

Best Care JS Limited

# Best Care JS Limited

## Inspection report

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### 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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Best Care JS Limited is a domiciliary care agency and is based in the London Borough of Barking & Dagenham. The service provides personal care to adults in their own homes. Two people were using the service at the time of the inspection. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

### People's experience of using this service

Risk assessments were not completed to ensure people were safe at all times. Assessments of needs were not completed before people started using the service to decide if the service was suitable to effectively meet people's needs.

Staff recruitment processes were not robust to ensure all staff were appropriately checked and were suitable to provide safe care. The service had enough staff. However, staff did not always have supervision to discuss their practice and training needs. We made a recommendation in this area.

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.

Staff were caring and people's privacy and dignity was respected.

Staff understood equality and diversity and how to treat people without discrimination.

There were systems in place for infection control, recording, incidents, managing complaints and drawing lessons when things went wrong.

The service developed systems for obtaining feedback from people and other stakeholders.

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

### Rating at last inspection

This service was registered with us on 15 January 2019 and this was the first inspection.

### Why we inspected

This was a planned inspection based on when the service registered with the CQC.

### Enforcement

We have identified breaches in relation to safe care and treatment, person-centred care and good

governance. You can see what action we have asked the provider to take at the end of this full report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Best Care JS Limited

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

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

Our inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support us with the inspection.

The inspection activity started on 21 January 2020 and ended on 27 January 2020. We visited the office location on 21 January 2020.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. 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 contacted professionals for feedback.

We reviewed the information we already held about the service. This included details of its registration, and notifications. A notification is information about important events, which the provider is required to tell us

about by law. We used all of this information to plan our inspection.

#### During the inspection

We spoke with the registered manager, who was also the provider. We also spoke with the office administrator. We reviewed documents and records that related to people's care and the management of the service. We reviewed two care plans, which included risk assessments and two staff files, which included pre-employment checks. We looked at other documents such as training and quality monitoring records.

#### After the inspection

We continued to seek clarification from the provider to validate evidence we found, such as reviewing policies and care plans. We contacted two people who used the service by telephone but they chose not to share their experience with us. We spoke with one member of staff by telephone.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant that 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

- Although the provider told us risk assessments had been completed and were reviewed every six months or as soon as was needed, we saw no evidence in people's care files that these had taken place to ensure people were safe. The provider was unable to show us what risk assessments had been completed.
- There were no risk assessments relating to the home environment and people's health needs. This meant that the provider did not have guidance on how to manage and reduce risks to people.

The above concerns meant that risk assessments had not been completed to demonstrate the appropriate management of risks and to ensure support and care was always delivered in a safe way. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

### Staffing and recruitment

- Records of two members of staff showed relevant pre-employment checks, such as criminal record checks, references and proof of staff identity had been carried out. However, there were no records such as references, completed application forms and criminal record checks to confirm that proper checks had been carried out for one member of staff. This showed staff recruitment processes were not robust to ensure all staff were vetted and were suitable to support people.

The above concerns meant that the staff recruitment systems were not robust enough to ensure staff were safe to provide personal care. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

- The service had enough staff to meet people's needs. The registered manager told us they would continue to employ staff to ensure there were enough of them to provide personal care to people.
- Staff told us they had enough travelling time between visits and they were not rushed. They told us there were enough of staff and that there were no missed visits and they arrived on time.

### Using medicines safely

- The service had a policy on safe administration of medicines. At the time of the visit people were administering their own medicines.
- Staff had received training on medicine administration and told us they were confident with supporting people with medicines, if they needed to.

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

- People were protected from the risk of abuse because the provider had systems and processes in place to minimise the risk of abuse.
- Staff had received safeguarding training and were aware of their responsibilities to keep people safe. A member of staff said, "There are different kinds of abuse such as physical, emotional and financial. I will report any kind of abuse to my manager. If nothing is done about it, I will report to local authority or CQC."

#### Preventing and controlling infection

- Systems were in place to reduce the risk and spread of infection.
- We observed that personal protective equipment (PPE) such as gloves and aprons were available.

#### Learning lessons when things go wrong

- There were system in place to learn from lessons following incidents.
  - There had been no accidents or incidents since the service started supporting people with personal care.
- The registered manager had procedures for recording and analysing incidents and accidents and drawing lessons to minimise a repeat of similar incidents.



# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant that 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

- Effective systems were not in place to ensure people's support needs were assessed to allow the service to deliver person-centred care. The registered manager told us they carried out initial assessment of needs. However, there were no records to confirm this.
- The provider had received referrals, which outlined information on people's general support needs. However, the provider did not record specific support areas of needs and how these could be met. This meant people's needs and choices were not assessed fully to achieve effective care.

The above concerns meant that robust assessments had not been completed to determine if the service could support people effectively and provide person centred care. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

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 had consented to their care. Staff told us they always asked for consent before providing care.
- Staff had received training on the MCA and were aware of the principles of the act. One member of staff said, "I have to ask [people] first before doing anything. I have to give [people] choice."

Staff support: induction, training, skills and experience

- Staff had completed training and refresher courses relevant to their roles. This included training in moving and handling, infection control, medicine administration and basic food hygiene.
- New staff had received an induction before they started providing care. A member of staff told us, "I had attended a lot of training. I also had an induction, which included being introduced to [people] and

shadowing staff."

- Staff had yet to receive supervision. The registered manager told us they provided informal supervision, which included observing staff whilst providing care. There was a policy on staff supervision and staff told us they were supported by the registered manager.

We recommend that the register manager adopts best practice of providing staff with formal supervision.

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

- Staff supported people to maintain a balanced diet. People chose their meals and staff supported them in the preparation.
- Staff understood people's dietary preferences including the need to respect their cultural, religious and medical preferences.
- The level of support people required with their meals was stated in their files. This meant staff knew what was expected of them to meet people's dietary needs.

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

- Care records included the contact details of people's GP, so staff could contact them if they had concerns about a person's health.
- People's medical conditions were recorded in their files. This meant staff were aware of people's medical needs, so that they could take appropriate action to seek help in an emergency.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were protected from discrimination within the service. Staff understood discrimination of any kind was not acceptable. They knew racism, homophobia and ageism were forms of abuse and should not be tolerated. A member of staff told us, "I do not discriminate people because of their differences of ability, colour, faith, or gender."

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

- People were involved in decisions about their care. Care plans showed people had been involved with the support they received.
- Staff encouraged people to make decisions about their care. A member of staff said, "It is what [people] want. We gave [people] choices and support them to make decisions about their care."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected when they received care. Staff told us that they made sure that personal care was provided in private. A member of staff said, "I close the door and window to ensure privacy whilst supporting [people] with personal care."
- Care plans advised staff that they should ensure people's privacy and dignity. One person's care plan stated, "To ensure dignity and privacy are respected at all times."
- Staff encouraged people to be independent. Care plans contained information on areas they were independent and we noted people maintained their independence in various areas, such as accessing amenities in the community and shopping.
- People's records were kept securely in the office and staff knew how to ensure confidentiality.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- The registered manager did not complete assessment of people's needs. This meant care plans were not always personalised to ensure people's needs were met.
- A summary of people's support during each staff visit was recorded ensuring people's needs were met.

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 was recorded in their care plans, to help ensure staff knew how to communicate with them.
- The registered manager was aware of the requirements of AIS. They told us that should people with communication needs be referred to the service, they would ensure that there were appropriate means of communication available, to respond to their needs effectively.

Improving care quality in response to complaints or concerns

- The service had a complaints policy which stated how they dealt with complaints.
- Complaints were managed appropriately. One complaint was received, investigated and resolved following the service's complaints' procedure.

End of Life Care:

- The service did not support people with end of life care. The registered manager knew that should people need end of life care in future, then an end of life care plan should be in place and staff should have relevant training to deliver end of life care.

# Is the service well-led?

## Our findings

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

This was the first inspection for this newly registered service. This key question has been rated 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

- Systems were not fully implemented to ensure people's needs were fully assessed and their choices and preferences were included in their care package before they started using the service. We also found shortfalls in relation to staff recruitment and risk assessments, which put people's safety at risk.

The above issues showed the service failed to ensure robust audit systems were in place to identify and address shortfalls to ensure people were safe at all times. The provider was failing to ensure regulations were being met and the quality of the service was being maintained. These issues were a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

- The registered manager had a system for auditing aspects of the service. For example, they monitored staff punctuality and regularly checked records and staff training were up to date.
- The registered manager was supported by an office manager, who monitored and managed staff rotas, visits and timekeeping. The registered manager told us they were planning to recruit a deputy manager as the service developed.
- Staff knew their roles and were positive about the management of the service. They felt they could approach the registered manager with any issues they had. One member of staff said, "I am happy working for the service. I can talk to the manager if I have a problem."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture within the service and people were supported to obtain positive outcomes for their care. For example, people were supported to maintain their independence.
- There were systems in place for people, relatives and staff to share their views so that the outcomes for people were positive.
- Staff felt supported by the management team. A member of staff told us, "The manager is supportive."

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

- The registered manager received feedback from people by telephone. This helped the service understand people's views and make improvements as required.
- Staff had informal meetings. The registered manager had plans to arrange regular staff meetings.

- The registered manager developed survey questionnaires which they intended to use to gather feedback from people, relatives and staff.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware that it was their legal responsibility to notify CQC of any allegations of abuse, serious injuries or any serious events that may stop the running of the service and be open and transparent to people should something go wrong.

Continuous learning and improving care

- The registered manager told us they looked for ways of developing and improving the service. They told us they had embarked on a professional training course at a university to obtain a qualification leading to a degree award.
- The service also used online resources to be up-to-date with new care practices and legislations.
- The service had developed survey questionnaires to be sent to people, staff and professionals to obtain feedback which would help improve the quality of the service.

Working in partnership with others

- The registered manager worked in partnership with local authorities and healthcare professionals. They told us they had a plan to work in partnership with locally based charities.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered provider was not doing everything practicable to ensure people who used the service received person-centred care that was appropriate and reflected their preferences.</p> <p>Assessments of the needs and preferences for care and treatment were not carried out in full for some people that used the service.</p> <p>Regulation 9(1)(3)(a).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered provider was not providing care in a safe way as they were not doing all that was reasonably practicable to mitigate risks to service users.</p> <p>Regulation 12(1)(2)(a)(b).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider was not robustly assessing, monitoring and improving the quality and safety of the service to ensure people who used the service were safe at all times.</p>

Regulation 17 (1)(2)(a)(b).

## Regulated activity

Personal care

## Regulation

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

The registered provider did not implement a robust staff recruitment processes to ensure staff were fit and proper to carry out personal care.

Regulation 19 (2)(3)(a)(b).