

Best Care 4 U Ltd

Best Care 4 U Stanmore

Inspection report

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Stanmore
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Date of inspection visit:
23 October 2018

Date of publication:
23 November 2018

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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

We undertook an announced inspection of Best Care 4 U Stanmore on 23 October 2018.

Best Care 4 U Stanmore is a domiciliary care agency registered to provide personal care to people in their own homes. The agency provides live-in and visiting personal care support to elderly people in North London. At the time of the inspection the service provided care for 25 people. CQC only inspect the service received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was 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 2008 and associated Regulations about how the service is run.

During our last inspection in May 2016 we rated the service as overall Good.

People who used the service and relatives informed us that they were satisfied with the care and services provided and raised no concerns. People told us they were treated with respect and dignity and felt safe when being cared for by care support staff. People and relatives spoke positively about care support staff and said they were confident that the service was well-managed.

Appropriate risk assessments were in place. These were personalised and included information specific to each person and their needs. Where people had specific health issues, there were appropriate risk assessments which included a summary of preventative measures. These were also accompanied by an information fact sheet which provided details of specific health issues, warning signs and treatment.

Appropriate arrangements were in place in respect of medicines management. Records indicated that staff had received training on the administration of medicines. We noted that medicines administration records (MARs) were completed appropriately which indicated that medicines were administered as prescribed and this was confirmed by people and relatives we spoke with. The service had a comprehensive system for auditing medicines.

Systems were in place to help ensure people were protected from the risk of abuse. Staff records indicated that staff had received safeguarding training and staff confirmed this. Staff were aware of the process for identifying concerns and said that they would report their concerns to management.

People using the service experienced consistency in the care they received and received care from regular care support staff. Relatives we spoke with confirmed this and said that they were happy about this aspect of the care. People and relatives also told us that there were no issues with care support staff's punctuality and attendance. They told us that care support staff were usually on time and if they were running late, the

office contacted them to inform them of the delay.

We looked at the recruitment records and found background checks for safer recruitment had been carried out to ensure staff were suitable to care for people.

People were cared for by care support staff that were supported to have the necessary knowledge and skills they needed to carry out their roles and responsibilities. Care support staff spoke positively about their experiences working for the service and said that they received support from management. Records showed and care support staff received appropriate training and supervision.

Care support plans included information about peoples' mental health and their levels of capacity to make decisions and provide consent to their care.

People told us they were treated with respect and dignity. They said care support staff were kind, caring and helpful. Staff we spoke with were able to provide us with examples of how they ensured they were respectful of people's privacy and maintained their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care.

Care support plans were individualised and addressed areas such as people's personal care, what tasks needed to be carried out, people's needs and how these needs were to be met. Care support plans were comprehensive and focused on ensuring people's individual needs and wishes were respected.

There was a management structure in place with a team of care support staff, the human resources manager, office care administrators, registered manager and director. Staff told us that the morale within the service was positive and staff worked well with one another. They told us management were approachable and the service had an open and transparent culture. They said that they did not hesitate about bringing any concerns to management.

There was a comprehensive quality assurance system which provided detailed information on the systems in place for the service to obtain feedback about the care provided. The service undertook a range of checks and audits of the quality of the service and took necessary action to improve the service as a result. The service also carried out spot checks and observations to ensure that the service was running well.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Best Care 4 U Stanmore

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, and to provide a rating for the service under the Care Act 2014.

One inspector carried out the announced inspection on 23 October 2018. We told the provider two days before our visit that we would be coming. We gave the provider notice of our inspection as we needed to make sure that someone was at the office in order for us to carry out the inspection.

Before we visited the service we checked the information that we held about the service and the service provider. This included notifications we had received from the provider about events and incidents affecting the safety and well-being of people. The provider also completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR also provides data about the organisation and service.

During our inspection we went to the provider's office. We reviewed six people's care plans, seven staff files, training records and records relating to the management of the service such as audits, policies and procedures. We spoke with two people who used the service and six relatives. We also spoke with six care support staff, the registered manager, human resources manager and office care administrator.

Is the service safe?

Our findings

People told us that they felt safe and comfortable in the presence of care support staff. When asked if they felt safe when with care support staff, one person said, "I feel safe around them." Another person told us, "I am 100% safe." Relatives we spoke with told us they were confident people were safe and raised no concerns in respect of this. One relative said, "[My relative] is very much safe around care staff." Another relative told us, "I am confident [my relative] is safe."

The service had suitable arrangements in place to ensure that people were safe and protected from abuse. Care support staff had received training in safeguarding people and documentation confirmed this. They told us how they would recognise abuse and what they would do to ensure people were safe. They said that they would report their concerns to management. They were also aware that they could report their concerns to the local safeguarding team, police and the CQC.

The service had a whistleblowing policy and contact numbers to report issues were available. We saw that these were clearly displayed in the office. Safeguarding and whistleblowing procedures were discussed at staff meetings to ensure staff were aware of the procedures and relevant updates. Care support staff we spoke with were familiar with the whistleblowing procedure and were confident about raising concerns about any poor practices witnessed.

Comprehensive risk assessments were in place and contained guidance for minimising potential risks. These covered areas such as the environment, medication, falls, diabetes and use of mobility equipment. Risk assessments included details of the potential risk, level of risk and an action plan with instructions for staff on how to support people manage risks. Risk assessments were specific to each person and their needs and were person centred. We saw evidence that they were reviewed by management and updated when there was a change in a person's condition.

People we spoke with told us they received the medicines on time and this was confirmed by relatives. There were suitable arrangements in place for the administration and recording of medicines. There was a policy and procedure for the administration of medicines. Records indicated that staff had received training on the administration of medicines. At the time of the inspection the service assisted twelve people with their medicines. Care support plans included detailed information about the support people required with their medicines and a list of medicines prescribed.

The service confirmed that staff collected people's completed medicine administration records (MARs) from their homes monthly and this was then stored at the office. We looked at a sample of medicine administration records (MARs) for people for various dates between July 2018 and September 2018. MARs included information about people's allergies and details of the prescribed medicines. We noted that where people's medicines formed part of a blister pack, the names of the medicines contained in the pack were clearly listed on the MARs had been completed fully and signed with no gaps, which showed people had received their medicines at the prescribed time.

The service had a system for auditing medicines and this was carried out monthly for each person who received support with their medication. We noted that any issues identified in MARs had been identified by these audits.

The registered manager explained that they were safely able to meet people's needs with the current number of care support staff they had, but explained that they were continuously recruiting to ensure they had sufficient numbers. People received care from the same care support staff on a regular basis and had consistency in the level of care they received and they confirmed this. One person told us, "I have the same carers. I have continuity of care. I like that." One relative said, "We have the same carers. I am really pleased about that. It makes such a difference." Another relative told us, "There is consistency." The human resources manager explained that the staff rota on the whole remained the same and this ensured consistency for people who used the service which was an important aspect of the care provided.

We spoke with people and relatives about the punctuality of care support staff. They told us care support staff arrived for visits on time and stayed for the full duration of the agreed visit time. One person said, "Punctuality is no problem and they stay for the full time." One relative said, "They arrive on time. I have no complaints." None of the people and relatives we spoke with raised any concerns in respect of punctuality and consistency of the care provided. We spoke with management about how the service monitored timekeeping and whether staff turned up on time or were late. Management told us they kept accurate timesheets and reviewed these to help identify areas in which they can improve any timekeeping issues. They also explained that care support staff were trained to call the office if they were running late, so that the office could then contact people and inform them in advance. Management explained that they were in the process of implementing an electronic monitoring system and that this would be up and running in the future.

Comprehensive recruitment processes were in place to ensure required checks had been carried out before care support staff started working with people who used the service. We looked at the recruitment records for seven members of staff and found background checks for safer recruitment including, enhanced criminal record checks had been undertaken and proof of their identity and right to work in the United Kingdom had also been obtained. Written references had been obtained. The human resources manager explained that the service were very selective about who they employed as they wanted to ensure that staff employed had the same values and principles as the service.

The service had a system for recording accidents and incidents. They were appropriately documented and were monitored to ensure any trends were identified and addressed.

The service had an infection control policy which included guidance on the management of infectious diseases. Staff were aware of infection control measures and said they had access to gloves, aprons other protective clothing. People and relatives of people who used the service told us that staff observed hygienic practices when providing care.

Is the service effective?

Our findings

People told us that they had confidence in care support staff and the service. One person said, "I am absolutely happy with the care. I have no issues. The carer is excellent." Another person told us, "I am delighted with the care. Staff know what to do and come across as well trained." Relatives of people who used the service told us that they were satisfied with the care. One relative told us, "Carers know what to do. They are well trained and are nice carers generally." Another relative said, "They absolutely know what they are doing."

People had an initial assessment of their needs with their involvement before they received care from the service. This included an assessment which detailed important information about the person's health and care needs. An individualised care support plan was then prepared using the detail from pre-admission assessments. This included details of the person's preferences, needs, and details of how staff were to provide the required care.

People's healthcare needs were closely monitored by management and care support staff. Care records contained important information regarding medical conditions, behaviour and allergies and we saw these were well maintained.

During our inspection, we spoke with care support staff and looked at staff files to assess how staff were supported to fulfil their role and responsibilities. Training records showed that care support staff had completed an induction and received training in areas that helped them when supporting people. Training staff received covered safeguarding adults, moving and handling, basic life support, fire safety, diabetes, food hygiene and medicines administration.

Care support staff we spoke with told us that the induction and training they received prepared them to do their job effectively. One care support staff told us, "The training has been very helpful." Another care support staff said, "The training is always updated. We get refreshers. It has helped me to do my role well."

Some care support staff had completed the 'Care Certificate' and some were in the process of completing this. The Care Certificate provides an identified set of standards that health and social care workers should adhere to in their work.

There was evidence that care support staff had received regular supervision sessions and this was confirmed by care support staff we spoke with. The service supervised care support staff through a combination of supervision sessions and spot checks. These sessions enabled care support staff to discuss their personal development objectives and goals. Care support staff had received annual appraisals. There was a matrix in place which detailed when staff had completed supervisions and appraisals. This enabled management to identify when staff supervisions and appraisals were due so that they could monitor this closely and ensure that all relevant supervisions, spot checks and appraisals took place.

All staff we spoke with told us that they felt supported by their colleagues and management. They were

positive about working at the service. One care support staff told us, "I am happy working here. The support is very good. I can call anytime." Another care support staff told us, "Whenever I have questions or need support, I can call them and they always help. I have a good relationship with them." All staff we spoke with told us they felt matters would be taken seriously and management would seek to resolve the matter quickly.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The service had a Mental Capacity Act 2005 (MCA) policy in place. Care support plans included a capacity section which detailed information about people's mental health, their level of capacity to make decisions and what support they required with regards to making decisions. When speaking with care support staff, they had an understanding about mental capacity and the importance of gaining people's consent when providing people with support. Records indicated that they had received MCA training and care support staff we spoke with confirmed this.

People were supported with their nutritional and hydration needs where their care plans detailed this. Care plans included information about each person's dietary needs and requirements, personal likes and dislikes and allergies. We saw the service had also identified risks to people with particular needs with their eating and drinking, for example choking.

Management explained that that if care support staff had concerns about people's weight they were trained to contact the office immediately and inform management about this. The service would then contact all relevant stakeholders, including the GP, social services, occupational therapist and next of kin. We saw evidence that people's nutrition and hydration details were recorded in the daily records so that the service could monitor people's progress. Records confirmed that staff had received food hygiene training.

Is the service caring?

Our findings

People we spoke with told us that they felt the service was caring and spoke positively about care support staff and management. One person said, "The carers are very nice. Very caring. They are very respectful." Another person told us, "100% caring. I couldn't fault the carers at all." Relatives spoke positively about the care at the service. One relative said, "The carers are very pleasant, very helpful and sensible. I am confident [my relative] is very well looked after by care staff." Another relative told us, "Carers are supportive and fantastic. Absolutely caring. The carer is superb."

Care plans included information that showed people had been consulted about their individual needs including their spiritual and cultural needs. Each care plan included information about cultural and spiritual values. The service had a policy on ensuring equality and valuing diversity. Staff informed us that they knew that all people should be treated with respect and dignity regardless of their background and personal circumstances.

When speaking with care support staff, they indicated a good understanding of caring, respectful and compassionate behaviour towards the people using the service. Care support staff were aware of the importance of ensuring people were given a choice and promoting their independence. Care support staff were also aware of the importance of respecting people's privacy and maintaining their dignity. One care support staff told us, "Firstly I always communicate with people. I see what their preferences are. I do not assume anything. I put them at the centre of the care and always involve people." Another care support staff said, "Before I go into a room, I always knock on the door. I always discuss things with people. It is important to talk to people and ask what they would like to do. I always ask permission before doing anything."

There was documented evidence that people's care was reviewed regularly with the involvement of people and their relatives. These reviews enabled people and their relatives discuss and review people's care to ensure people's needs were still being met and to assess and monitor whether there had been any changes.

The service did not provide home visits of less than two hours. The registered manager explained that it was important for care support staff to spend time speaking and interacting with people and doing things at people's own pace, not rushing them and two hour visits enabled them to do this.

People and relatives were all familiar with management at the service and said that they were able to contact management if they had any queries. The service ensured that they discussed people's care with them and tailored their care according to what their individual needs and wishes were.

The service had a service user guide which was provided to people who used the service and they confirmed this. The guide provided useful and important information regarding the service and highlighted important procedures. The service aimed to provide high quality care which respected people's individual needs and abilities whilst also promoting people's independence and personal dignity.

Is the service responsive?

Our findings

People told us that they were satisfied with the care provided by the service and relatives said that the service listened to them and were responsive. One person said, "I have regular reviews. They ask me for my feedback. All is well. I have no complaints." Another person told us, "The carers are very helpful and responsive." Relatives we spoke with confirmed this. One relative said, "They listen to all needs. They are responsive." Another relative told us, "They listen and are accommodating."

People's care plans provided information about people's life history and medical background. There was a detailed support plan outlining the support people needed with various aspects of their daily life such as personal care, continence, eating and drinking, communication, mobility, medicines, religious and cultural needs. Care plans contained a client profile and background information for each person using the service. Care support plans were person-centred, detailed and specific to each individual person and their needs. They detailed people's care preferences, daily routine likes and dislikes.

Daily communication records were in place which recorded visit notes, daily outcomes achieved, meal log and medication support. This assisted the service to monitor people's progress. We noted that these were completed in detail and were up to date.

There were arrangements in place for people's needs to be regularly assessed, reviewed and monitored. Records showed reviews of people's care plans and care provided had been conducted. Records showed when the person's needs had changed, the person's care plan had been updated accordingly and measures put in place if additional support was required.

The service had clear procedures for receiving, handling and responding to comments and complaints. The service user guide included details of how to make a complaint so that it was easily accessible to people and relatives. At the time of the inspection, we noted that the service had not received any complaints since the last inspection. People and relatives we spoke with told us they had no concerns and no reason to complain at the time of the inspection but said that they knew what to do if they needed to raise a complaint or concern. They also told us that they were confident that their concerns would be addressed.

The service carried out a satisfaction survey for people, relatives and staff in March 2018 and we noted that the results were positive. Management confirmed that they carried out satisfaction surveys every six months and we saw documented evidence of this.

Is the service well-led?

Our findings

People and relatives told us that the service was well managed and they had confidence in the service. One person said, "It is a very well-run service." Another person told us, "It is a superb business. It is running very well. I respect [the owner] and have great admiration for [the owner] for the service he gives and his approach." One relative told us, "It is an amazing service. I haven't looked back. I have recommended the service to people." Another relative said, "It is well organised. Management are well organised."

There was a clear management structure in place with a team of care support staff, the human resources manager, office care administrators, registered manager and director. Staff spoke positively about the management and culture of the service and told us the management were approachable if they needed to raise any concerns. They also told us that the service was organised well. One care support staff told us, "Management are amazing. They are always there." Another care support staff said, "I feel 100% valued by management. I am valued here." Another care support staff told us, "I feel respected here and part of a team."

The manager at the service had been registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 2008 and associated Regulations about how the service is run.

Staff were informed of changes occurring within the service through staff meetings and we saw evidence that these meetings occurred regularly. Staff told us that they received up to date information and had an opportunity to share good practice and any concerns they had at these meetings. They told us that they felt able to raise issues without hesitation during these meetings and said that there was an open culture at the service.

Systems were in place to monitor and improve the quality of the service. We found the service had a comprehensive system in place to obtain feedback from people about the quality of the service they received through review meetings, telephone monitoring and home visits. The registered manager explained that they were in regular contact with people who used the service so that they were able to build close relationships with people and ensure people felt comfortable raising issues with management.

The service undertook a range of audits of the quality of the service and took action to improve the service as a result. Regular audits had been carried out in relation to care documentation, staff files, medicines and training. We also saw evidence that the provider carried out an annual internal audit looking at various aspects of the service including policies and procedures, complaints, accidents and incidents. The aim of this audit was to look at the overall running of the service and where areas of improvement were identified, the service took action to make improvements.

Spot checks had been carried out on care support staff to ensure they provided care as agreed and these were carried out monthly and we saw evidence that these were documented. The service carried these out

to check whether staff were carrying out their duties as required and used this as an opportunity to also talk to staff and ensure that they were clear about their role.

In addition to spot checks, the service carried out monthly visits to people which they called "round visits". These were carried out by management with the consent of people who used the service. During these visits management checked people's care plans, observed care support staff and talked to people who used the service and their relatives to check that they were satisfied with the care they received.

Management contacted care support staff on a weekly basis to discuss how their week was and give them an opportunity to raise any queries and concerns and this was confirmed by staff we spoke with. The service also had a staff newsletter that was published quarterly. This newsletter provided staff with internal communications and updates about the organisation as well as important practical information for staff. The purpose of these newsletters was to ensure that staff had all the necessary information to carry out their role.

People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.

The service had a range of policies and procedures to ensure that care workers were provided with appropriate guidance to meet the needs of people. These addressed topics such as complaints, infection control, safeguarding and whistleblowing.