

Best At Home Domiciliary Care Services Ltd

Best At Home (1)

Southerton House

## Inspection report

Southerton House  
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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

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

### About the service

Best At Home (1) Southerton House is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

The agency provided a safe service for people to use and staff to work in. People were supported and had their needs met by sufficient numbers of appropriately recruited staff. This enabled them to live in a safe way and enjoy their lives. Risks to both people and staff were assessed, monitored and updated when required. The agency reported, investigated and recorded accidents, incidents and safeguarding concerns. Medicines were safely administered. The agency met shielding and social distancing rules, used Personal Protection Equipment (PPE) effectively and safely and the infection prevention and control policy was up to date.

We found and people and their relatives told us the care provided was effective, they had not experienced discrimination and their equality and diversity needs were met. Staff were well-trained, and appropriately supervised, and appraised. People and relatives we contacted, praised the way staff provided care, which met their needs well. Staff encouraged people to discuss their health needs and these were passed on to appropriate community-based health care professionals. The agency had a well-developed professional's network that enabled seamless joined up working between services based on people's needs, wishes and best interests. This included any new services required as people's needs changed. Staff protected people from nutrition and hydration risks, and people were encouraged to choose healthy and balanced diets that also met their likes, dislikes and preferences.

People and their relatives said staff provided them with care and support in a friendly way that they liked, with attention to small details making all the difference. Staff acknowledged and respected people's privacy, dignity and confidentiality. People were encouraged and supported to be independent and do things for themselves, whenever possible. This promoted their self-worth and improved their quality of life. The staff were caring, compassionate and passionate about the people they provided a service for and the way they provided it.

The agency was responsive. People's needs were assessed and reviewed including any communication needs and they received person centred care. They were given choices, encouraged to follow their routines, interests and hobbies so that social isolation was minimised. People were given enough information to make their own decisions. Complaints were recorded and investigated.

The agency management and leadership was transparent with an open culture that was honest and positive. The agency statement of purpose clearly defined its vision and values, which staff understood and followed. Staff were aware of their responsibilities and accountability and they were willing to take responsibility and report any concerns they may have. The agency reviewed service quality and made changes to improve the care and support people received. This was in a way that best suited people. The agency had well-established working partnerships that promoted people's needs being met outside its remit to reduce social isolation. Registration requirements were met.

#### Why we inspected

This service was registered with us on 22/09/2020 and this is the first inspection.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Best At Home (1) Southerton House

## **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

One inspector carried out this inspection.

#### Service and service type

Best At Home (1) Southerton House is a domiciliary care agency, registered for 'personal care'. The service provides personal care to older people who may be living with dementia, have a physical and/or learning disability, autism and mental health support needs. At the time of inspection, 65 people were receiving support with personal care from this service.

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture. People received person-centred care in a setting that enabled them to have maximum choice, control and independence and promoted their dignity, privacy and human rights. The positive culture, ethos, values, attitudes and behaviours of leaders and care staff ensured people using service lead confident, inclusive and empowered lives.

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. This was because we needed to be sure that the

provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

#### During the inspection

We spoke in person with the registered manager. We contacted 12 people and their relatives, 37 staff and five health care professionals, to get their experience and views about the care provided. We reviewed a range of records. This included six people's care records and medicine records. We looked at four staff files in relation to recruitment, training and staff supervision. We checked a variety of records relating to the management of the service, including policies and procedures.

#### After the inspection

We continued to seek clarification from the agency to validate evidence found. We requested additional evidence to be sent to us after our inspection. This included staff and training information, and audits. We received the information which was used as part of our inspection.

# 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 Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe using the agency services.
- People and their relatives said they thought the service was safe. One person said, "I feel very safe and the girls [staff] are wonderful."
- Training enabled staff to identify abuse and the action required, if encountered. Staff were aware of how to raise a safeguarding alert and when this was needed. There was no current safeguarding activity. The agency safeguarding, prevention and protection of people from abuse policies and procedures were available to staff.
- Staff explained to people how to keep safe and specific concerns about people were recorded in their care plans.
- The agency gave staff health and safety information and training that included general responsibilities, safety in people's homes and travel and transport.

Assessing risk, safety monitoring and management

- People's risk assessments and care plans enabled staff to support them to take acceptable risks and enjoy their lives safely.
- Risk assessments included aspects of people's lives such as health, activities and daily living. Assessments were regularly reviewed and updated as people's needs changed. Staff knew people's routines, preferences and identified situations in which people may be at risk and acted to minimise those risks. One person told us, "They [staff] know what I need and get on and do it."
- Policies and procedures explained how to manage risk and crisis, promote service continuity and whistle blow, including reporting bad practice. Staff were aware of the lone working policy to keep them safe.
- People who displayed behaviours that others may find challenging at times, had clear records of incidents, plans in place to reduce those incidences and staff were trained in de-escalation techniques. Records showed that action was taken, as required and the advice of specialist professionals sought when necessary.

Staffing and recruitment

- The agency staffing, and recruitment was safe.
- There was a recruitment procedure in place and records demonstrated that it was followed. The interview process contained scenario-based questions identifying prospective staff's reasons for wanting to work in health and social care, skills, experience and knowledge. Before employment prospective staff had references taken up and Disclosure and Barring service (DBS) security checks carried out. The DBS helps employers make safer recruitment decisions. There was also a probationary period with reviews and a

shadowing system for new staff. People and their relatives confirmed that needs were flexibly met by suitable numbers of staff and the staff rotas and way they were managed, also demonstrated this.

- Staff files confirmed the recruitment process and training had been completed. Staff were provided with a handbook.
- People were supported by staff in small hubs, to promote continuity of care and reduce footfall. The agency facilitated discussions that identified best outcomes for each person, during handovers and meetings including things that didn't work. A relative told us, "[supervisor] is always so lovely and cheerful and discusses [person using the service] care and if we are satisfied with it."
- Staff received supervision at least quarterly and an annual appraisal.

#### Using medicines safely

- People received their medicines safely.
- Medicines were safely administered, regularly audited and appropriately stored and disposed of. People's medicine records were fully completed and up to date. Staff were trained to administer medicine and this training was regularly updated. When appropriate, people were encouraged and supported to self-medicate.

#### Preventing and controlling infection

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider's infection prevention and control policy was up to date and audits took place. Staff received infection control and food hygiene training that people said they followed when working. This included frequent washing of hands, using hand gel and wearing PPE such as gloves, masks and aprons.
- The agency provided COVID-19 updates for people, their relatives and staff including ways to avoid catching or spreading it.
- There was a written procedure for identifying, managing and reporting possible and confirmed COVID-19 cases.

#### Learning lessons when things go wrong

- Lessons were learnt when things went wrong.
- Safeguarding concerns, and accidents and incidents were reviewed to identify themes and take necessary action.

# 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 Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's physical, mental and social needs were comprehensively assessed, and their care, treatment and support delivered in line with legislation, standards and evidence-based guidance. This included guidance from the National Institute for Health and Care Excellence (NICE) and other expert professional bodies, to achieve effective outcomes. The agency provided easy to understand written information for people and their families.
- The registered manager explained that before a new person received a service, a commissioning local authority would provide assessment information. The agency, person and relatives carried out a separate need's assessment. The speed of the assessment was carried out at a pace that suited the person and their needs.

Staff support: induction, training, skills and experience

- The staff induction and mandatory training was of good quality and enabled staff to support people and meet their needs well. Staff said the quality of the training was very good. They told us the training enabled them to not only perform the tasks required of them, but really make a difference to people. People praised the competence, professionalism and way staff performed their duties. One person said, "We have some highly educated people [staff], from different countries and backgrounds who know what they are doing." A relative commented, "Very competent, but in a friendly way." A member of staff told us, "Excellent training and support."
- The importance of clear communication was impressed upon staff as part of induction training and revisited during staff meetings, training and supervision.
- New staff were mentored by and shadowed more experienced staff, as part of their induction and their progress was fed back to the management team. They had introductory visits to people prior to providing them with a service. This increased their knowledge of people, their routines, preferences and surroundings. It meant people felt relaxed and comfortable receiving care and support and relatives had trust in the staff providing support for their loved ones. One person said, "They can't do enough for me."
- The induction was comprehensive and based on the Skills for Care 'Common induction standards. They form part of the Care Certificate which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social sectors. Staff told us that the training was very good and meant they could do their jobs well. One member of staff said, "It's very good working here with up to date training." During the Covid-19 pandemic care staff were offered well-being support.
- The training matrix identified when mandatory training required updating. Staff mandatory training included moving and handling, falls awareness, professional boundaries, safeguarding, medicine administration, lone working, health and safety and mental capacity. There was also specialised training

focused specifically on people's individual needs with guidance and plans. They included dementia awareness, managing continence, and catheter care.

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

- People who required it, were supported by staff to eat and drink enough and maintain a balanced diet. They were assisted with oral feeding, if required and staff monitored food and fluid intake.
- People's care plans included health, nutrition and diet information with health care action plans. Nutritional assessments were regularly updated and there were fluid charts, as required to make sure people had drunk enough. If staff had concerns, they were passed on to the management team for consideration, who alerted appropriate health care professionals.
- If people required support with diet, staff observed and recorded the type of meals people received and encouraged a healthy diet to ensure people were eating properly. Whilst encouraging healthy eating, staff made sure people still ate meals they enjoyed.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported to keep in good health by staff maintaining good working relationships with external healthcare services and receiving ongoing healthcare support.

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

- People had access to community-based health care professionals, such as district nurses and staff supported people to refer themselves to health care services, such as their GP, when required.
- Staff reported any health care concerns to the office who alerted appropriate health care professionals and commissioning bodies. A relative told us, "Always accommodating and responsive."
- People's health and medical conditions and any changes were recorded in their care plans.

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.

- The registered manager understood their responsibilities regarding the MCA within the context of domiciliary care provision.
- Staff were aware of their responsibilities regarding the MCA and Deprivation of Liberty Safeguards (DoLS).
- People signed a consent form to allow the provider to keep relevant information about them and consent to share where appropriate with healthcare services. The agency shared this information appropriately, as required, with GPs and local authority teams.
- There was MCA information accessible to staff on the office walls and staff also received training.

# 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; respecting equality and diversity

- People were well treated, with respect, equally and their diversity recognised. People and their relatives told us they found staff very supportive, caring and they enjoyed and were relaxed in the company of the staff. One person said, "We had a few hiccups at first but it is fine now and they are all so polite and kind." A relative told us, "Everything [person using the service] needs gets done and in such a nice way."
- Staff received equality and diversity training enabling them to treat people equally and fairly whilst recognising and respecting their differences. People and their relatives said staff treated them as adults, did not talk down to them and people were treated respectfully and equally. A relative told us, "I always feel [person using the service] and their belongings are treated with respect."

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

- People's care plans recorded that they and their relatives were involved in the decision-making process about the care and support they received. A relative said, "We are involved and consulted about [person using the service] care."
- People and their relatives received regular questionnaires to determine if they were receiving the care and support they needed.
- The agency sign posted people to advocates if they required support or representation.

Respecting and promoting people's privacy, dignity and independence

- Relatives said that staff knowledge of people meant they were able to understand what words and gestures meant if people had difficulty communicating. This meant they could support people appropriately and without compromising their dignity. They were also fully aware this was someone's home and they must act accordingly and in a respectful manner. A relative told us, "We went through any communication problems at the assessment."
- People felt respected and relatives said staff treated people with kindness, dignity and respect.
- People said staff were committed to the care they provided and people they provided it for. One relative said, "They [staff] are clearly committed to caring for people."
- Staff were also trained to respect people's rights and treat them with dignity and respect.
- The agency had a confidentiality policy and procedure that staff understood and followed. Confidentiality was included in induction and on-going training and contained in the staff handbook. Staff were required to sign that they had read and understood the code of conduct and confidentiality policy.

# 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's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person centred care that ensured they had choice, control and their needs and preferences were met. Staff made themselves available to people and their relatives to discuss any wishes or concerns they might have. One person told us, "Always have time for a chat and they really listen." A relative said, "Any queries and we always get a response."
- The agency carried out a need's assessment with people and their relatives to determine what their needs were and how they would like them met. This included what they would like to gain from the services provided and desired outcomes. From this assessment a person-centred care and support plan was agreed with people and their relatives as appropriate. Once the service had commenced, people were contacted to establish if the support provided was working and their needs were being met. People told us that staff turned up on time, did the tasks agreed and stayed for the time allotted. One person said, "Always turn up on time and if there is a problem, they let me know." A relative told us, "Even with the petrol crisis, they managed to get here."
- People and their relatives made decisions about their care and the way it was delivered, with staff support. Staff ensured people understood what they were telling them, their range of choices and that they understood people's responses. Staff met needs and wishes in a timely way and manner that people said they were comfortable with and enjoyed.
- People's care plans and staff daily logs recorded the tasks they required support with and if they had been carried out. They also highlighted areas where staff could encourage people to be independent. The daily logs were reviewed monthly and highlighted any concerns.
- People's care and support needs were reviewed a minimum of annually with them and their relatives. Their care plans were updated to meet their changing needs with new objectives set. People were supported to take ownership of their care plans and contributed to them as much or as little as they wished.

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 met. Staff were provided with information about people's communication preferences and guidance on how best to communicate with them.
- People who had limited speech were supported to express their views through a number of methods including using gestures and behaviour that staff understood the meaning of. This was underpinned by staff knowledge of people built up through relationships, bonds, information from relatives and experience.

- People said staff communicated clearly with them which enabled them to understand what they meant and were saying. They were also given the opportunity to respond at their own speed.
- The AIS was being followed by the agency and staff with easy to understand written information provided for people and their families. A relative said, "We have known what to expect from the start."

#### Improving care quality in response to complaints or concerns

- There was a robust system for logging, recording and investigating complaints, that was followed.
- People said they were aware of the complaints procedure and how to use it.
- Any complaints or concerns were appropriately addressed.

#### End of life care and support

- Whilst the service did not provide end of life care, people were supported to stay in their own homes for as long as their needs could be met with assistance from community-based palliative care services, as required. People had end of life wishes and 'Do not resuscitate' information recorded in their care plans, that staff were made aware of.
- Staff had received end of life training that enabled them to provide appropriate support.

# 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 is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The agency culture was open, positive and honest. People and their relatives said this was because of the attitude and contribution made by the registered manager and staff who listened to them and did their best to meet people's needs. One person said, "They let me know if there is a problem." A relative commented, "Staff in the office are friendly and we are able to get hold of them." A staff member told us, "If I have a problem, I communicate back to them [office staff] and they tell me what to do."
- The agency explained the services available to people and their relatives so they were clear about what they could and could not expect of the service and staff. Field staff told us they were very well supported by the registered manager, office staff and each other. The statement of purpose, mission statement and user guide were regularly reviewed.
- The agency had a clearly set out vision and values, that staff understood, and people said were reflected in staff working practices. They were explained at induction training and revisited during staff meetings. One staff member said, "The reliability and support we get makes you feel confident." Another staff member told us, "They [management team] are selfless, very understanding, supportive and an extremely amazing company that I would recommend to any carer."
- There were clear lines of communication and specific areas of responsibility regarding record keeping. This promoted an inclusive and empowering culture.

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 agency was aware of their duty of candour responsibility.
- There was a transparent management reporting structure and an open-door policy.
- Our records demonstrated that appropriate notifications were made to the Care Quality Commission as required.

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

- The registered manager and staff were clear about their roles and its importance.
- The agency had a care planning system that provided appointment scheduling, people's details, and rotas that updated staff, people who used the service and their relatives. Staff said they were enabled to make their visits on time due to the smooth scheduling and visit allocation. Data was collated to update and improve services provided. One person said, "They arrive and leave when they are supposed to." A staff

member told us, "The system works well for us, we always know where we are going, what we need to do and when."

- The registered manager and team contacted field staff to give support and this enabled staff to provide the service that people needed. Regular meetings took place to discuss any issues that had arisen and other information, such as staff who may not be able to cover calls and any tasks that were not completed and why. A staff member told us, "I feel at home working at Best At Home. It's a family that works together."
- The agency quality assurance systems were comprehensive and contained key performance indicators that identified how the service was performing, any areas that required improvement and areas where the service was accomplishing or exceeding targets. Areas that required improvement were then acted upon. Monitoring and quality assurance audits took place at appropriate intervals. Audits included daily logbooks, support plans, risk assessments, medicine administration records, complaints and file changes. The staff files and data base contained recruitment, training, performance and development information.
- The agency identified areas for improvement to progress the quality of services people received, by working with them and health professional partners, to meet needs and priorities. Feedback from organisations was integrated to ensure the support provided was what people needed including district and palliative nurses and GPs. This was with people's consent. The agency also worked with hospital discharge teams to prevent vulnerable people being discharged without appropriate support being available.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics Working in partnership with others

- People, their relatives and staff were able to give their views about the service and the agency worked in partnership with them. Their views were sought by telephone, visits to people, and feedback questionnaires and surveys. People's needs were enhanced by the provider focusing feedback information to re-shape the service. The agency identified if the feedback was to be confidential or non-confidential and respected confidentiality accordingly. Information was relayed to people using the service and staff that included updates from NHS England and the CQC.
- The agency had an equality and diversity policy, which gave a commitment to ensure that people using the service and staff with any of the legally defined protected characteristics did not experience inequality or discrimination. Protected characteristics are specific aspects of a person's identity defined by the Equality Act 2010 which includes protection from discrimination due to factors such as age, gender, sexual orientation, religion and disability.
- Staff received annual reviews, regular supervision and there were virtual staff meetings that covered priorities such as Covid-19 and PPE training including infection control, high-risk health and risk assessments.
- The agency policy of relevant information being shared with appropriate services within the community or elsewhere maintained community-based health services links, such as district nurses, physiotherapists, occupational therapists, GPs and other health care professionals.
- People's vulnerability regarding social isolation was reduced by the agency and staff sign posting them towards other organisations that may be able to meet their needs, within the community if it (The agency) could not.

Continuous learning and improving care

- The agency improved care through continuous learning.
- The agency kept people, their relatives and staff informed of updated practical information such as keeping safe guidance and PPE good practice.
- The audits fed into action plans to identify any performance shortfalls that required attention and progress made towards addressing them. Senior management was also in daily contact with staff, generally in person.

- The complaints system was regularly monitored and enabled staff and the provider to learn from and improve the service.
- People, their relatives and staff provided regular feedback to identify if people were receiving the care and support, they needed. A staff member told us, "The [registered] manager and office are so approachable, they take a great weight off us with their support."