

Best Care JS Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Best Care JS Limited is a domiciliary care agency providing personal care to four people living in their own homes at the time of inspection.

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

People and relatives told us they were happy with the care and support provided. A relative said, "To be honest, it's fantastic. We are very pleased."

Systems were in place to help protect people from the risk of abuse. Risk assessments were in place which included information about how to mitigate risks people faced. Infection control and prevention measures had been put in place. There were enough staff working at the service to support people in a safe way, and pre employment checks were carried out on staff to check their suitability. Accidents and incidents were reviewed to reduce the risk of similar incidents re-occurring.

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.

Assessments were carried out before the provision of care to determine what people needed support with and if the service was able to meet those needs. The service worked with other agencies to promote people's health, safety and wellbeing. People were supported to eat a healthy diet. Staff had undertaken training to help them develop knowledge and skills relevant to their role. People were able to make decisions about their care.

Quality assurance and monitoring systems were in place to help drive improvements at the service. Some of these included seeking the views of people who used the service and others. The service had links with other agencies to help develop best practice. There was a clear management structure in place and staff spoke positively about the support they received.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 26 January 2021). At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an announced comprehensive inspection of this service on 21 and 27 January 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, good governance and fit and proper

persons employed.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe and well-led which contain those requirements. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Best Care JS Limited on our website at www.cqc.org.uk.

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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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

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 houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. 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 reviewed the information we already held about the service. This included details of its registration, previous inspection report and notifications of significant incidents the provider had sent us. We contacted the host local authority to seek their views about the service. 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 took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with two members of staff including the registered manager and the administrator. We reviewed a range of records. This included one person's medication records. We looked at four staff files in relation to recruitment and training and a variety of records relating to the management of the service, including quality assurance records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at four people's risk assessments and care plans and a variety of policies and procedures. We spoke with one person who used the service, one relative and a care assistant.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to safeguard people from abuse. These were set out in various policies and procedures, including policies on safeguarding adults, whistleblowing and the financial protection of people.
- Staff had undertaken training about safeguarding adults and the registered manager and staff were aware of their responsibilities about safeguarding. Staff understood they had a duty to report any allegations of abuse. One staff member told us, "If I come across any sign of abuse, I would report it to the (registered manager)."

Assessing risk, safety monitoring and management

- Risk assessments and care plans were in place for people. These set out the risks people faced and included information about how to mitigate those risks. They included risks associated with eating and drinking, moving and handling, falling, mental and physical health.
- Risk assessments were subject to review, which meant they were able to reflect people's needs as they changed over time. Staff had a good understanding of the risks people faced, and people told us they felt safe. One person said, "Yes I do (feel safe when staff were supporting them)."

Staffing and recruitment

- The registered manager told us they employed enough staff to meet people's needs. They said there had not been any missed calls in the past year, and as there were only four people using the service, it was easy to monitor staff punctuality through speaking with people.
- People told us staff were usually punctual. One person said, "If they are late, its only five or ten minutes, and its only occasionally." Staff told us they had enough time to get from one person to the next.
- Checks were carried out on prospective staff to see if they were suitable to work in a care setting. These checks include criminal record checks, proof of identity, proof of the right to work in the UK and employment references.

Using medicines safely

- People were supported to take their medicines in a safe way. Medicine Administration Records were used to record each time a person was given their medicines. We checked a sample of these and found them to be up to date and accurately completed.
- Staff with responsibility for administering medicines had received training about this. People and relatives told us steps were taken to ensure medicines were managed safely. A relative said, "There is a proper record of whenever medicines are administered. It's there if you want to have a look."

Preventing and controlling infection

- The provider had an infection control and prevention policy in place and staff had undertaken training in this area. Staff undertook weekly COVID-19 testing to check they were safe to work.
- Staff told us they were provided with a plentiful supply of Personal Protective Equipment (PPE). One staff member said, "In terms of provision of PPE, they deliver all that I need." People told us staff always wore PPE. One person said, "They always wear their masks and gloves. That's the first thing they do, put that on."

Learning lessons when things go wrong

- The registered manager told us there had not been any accidents and incidents in the past year, and we found no evidence to contradict this.
- There was a policy in place about accidents and incidents which stated, "All accident and incident reports are reviewed monthly and action taken where required to prevent where possible further occurrences." This showed the provider had systems in place to learn lessons when things went wrong.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

- Pre-care assessments had been completed for people before they commenced using the service. These were done by the registered manager together with the person, to determine what the person's needs were and if the service was able to meet those needs.
- Assessments had been completed either in person or by telephone, if there were concerns related to the transmission of COVID-19, through meeting face to face. Assessments covered ethnicity, language, religion, details of the person's next of kin and GP, their medical history, mental state, sight, hearing, mouth care, toileting, moving and handling, falls, hobbies, interests, likes and dislikes.

Staff support: induction, training, skills and experience

- Staff were supported to gain the knowledge and skills required for their roles. Staff undertook an induction training course on commencing employment at the service. Training was then provided on an on-going basis. Records showed training provided included moving and handling, safeguarding adults, medicines management, infection control and prevention and person-centred care.
- Staff had regular one to one supervision meetings with the registered manager. These gave both parties the opportunity to discuss issues of importance to them.
- People told us that staff were effective in meeting needs. A relative said, "They (staff) engage with (person) and (person) can communicate better. In terms of personal appearance (person) is looking well. There is an improvement (since person started using the service)."

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

- People had the capacity to make choices for themselves about what they ate. One person worked with the dietician who had developed healthy eating plans for them, and the service encouraged the person to follow the plan.
- Where people required support with their meal preparation, this was detailed within their care plans.

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

- The registered manager told us most people made their own appointments with health care professionals, but on occasions they had supported people with this. For example, one person was experiencing health problems and the provider arranged for them to see a relevant professional.
- Care plans set out people's needs in relation to health. For one person, the service supported them to try to achieve a healthy lifestyle. They supported them with an exercise plan that had been drawn up by

physiotherapists.

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 and found that it was.

- Most people had the capacity to make decisions for themselves and they told us they were able to do so. One person told us, "I tell them (staff) what to do and they do it."
- Care plans set out people's needs in relation to capacity and consent. Only one person lacked capacity to make major decisions, and these were taken by their next of kin.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

- Staff told us there was an open and inclusive working culture at the service and spoke positively about the registered manager. One staff member said, "From my perspective they (registered manager) are doing a good job. They are a good manager. They give me a lot of guidance."
- The provider had sought to provide people with person-centred care. People's care records were about the needs and risks individuals had.

Continuous learning and improving care

- Effective quality assurance and monitoring systems were in place to drive improvements and continuous learning. For example, various audits were undertaken by the registered manager. These included audits of medicine records, care plans and risk assessments.
- Although spot checks had been reduced due to risks associated with COVID-19, some still took place. The registered manager told us they combined spot checks with visits to drop PPE off at people's homes. Records showed spot checks looked at staff punctuality, how staff interacted with the person and their level of understanding of what support the person required.

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

- The registered manager told us there had not been any significant accidents or incidents or complaints about the service in the past year. However, systems were in place for dealing with these if something did go wrong.
- Although people told us they were happy with the service provided, they said they had regular contact with the registered manager and felt confident if they had any concerns, these would be addressed.

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

- There was a registered manager in place who was supported in the day to day running of the service by an administrator. Staff were aware of who their line manager was and who they were accountable to.
- Staff were aware of their regulatory requirements. For example, the registered manager was knowledgeable about what incidents and issues they were required to notify the Care Quality Commission about.

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

- People told us they had regular contact with the provider and that their views were sought. One person said, "If I have problem I phone (registered manager) and they resolve the matter. A relative said, "(Registered manager) phones me regularly to find out if we are happy with the service we are receiving. There is constant communication."
- Records showed that in addition to regular phone monitoring, written surveys were also used to seek the views of staff, people who used the service and their relatives. We viewed a sample of completed questionnaires. These contained positive feedback.
- The provider worked with other agencies to develop good practice and share knowledge. For example, the registered manager told us they used Skills for Care, who provided support with staff training. They worked closely with the commissioning local authority and attended forums run by them.