

Best Support Care Ltd

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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?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Best Support Care Ltd is a domiciliary care agency providing personal care to people in their own homes. The service provides support to people living with dementia and older people. 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 there were three people using the service and all received support with personal care.

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

People had care plans in place, however they were not always updated regularly, and we found that some information was not up to date. The main risks to people's health and safety were identified, however guidance for staff was not always provided on how to mitigate the risks. This increased the risks of people's needs not being met safely.

Not all staff had completed all the mandatory training modules available to them online. This increased the risk of staff not carrying out their role safely.

People received their medicines safely, however improvements were required to ensure Best Practice Guidance for administration of 'When Required' Medication (PRNs) is followed.

There were enough staff to meet the needs of the people using the service and people received their support visits on time.

People were safe from the risk of abuse. We received no concerns about the safety of anyone using the service.

Staff followed safe infection prevention control (IPC) practices.

We saw the provider worked collaboratively with professionals to understand people's needs.

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.

People received support from kind and caring staff. Staff were respectful and promoted people's independence. People and their relatives were involved in decisions about their care, which was regularly reviewed.

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

Rating at last inspection

This service was registered with us on 23 September 2020 and this is the first inspection.

Why we inspected

This was a planned inspection following registration.

Follow up

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

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.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Requires Improvement ●

Is the service caring?

The service was caring.

Good ●

Is the service responsive?

The service was responsive.

Good ●

Is the service well-led?

The service was well-led.

Good ●

Best Support Care Ltd

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This 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.

Registered Manager

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

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service a short period of notice of the inspection. This was because it is a small service and 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 used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service from a variety of sources including notifications received from the registered manager (events which happened in the service that the provider is required to

tell us

about). We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with two people and one relative of a person who used the service. We spoke with four staff members, including the registered manager, a care coordinator and two care workers. We reviewed a range of records, including all three people's care records and medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service were also reviewed.



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 of this newly registered service. This key question has been rated 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

- People's care plans were not regularly updated. As a result, some information was not accurate. For example, information about two people's mobility needs were not recorded correctly. However, the staff knew what people's needs were. Following our feedback, the provider immediately updated these care plans.
- Risks to people's health and safety were identified, however the guidance for staff on how to mitigate them was not always provided. For example, one person had diabetes type 2 but there was no guidance for staff on how to support the person with risks associated with the condition. Following our feedback, the provider immediately completed a risk assessment and mitigation plan.
- Although the information in people's care plans were not always up to date, the staff knew people very well and understood their current needs. Staff recorded information about any changes in people's needs in a communication book at the end of each shift.
- Environmental risk assessments were carried out in people's homes. This identified hazards in the environment that may have posed a risk. This ensured people and staff were safe.

Using medicines safely

- Some people were prescribed pain relief medicines to be taken 'When Required' (PRN). However, there were no PRN protocols in place with clear guidance on when to administer the PRN medicines. Following our inspection feedback, the registered manager had immediately put the protocols in place.
- People told us staff supported them safely with their medicines.
- Medicine administration records (MAR) were completed by staff for each administration.
- Medicine administration records (MAR) were regularly audited for any errors by the management.

Staffing and recruitment

- People were supported by familiar team of care staff who knew their needs well.
- People told us they received their care on time and did not feel their care was rushed.
- Staff were safely recruited. We saw safe recruitment procedures were used, including the use of DBS and references to support in making safe recruitment decisions. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from the risk of abuse. Staff had received safeguarding training and were aware of

their responsibilities to keep people safe.

- People told us they felt safe using the service. One person said, "Of course I feel safe with my carers. They are very good".
- The provider had not needed to make any safeguarding referrals at the time of inspection. There was a safeguarding policy in place which was understood by staff.

Learning lessons when things go wrong

- Staff understood and fulfilled their responsibilities to raise and share any concerns and report incidents and accidents. Management supported this practise.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely. People told us staff always wear the appropriate PPE when supporting them.
- We were assured that the provider was accessing testing for people using the service and ensuring staff met current government guidelines.
- We were assured that the provider's infection prevention and control policy was up to date.

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 the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff had not receive formal supervisions or appraisals. This reduced their opportunities to develop, review their practice and focus on professional development. We discussed this with the registered manager who planned to commence staff supervisions following our inspection.
- Staff had access to required training for their role, however not all staff completed all mandatory training modules. Following our feedback, the provider ensured and evidenced that all staff completed all of the required training online.
- Staff received an induction which prepared them for the role. This involved being supervised to ensure they felt ready to provide a high level of support independently.
- People told us they felt staff were well trained.

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

- People received an assessment of needs with identified goals as agreed with them.
- People had person centred care plans promoting their independence wherever possible.
- People and their relatives felt that staff supported them with maintaining a good quality of life. One relative said, "[Person's name] could not do without them. [Person's name] needs are becoming more complex, but they support her to continue to do what [they] can".

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

- People were supported with their nutrition and hydration when this was required. People fed back they were happy with the support received to eat and drink.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider worked collaboratively with other agencies to understand and meet people's needs.
- Effective systems were in place to make referrals when required. For example, when one person's mobility had deteriorated, the registered manager ensured that appropriate referral was completed. As a result, occupational therapist supported the person with obtaining equipment needed to support with their moving and handling.

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 MCA 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 provider was working within the principles of the MCA.
- Staff made sure that people were involved in decisions about their care so that their human and legal rights were upheld. This was documented in people's care plans.
- Staff knew what they need to do to make sure decisions are taken in people's best interests and involve the right professionals or next of kin when needed.

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 received support from kind and caring staff. One person said, "All of them [staff], they are lovely and so caring".
- Staff spoke about people with respect and understood their needs well. One staff said, "I love looking after our clients. I know them very well, like a family member. There is so much to learn from them too".

Supporting people to express their views and be involved in making decisions about their care, Respecting and promoting people's privacy, dignity and independence

- People and their relatives were involved in decisions about their care. One relative said, "They always keep me informed, they let me know when there are any changes or when [my relative] is not well. Together, we come up with a plan with how to best support [my relative]."
- People receive consistent, timely care and support from familiar staff who understood their needs and got along with them.
- Records showed evidence of discussions with people about their care.
- People felt their dignity was promoted because their wishes and feelings were acknowledged and accommodated for. For example, all three people preferred female carers to provide personal care and this was provided by the service.

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 and their relatives were involved in their care planning. We saw how the service considered people's life stories and backgrounds.
- The provider worked with people to identify personal goals they wished to achieve whilst using the service. For example, one person's goal was to remain as independent as possible with meal preparation. The person was supported by staff to achieve the goal.
- Technology was utilised to ensure responsive care. For example, alerts could be sent out to care staff's phone's in the event someone's needs had changed. Relatives were also able to get in touch with the management via text messages.

Improving care quality in response to complaints or concerns

- The service had not received any complaints at the time of inspection. The provider had a complaints policy in place which was shared with people when they started with the service and was available to them in the service handbook.
- People and relatives we spoke with told us they had not needed to complain about the service. However, they felt certain if they did complain, they would be listened to and their concerns acted on.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were considered and recorded in the care plans.
- The provider was able to produce information about the service in different formats to ensure it was accessible for all people using the service, such as large print or alternate languages.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- At the time of inspection, people were not requiring support with taking part of activities and were independent with maintaining relationships.
- The registered manager informed us support with activities could be provided if this was identified as a care need.

End of life care and support

- At the time of inspection, no one using the service was considered to be reaching the end of their lives. However, the provider had an end of life policy in place.

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.

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

- Governance and quality assurances were not always effective. Systems did not always identify areas for improvement. For example, appropriate risk assessments did not always take place and staff training was not always completed in a timely manner.
- The provider understood and met their legal requirements, including conditions of registration.
- Staff understood their role and responsibilities, they were motivated to deliver good quality care and had confidence in the registered manager. Although staff supervisions had not taken place, staff felt they had opportunity to share their feedback and seek support from the registered manager at any point.
- The registered manager welcomed feedback from other professionals, including CQC and where ideas for improvement were identified the service made improvements.

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

- People felt the service was well-led. People knew the registered manager because they regularly visited and made calls to people. One relative said, "[Registered manager's name] is always at the other end of the phone. We communicate in the agreed way; text messages work best for me".
- The registered manager regularly worked along care staff. This ensured staff delivered good quality care.
- The registered manager welcomed feedback from people, relatives, staff and health care professionals. This was evidenced by the record of making calls to people and their relatives and recording what they said about the service. The registered manager also welcomed CQC feedback following the inspection. Where areas for improvements were identified, the provider swiftly demonstrated what action had been taken in response.

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 registered manager understood their responsibility under duty of candour.
- The registered manager was aware of their responsibilities to complete statutory notifications.

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

- The provider worked in partnership with a range of professionals and demonstrated joined-up care. For

example, we saw how the manager worked with the district nurses' team and occupational therapists to support people who required a specialist support.

- Staff had good relationships with the registered manager and felt they were listened to.
- The provider encouraged people to feedback about the running of the service, for example through phone calls and home visits. People had the opportunity to reflect on the service during care reviews.