know about the service but the girls I get here are good for me and my relative. They give us what we want and that is good for me."

Working in partnership with others

● The service worked closely with the local authority contracts and commissioning team to develop the service. The local authority commissioner we spoke with confirmed the registered manager worked with them to improve the service. The service also worked with local colleges and the local authority learning development team to meet staff training needs. The registered manager was a member of the local authority provider forum and attended meetings where they shared learning and sought support.

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	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider and registered manager had failed to carry out full assessment of people's needs to ensure people's care was designed and delivered to meet their individual needs.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider and registered manager had failed to ensure that people received safe care and treatment because risks to people's health and safety were not always assessed or guidance available to staff to reduce possible risks.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider and registered manager had failed to operate systems to assess, monitor and improve the safety of the service provided.