

Bestvalue Home Care Services UK Ltd

# Bestvalue Home Care Services UK 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?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This inspection took place on the 23 and 24 March 2016 and was announced. Best Value Care Limited domiciliary care agency was registered with the Care Quality Commission on 26 October 2011. At the last inspection in 2013, the service was meeting the legal requirements at that time.

Best Value Care Limited is a domiciliary care agency that provides care and support for people living independently in the London Borough of Greenwich and the surrounding areas. At the time of this inspection 85 people were using the service.

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

At this inspection we found a breach of regulations in staff recruitment, relating to concerns around employee references. You can see the action we have asked the provider to take in respect of this breach at the back of the report.

We found the service had appropriate safeguarding adults procedures in place and that staff had a clear understanding of these procedures. People using the service said they felt safe and that staff treated them with kindness and understanding. Safeguarding adult's procedures were robust and staff understood how to safeguard the people they supported from abuse. There was a whistle-blowing procedure available and staff said they would use it if they needed to.

People had access to health care professionals when they needed them and were supported, where required, to take their medicines as prescribed by health care professionals. Staff had completed training specific to meet the needs of people using the service, and they received regular supervision. The manager and staff had a good understanding of the Mental Capacity Act 2005 and acted according to this legislation. People's care files included assessments relating to their dietary requirements and other essential support needs.

Assessments were undertaken to identify people's support needs before they started using the service. Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care. People were aware of the complaints procedure and said they were confident their complaints would be listened to, investigated and action taken if necessary.

The registered manager used a variety of methods to assess and monitor the quality of the service although management oversight of the service required improvement. These included annual satisfaction surveys, spot checks and care reviews. We found people were satisfied with the service they were receiving. The registered manager and staff were clear about their roles and responsibilities and were committed to

providing a good standard of care and support to people they were supporting.

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

We always ask the following five questions of services.

### Is the service safe?

There was an element of the service that was not always safe.

Recruitment checks were not sufficiently robust. The provider did not always seek references from former employers and was not sure who had provided a reference and the nature of the relationship between referee and applicant.

The provider had procedures in place to protect people from abuse and unsafe care. There were safeguarding adult's procedures in place and staff had a clear understanding of them. There was a whistle-blowing procedure available and staff said they would use it if they needed to.

People using the service and staff told us there were always enough staff. If staff were late, most people said that staff called beforehand to explain the reason for the lateness.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Staff had completed an induction when they started work and received training relevant to the needs of people using the service.

People were supported by staff who were sufficiently trained, skilled and experienced to support them to have a good quality of life. They were aware of the requirements of the Mental Capacity Act 2005.

People were supported to eat and drink according to their plan of care.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals, as required, if they had concerns about a person's health.

**Good** ●

### Is the service caring?

The service was caring.

**Good** ●

People said they had been consulted about their care and support needs and that they had been treated with kindness and compassion in their day-to-day care.

People's privacy and dignity was respected.

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

**Good** ●

The service was responsive.

Staff encouraged people to be independent and were supported to participate in activities.

Assessments were undertaken to identify people's support needs before they started using the service.

Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service.

People knew about the provider's complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

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

**Requires Improvement** ●

An aspect of the service was not well-led.

The provider and registered manager had not identified issues leading to the breach of the regulations surrounding the safe recruitment of staff during checks of the service's processes. There was insufficient supervision of the work completed by senior staff.

The provider took into account the views of people using the service and staff through surveys.

Staff said they enjoyed working at the service and they received good support from the manager and office staff.

# Bestvalue Home Care Services UK Limited

## **Detailed findings**

### Background to this inspection

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

Before the inspection we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

This inspection took place on 23 and 24 March 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the manager would be available. The inspection team comprised of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. One inspector attended the office and interviewed staff and visited a relative and three people using the service. The expert by experience made telephone calls to people who used the service, their relatives, health care professionals and staff.

We looked at the care records of nine people who used the service, staff training and recruitment records and records relating to the management of the service. We spoke with a total of 14 people using the service, four relatives, six members of staff, the registered manager and the provider. We also spoke with a number of health care professionals and asked them for their views about the service.

## Is the service safe?

### Our findings

People told us they felt safe. One person's relative said, "I know that my relative is in safe hands. They are like part of the family." Another said, "They always have their ID card showing and wear their uniform." People told us they tended to have regular carers and this helped them to feel confident and safe with the carers. However the safety of the service in relation to recruitment of staff required improvement.

We looked at personnel files of nine members of staff and saw that the provider did not have robust recruitment procedures in place, as appropriate recruitment checks did not take place before staff started work. We saw criminal record checks, health declarations, proof of identification and checks on eligibility to work had been carried out and most files included two references. However, we noted that these references did not always indicate the role of the referee or a company stamp. In three of the files we considered, the references were from friends of the applicant and the service had not sought to obtain references elsewhere even though the applicant had an employment history. In another two files the manager told us they did not know the identity of the referee and their relationship to the applicant. This meant that members of staff had been employed without proper references and may place people using the service at risk of receiving care from unsuitable staff.

These issues were a breach of Regulation 19(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection visit, the manager and provider told us that a new and more robust recruitment system was to be implemented and that they were in the process of checking and re-requesting references for all care staff. However, we could not observe the propriety of any additional references the service obtained or monitor the new recruitment system at the time of the inspection.

The service had safeguarding and whistle-blowing policies in place and all staff had up to date training on safeguarding and whistleblowing procedures. Staff we spoke with demonstrated a clear understanding of the types of abuse that could occur in a home setting and explained what they would do if they suspected abuse. A carer told us they had reported a safeguarding concern on the day of the inspection and this had been escalated immediately. The registered manager was the safeguarding lead for the service and demonstrated a clear understanding of the role and the support that should be given when suspicions of abuse were reported.

Staff and the manager said that there were always enough staff on duty to support people. We saw records that supported this and an example of the use of technology to monitor times of staff visits on people. We spoke to staff who told us that they realise the importance of the monitoring system and that it ensured that people were seen at the right time and for the correct amount of time. One carer said, "The system is good and I am aware that it improves the timings of calls. All staff have to use it."

One person said, "Staff are generally on time. If they are running late they always call or text me." Another person said, "They do what they are supposed to do. Before they leave they always ask if there is anything else they can do and quickly go around checking things." The manager said staffing levels were arranged

according to the needs of people using the service. If extra support was needed to support people to attend activities or health care appointments, additional staff cover was arranged.

People who use the service could access support in an emergency. One person said, "I can access the office very quickly in an emergency. There is a good system in place and this gives me reassurance." We saw that people's care files, both in their homes and at the office, included risk assessments for example, on mobility and falls. Risk assessments included information for staff about action to be taken to minimise the chance of risks occurring. We also saw up to date risk assessments had been carried out in people's homes relating to health and safety and the environment.

On the first day of the inspection a healthcare professional contacted the office to praise a carer who had alerted the emergency services of an incident and provided first aid. He spoke with us and said, "Her attitude and manner was excellent. She provided first aid and her management of the incident was first rate."

All of the people we saw and whose files we considered were managing and administering their own medicines. If people's situation changed and they required to be supported with medicines we saw that systems were available to ensure that people took their medicines as prescribed by health care professionals. One carer told us about the medicines training they had undertaken so they could administer medicine from blister packs but confirmed that at the moment all people using the service were administering their own medicine.



## Is the service effective?

### Our findings

A person using the service said, "I have a care plan and was involved in every step of it and all the reviews." Another said, "I think they are all really good, they are well trained and know how to move me". A relative said, "My relative gets everything. She is in good hands." The manager told us and records we saw supported that the office attempted to pair people with the most appropriate carer in terms of age and experience.

Staff told us they received training to meet people's needs. Carers told us about recent moving and handling training and described how this had supported them to care for people. Other staff we spoke with had completed training relevant to health and social care and some had previous experience of working in care settings. Staff had completed NVQ qualifications in adult social care and all staff had completed mandatory training which included first aid and food hygiene. New staff participated in an induction process which included shadowing an experienced member of staff and reading people's care plans. We saw that training records were up to date and included reminders for staff to complete refresher courses. The manager told us that the provider supported staff to attain recognised qualifications in social care and this was confirmed when we spoke to staff.

Staff explained how they had received supervision from their manager and we saw records that showed that staff received regular supervision and appraisals from the registered manager and a senior carer. One said, "There's lots of training including refreshers, almost every month. I had my appraisal and could raise issues with the manager." All the staff we spoke with said they had access to people's care plans and that they recorded the care they provided in a daily log kept in the person's home. It was clear from speaking with staff that they understood people's care and support needs and that they knew them well.

We received feedback from healthcare professionals about the skills and knowledge of the staff. One health professional told us, "They are great at moving and handling and will always contact me with a query or concern." Another said, "They follow the care plan and from what I see they communicate well with people."

The manager told us that all of the people using the service had capacity to make decisions about their own care and treatment. However, if they had any concerns regarding a person's ability to make a decision they would work with the person and their relatives, if appropriate, and any relevant health and social care professionals to ensure appropriate capacity assessments were undertaken. They said if someone did not have the capacity to make decisions about their care, their family members and health and social care professionals would be involved in making decisions on their behalf and in their 'best interests' in line with the Mental Capacity Act 2005.

Where people required support with issues around the home we saw that staff were effective in providing that support and observed staff assisting a person at meal times and with a mobility aid. Speaking about staff, one relative said, "They are good with things in the home and I've seen them helping on all manner of things including toileting and cooking."

People's nutritional needs were met. One person's relative said, "The staff are knowledgeable about

nutrition and hydration. This morning they reminded my relative that she needed to drink more and they always encourage appropriately." It was noted that people's care plans included details of their food preferences, fluid intake and any concerns about amounts consumed. In addition there were regular checks to ensure that people ate a healthy and balanced diet. A member of staff said, "I am really up to date on nutrition and hydration and always keep an eye open for how much they eat and drink. I always encourage them to drink water and take the hot drinks I make."

Where people required support with shopping for food and cooking meals this was recorded in their care plans. One person using the service said, "Staff cook meals and show me how to make things. We sometimes go shopping for things to cook." Another person said, "The staff make me my breakfast every morning. They even make me sandwiches and snacks"

People had access to health care professionals when they needed them. One person told us, "My carers are really good and supportive. They recently contacted the local authority and my support worker about my hoist. It wasn't right for me." In this case we saw records of contact with health care professionals and noted that a senior member of staff contacted a number of people in an effort to obtain equipment that was better suited to support the person using the service.

## Is the service caring?

### Our findings

All the people we contacted and their relatives commented that the care provided was good. One person said, "They know me really well, they really care about me." Other people told us, "Carers are very nice and caring and always go the extra mile." One relative said, "They send the same person every time. She's always got time and really cares." A relative said, "The staff do things how she wants them done. The carer suggests things like food supplements that we would never have thought of. I can't thank them enough."

People were treated with dignity and respect. One person said, "The staff always knock and are friendly and respectful." People we spoke with said that staff protected their privacy and dignity. One person said, "They absolutely respect my relative's dignity and privacy. They even close the bathroom door when I'm around." One member of staff said, "I make sure that curtains are drawn when I am giving someone personal care. I cover them up and always explain what I am doing."

Staff said they knew people's likes and dislikes. One staff carer told us that they listened to people and gave them choices. For example one person requested to stay up later before going to bed to watch a TV program and referring to the carer said, "She even stays in her own time to watch that program with me. She's really flexible and caring."

Staff said that they read care plans and worked with people including health care professionals to deliver good care. All staff told us they record the care delivered in the daily log and we saw good examples of the recording of daily care in the records that we saw at people's homes. People said they had been consulted about their care and support needs. One person said, "They talked with me about what my needs are. I know what's in the care plan and we talk about it when things change and the plan needs updating." Another person said, "I'm quite assertive and am actively involved in planning my care and have a professional who liaises with the office and the care staff." Another person said, "I'm fully involved with my care and am happy with the service."

Staff told us that there was a system in place where they worked in pairs to provide care to those who needed it. Records we saw, and the manager confirmed that where appropriate staff worked in pairs. In one example we saw that two carers had been sent to assist a person who was getting used to using a new hoist.

People were treated with dignity and respect. One person said, "The staff are always friendly and respectful. My dignity is never compromised." Staff told us they tried to maintain people's privacy, dignity and independence as much as possible by supporting them to manage as many aspects of their care that they could. They addressed people by their preferred names, explained what they were doing and sought permission to carry out personal care tasks. They told us they offered people choices, for example, with the clothes they wanted to wear or the food they wanted to eat.

## Is the service responsive?

### Our findings

People told us they received care that met their own individual needs. One person who used the service said, "I get the care I need and the way I want it. I would be up in arms if I had to change provider." Another said, "The staff make sure that the care and support is correct. I was listened to when there was a problem and the manager sorted it out." Another person told us, "The staff help me to be as independent as I can."

We looked at the care files of nine people using the service. These were well organised and easy to follow. Care plans were developed outlining how these needs were to be met and included detailed information and guidance for staff about how each person should be supported. The files showed that people using the service and their relatives, where appropriate, had been fully consulted about their needs. The assessments were undertaken before people used the service and covered, for example, moving and handling, mobility, nutrition, medicines support, communication and continence. Assessments also included people's personal history, diet, hobbies and interests and religious and cultural needs. The plans were available both at the office and in people's homes for easy staff reference.

The care plans were reviewed regularly and kept up to date to make sure they met people's changing needs. All of the care plans and risk assessments we looked at had been reviewed on a three monthly basis or more frequently if required. We also saw daily notes that recorded the care and support delivered to people. We saw that on one occasion, staff had identified a person's issue with a specialist piece of equipment and had reported the matter and liaised with suppliers to achieve an alternative.

A member of staff told us care plans included good information about people and that they told them what they needed to do for people. It was noted that they were simple, straight forward and easy to understand. Another member of staff said, "The care plans are easy to follow. The personal histories are helpful. It lets you know about the person and topics for conversation."

The manager told us there was a process in place that ensured people were supported by staff with the experience, skills and training to meet their needs. Staff told us they would not be expected to support people with specific care needs or medical conditions unless they had received the appropriate training. For example, one member of staff said, "If a new person started using the service and they needed support with moving and handling or we needed to use a hoist to support them, we would receive training from an occupational therapist before we would be allowed to support that person." A health care professional said, "They are really competent and follow my instructions precisely. If there are issues I know they will contact me and together the problem is sorted out."

People said that they were happy with the care they received, knew how to raise a complaint and were confident that the complaint would be listened to and acted upon. They told us that generally they could contact the office and that an on call system was in place for weekends and out of hours. One person told us, "I had a problem with my plan. They changed things around and together we were able to resolve the issue." The records we saw supported that complaints were answered in a timely fashion and were responded to in a clear and appropriately detailed way. We saw that the service's written complaints policy

was sent to people when they started using the service. The policy was clear and had details of who to contact if they wanted to raise issues or complaints. One person said, "If I had a complaint I would deal with the carer but I am confident that I could escalate it to the office if I needed to."

Health care professionals told us that the service was responsive to people's needs and they felt they would always try to accommodate them and people that use the service. One said, "We do joint visits together to make sure the placement is right." Another described the agency as having a good multi professional approach to care and concluded by saying, "The service is very good."

We saw that on occasions the service supported people to access the community and assisted people to attend day centres and other facilities. A person who uses the service said, "They are really good and always take me to the doctors and the centre for disabled adults. They take me home afterwards and I'm grateful for everything they do."

## Is the service well-led?

### Our findings

The provider and manager told us that they did recognise the importance of regularly monitoring the quality of the service provided to people. The manager showed us records of audits and spot checks. These included training needs of staff and care and support plan checks. It was noted that in one of these audits the manager had noted lapses in training and had booked refresher courses for staff. However, it was noted that neither the manager nor provider had identified the issues related to the lack of robustness with some employment checks and the unsuitability of references for staff and this required improvement. This is documented under the safe section of this report. It was explained to us that prior to the issue being brought to their attention, the provider had left these matters to senior staff to monitor and that after the inspection the provider would check every staff employment file and conduct other reviews. The provider recognised that the manager and senior staff in the office required more support to ensure that essential matters related to the safety of people who use the service were not compromised. However, we could not examine the effects of this additional input by the provider at the time of our inspection but will review this at our next inspection.

The provider took into account the views of people using the service and staff through the conduct of surveys. It was noted that there was good participation in the surveys. The manager showed us completed service user feedback forms and these included positive comments from people and where improvement needed to be made, the actions required were clearly recorded. It was noted that when surveys weren't returned the manager had contacted the people by phone and received feedback, which had been acted upon. One person said, "Thank you for the survey. Thank you to you and all the carers for the excellent job you do. We are very happy."

The manager told us that incidents and concerns were discussed at monthly team meetings and measures were put in place to reduce the likelihood of these happening again. In minutes from a recent meeting it was seen that carers were free to talk about issues relating to the care of people and we noted that senior carers and the manager provided guidance and practical advice. We saw records of unannounced spot checks on care staff to make sure they turned up on time and supported people in line with their care plans. The agency used an electronic telephone monitoring system to make sure that staff attended call outs at the correct time and stayed for the allotted time periods agreed in people's care contracts. We saw the manager and supervisors monitoring the system throughout the course of our inspection, making sure people received care when they were supposed to.

Staff said that the manager listened to their feedback especially in relation to caring issues related to people who use the service. A member of staff said, "We have regular meetings with the manager and provider and this makes us feel as though our opinion counts and we are listened to." The provider took on board carers' comments and we saw an example of this when they had been flexible about the timing of care to fit in with the needs of the person using the service.

A member of staff said, "I really enjoy working and get good support from the manager and office staff." Another carer said, "We are a really good team. Everyone gets on. We get lots of training and support from

the office. I had an issue the other day at a weekend and the manager came out to support me. This makes me feel confident that whatever the circumstances, I'm not alone and help is available."

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The provider did not always take proper steps by obtaining proper references to ensure that staff employed in the service were suitably qualified, competent and experienced.