Best Deal Care Limited

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Inspection report

32 Netherhall Road
Leicester
Leicestershire
LE5 1DJ

Tel: 01164299934

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Ratings

Overall rating for this service	Inspected but not rated

Is the service safe?	**Inspected but not rated**
Is the service effective?	**Inspected but not rated**
Is the service caring?	**Inspected but not rated**
Is the service responsive?	**Inspected but not rated**
Is the service well-led?	**Inspected but not rated**

Summary of findings

Overall summary

Best Deal Care Ltd provides personal care for adults living in their own homes. The service, whilst being inspected, has not been rated because at the time of the inspection a service to one person was being provided. We had insufficient information to determine the level of service that people received. We could not be confident that the support people currently receive would be sustainable should the service expand to provide care for additional people and/or increase its hours of operation.

A registered manager was in place. 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.

Risk assessments were not consistently in place to protect people from risks to their health and welfare. Staff recruitment checks were not fully in place to protect people from receiving personal care from unsuitable staff.

The relative we spoke with told us they thought the service ensured that their family member received safe personal care. Staff had been trained in safeguarding (protecting people from abuse) and staff understood their responsibilities in this area. The relative told us that medicines had been prompted so that they were supplied safely and on time, to protect the person's health needs.

Staff had not received comprehensive training to ensure they had the skills and knowledge to be able to meet people's needs.

The staff member spoken with had, in the main, understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) to allow, as much as possible, people to have effective choices about how they lived their lives.

People and relatives we spoke with told us that staff were friendly, kind, positive and caring. The person using the service on their relative had been involved in making decisions about how and what personal care was needed to meet their needs.

Care plans, in the main, reflected the person's individual needs to ensure they could be met, though more information was needed on their preferences to ensure staff were aware of how to provide a fully individual service.

The relative spoken with told us they would tell staff or management if they had any concerns and they were confident these would be properly followed up.

People and their relatives were satisfied with how the service was run and staff felt they were supported in

their work by the registered manager.

The registered manager was introducing a system to carry out audits in order to check that the service was fully meeting people's needs and to ensure a quality service was always provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inspected but not rated

The service was not consistently safe.

Risk assessments to protect people's health and welfare were not fully in place to protect people from risks to their health and welfare. Staff recruitment checks were not comprehensively in place to protect people from receiving personal care from unsuitable staff. The person had received care at agreed times to safely promote their health. The person's relative thought that staff provided safe care and that her family member felt safe with staff from the service. Staff were aware of how to report incidents to their management to protect people's safety. A system to ensure that people were supplied with their medicines was in place.

Is the service effective?

Inspected but not rated

The service was effective.

Staff were trained to meet the person's care needs. Staff had received support to carry out their role of providing effective care to meet the person's needs. People's consent to care and treatment was sought. People's nutritional needs had been promoted and protected. People's health needs had been met by staff.

Is the service caring?

Inspected but not rated

The service was caring.

The relative we spoke with told us that staff were kind, friendly and caring and respected her family member's rights. The person and their relative had been involved in setting up the care plan that reflected the person's needs. Staff respected people's privacy, independence and dignity.

Is the service responsive?

Inspected but not rated

The service was responsive.

Care plans contained information on how staff should respond to people's assessed needs, though information on responding to people's preferences and lifestyles was limited. Care calls were

on time to meet assessed and agreed times to provide personal care. The relative spoken with was confident that any concerns they identified would be properly followed up by the registered manager.

Is the service well-led?

Inspected but not rated

The service was well led.

People thought the agency was an organised and well led service. Staff told us the senior management staff provided good support to them. They said the registered manager had a clear vision and expectation of how friendly individual care was to be provided to people to meet their needs. There were plans to introduce systems of comprehensive audits in order to measure whether a quality service had been provided.

Best Deal Care 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.

This inspection took place on 23 January 2017. The inspection was announced. The inspection team consisted of one inspector. The provider was given 48 hours' notice because the location provides a personal care service and we needed to be sure that someone would be in.

We looked at the information we held about the service, which included 'notifications'. Notifications are changes, events or incidents that the provider must tell us about.

We also reviewed the provider's statement of purpose. A statement of purpose is a document which includes the services aims and objectives.

We contacted commissioners for health and social care, responsible for funding some of the people who used the service and asked them for their views about the agency. No information was able to be provided as the service did not have a contract with the local authority.

During the inspection we spoke with a relative of a person who used the service. This was because the person who used the service did not want to speak with us directly. We also spoke with a director of the company, who was also the registered manager, and one care worker.

We looked in detail at the care and support provided to the person being supplied with personal care by the service, records of staff training, staff recruitment records and medicine administration records.

Inspected but not rated

Is the service safe?

Our findings

The relative we spoke with thought that personal care had been delivered safely and that staff kept her family member safe. They said, "Yes, my mum is safe with staff."

A staff member told us they were aware of how to check to ensure people's safety. For example, to make sure that equipment was at hand before starting to provide assistance, such as equipment to aid walking. And to ensure that there were no tripping hazards on the floor when assisting the person to walk.

The relative we spoke with told us that there have been no issues with regard to the timeliness of calls to provide care. They said that on one occasion, due to traffic, the staff member was going to be late and they received a phone call to let them know of this. It turned out that the staff member had only been 10 minutes late and this had not posed any safety issue.

We saw that the person's care and support had not always been planned and delivered in a way that ensured their safety and welfare. This was because plans did not always contain risk assessments to reduce or eliminate the risk of any issues affecting safety.

For example, the person was assessed to be at risk of not eating enough, and had a risk of falling. However, there were no risk assessments in place to assist staff to manage these situations. Risk assessment templates for bathing and infection control were in place but these had not been completed. A risk assessment for the premises did contain relevant issues such as hand rails being installed and a trolley in place to transport food. However, there were no risk assessments in respect of other important issues such as fire, access to household chemical products and tripping hazards. The registered manager said these would be completed.

There was no information in place with regards to checking risks in the environment to maintain people's safety. For example, of dealing with any tripping hazards such as loose rugs, or washing left on the floor that people could trip on this. Also, checking that gas and electrical supplies worked effectively, and fire evacuation procedures were in place. This lack of information that had not assisted staff to ensure facilities in the person's home were safe.

We saw that staff recruitment practices were, in the main, in place. Staff records showed that before new members of staff were allowed to start, checks had been made with previous persons known to the respective staff member and with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions and ensure that staff employed are of good character. However, for the two staff records we looked at, references had not come from previous relevant care employers to check the suitability of staff to provide personal care. The registered manager said this would be followed up. This meant that a robust system was not fully in place to prevent unsuitable staff members being employed to provide care for vulnerable people using the service.

The staff member we spoke with had been trained in protecting people from abuse and understood their

responsibilities to report concerns to other relevant outside agencies if they had not been acted on by the management of the service.

The provider's safeguarding and whistleblowing policies (designed to protect people from abuse) were available to staff. These informed staff what to do if they had concerns about the safety or welfare of any of the people who used the using the service. It stated that the relevant outside agency who would investigate was CQC, and not the safeguarding authority, which is the local authority. This would then supply staff with all relevant staff information as to how to action issues of concern to protect the safety of people using the service. The whistleblowing procedure stated that relevant agencies were CQC and the local authority but gave no contact details for staff to contact. The registered manager said these procedures would be amended and sent us this updated information after the inspection visit.

Policies set out that when a safeguarding incident occurred management needed to take appropriate and action by referring to the relevant safeguarding agency.

The relative we spoke with told us that staff had reminded their family member people to take their medicines and there had been no issues raised about this. "Staff prompt my mum to take her medication. There hasn't been any issues with this."

We saw that staff had been trained to support people to have their medicines and administer medicines safely. There was also a medicine administration policy in place for staff to refer to and assist them to safely provide medicines to people. A risk assessment was in place to ensure medicines were handled safely. However, this did not include whether free access to medicine posed a risk or not. The registered manager said the risk assessment would be reviewed to include this issue.

We were not able to see completed medicine records, as the person who received personal care was only prompted to take their medicine, rather than staff being responsible for supplying it to them. However, there was a medicine record in place for when the service started to provide personal care to people who needed to receive their medicine from staff.

Inspected but not rated

Is the service effective?

Our findings

The relative we spoke with said that the care and support their family member received from staff effectively met assessed needs. They thought that staff had been properly trained to meet care needs, "Staff are good. They know what they are doing."

The staff member we spoke with told us that they thought they had received training to meet people's needs. The staff member said, "I have had lots of training. It has helped me do my job."

Staff training information showed that staff had received training in essential issues such as such as how to protect people from abuse and health and safety training to keep people safe.

There was evidence in place that staff had training in caring for people who live with dementia. The registered manager said that more in-depth training was to be arranged so that staff had a greater understanding of this condition. We saw no evidence that staff had been supplied with training about people's other health conditions, such as stroke care, protection from developing pressure sores, Parkinson's disease, and diabetes. This would assist staff to have an awareness of people's conditions so that they understood the issues and challenges that people faced. The registered manager stated that training would be reviewed to ensure that staff had the skills to meet people's needs. They sent us information after the inspection to indicate that this training would be supplied in the near future.

We saw evidence that new staff were expected to complete induction training. This training included relevant issues such as infection control.

There was also evidence in the minutes of staff meetings that staff training issues were discussed and action taken to organise more training. The registered manager indicated that induction training would be reviewed with a view to new staff completing training on the Care Certificate. This is a nationally recognised comprehensive induction training for staff to equip them to provide effective care.

A staff member told us when they began work, they were shadowed by the registered manager. This made them feel confident and competent to carry out any personal care needed.

This staff member felt communication and support amongst the staff team was good. They also told us they felt supported through being able to contact the registered manager if they had any queries. We saw no evidence that regular staff supervision had taken place. The registered manager acknowledged this and stated that it was the intention that these meetings took place on a regular basis. This will then give staff more support and advance staff knowledge, training and development.

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.

There was no evidence of assessments of the person's mental capacity, though there was information in the care plan to direct staff to communicate with people and gain their consent with regard to the care they provided. The registered manager said that assessments would be introduced. The staff member was aware of their responsibilities about gaining consent as they told us that they asked permission before they supplied care. This was also confirmed by the relative we spoke with. Evidence was in place that staff had received training about the operation of the law. This meant that staff were in a position to assess people's capacity to make decisions about how they lived their lives.

The relative we spoke with was satisfied with the support staff provided with regards to meal preparation, provision and choice offered. There had been a concern about their family member eating enough, so staff provided encouragement. They told us, "Staff know what they are doing and have been prompting mum to eat." The staff member we spoke with was aware they needed to do this on every visit when providing care.

The relative told us that food choices were respected and staff knew what her family member liked to eat and drink. We saw evidence that the person was left with drinks between calls to ensure they were receiving adequate fluids. This protected the person from dehydration.

The relative we spoke with thought that staff would be effective in responding to health concerns. The registered manager had discussed what would be done if the person was seriously unwell. They would contact the GP or emergency services first before informing the relative. For less serious situations, there had been an agreement between the relative and the registered manager that the service would contact the relative who would then decide whether the GP was needed. The relative said this happened on one occasion when their family member seemed unwell and had not been eating. Staff contacted the relative and a GP appointment was made. This arrangement gave the relative confidence that the service knew what they were doing in relation to providing proper healthcare support to their family member.

Inspected but not rated

Is the service caring?

Our findings

The relative we spoke with thought that staff, were kind, caring and gentle in their approach. "Carers are very pleasant and caring towards her. They even offered to plait her hair after contacting me first. They respect my mum's dignity. They talk to her as a person and respect her. Mum seems happy and settled."

The relative considered that care staff were good listeners and followed preferences. They told us their care plans were developed and agreed between the person, the relative and the registered manager at the start of their contact with the service. The relative said, "I have seen the care plan. This includes all of my mum's needs. It is what I asked for."

The relative told us that their family member's dignity and privacy had been maintained and staff respected choices. For example, staff used the person's preferred name and gave a choice of food, drinks and clothes. The staff member we spoke with knew the person's food preferences. For example, for breakfast, the person either wanted to have eggs on toast or porridge. The care plan recorded that the person only wanted to have female staff to supply care to them. The relative confirmed this was the case. This evidence indicated that the person's choices were sought and encouraged.

The staff member was able to give us examples of promoting the person's privacy, such as locking doors when the person used the bathroom and covering the person when helping them to wash and dress. They said they were mindful of protecting privacy and dignity. For example, they said they always knocked on doors; "I always make sure I treat this (name of person) respectfully and follow her wishes."

We saw that the information available to people using the service, the service user guide, emphasised that staff should uphold people's rights to privacy and dignity and respect their wishes. There were also statements in the person's care plan such as, "I need you to understand and be patient with me." This encouraged staff to have a caring and compassionate approach to people.

The relative told us that staff respected their family member's independence so they could do as much as possible for themselves. The relative said, "They don't take away her independence. They try and encourage her to do things like counting out her tablets with her to make sure they are right." There was evidence in the person's care plan for staff to promote the person's independence. This presented as an indication that staff were caring and that the person and their rights were respected.

The care plan included the person's religious preference, which provided information to staff on respecting the person's beliefs.

Inspected but not rated

Is the service responsive?

Our findings

The relative we spoke with told us that staff responded to their family member's needs. They said that staff would do anything asked of them ; "What I have asked of them, they have done. Staff are immediately in touch if I need to know anything. For example recently, they had to change a staff member for another one and they let me know straight away."

The relative told us that if staff were going to be late, they were informed of this. They were provided with an explanation as to why this had happened, so it did not have any impact on the care their family member was provided with.

We looked out at the care plan of the person using the service. The care plan contained an assessment of the needs of the person. This included relevant details such as the support the person needed, such as information that related to their mobility and communication needs. There was some information about the person's personal history and preferences to help staff to ensure that people's individual needs and preferences were responded to. However, detailed information was not in place about the person's choices, likes and dislikes. The registered manager said this would be followed up.

The staff member we spoke with told us they had read the person's care plan so they could provide individual care that met the person's needs. It was only three weeks from the beginning of the service providing personal care to the person, but the staff member was confident that if the person's needs changed, this would be updated and they would be informed, so that they could respond to any change of need.

The relative was aware of how to make a complaint if needed. They told us they would speak to the registered manager if they had any concerns, and would feel comfortable about doing so. They told us that the registered manager had responded to their requests and made changes where needed. This made them feel positive about raising any issue of concern. They had confidence to make a complaint should the need arise.

The staff member told us they knew they had to report any complaints to the registered manager. They had confidence that issues would be properly dealt with.

The provider's complaints procedure gave information on how people could complain about the service if they wanted. We looked at the complaints procedure and this set out that that the complainant should contact the service. However, it also stated that the complainant could contact CQC to ensure the matter was dealt with. This did not provide correct information as CQC does not have the legal power to resolve complaints. It did not provide information about referral to the complaints authority. The registered manager stated this procedure would be amended. She later sent us an amended and updated procedure that contained the relevant details.

The registered manager stated that no complaints had ever been made, but if this occurred the matters

would be investigated and action taken as needed. This would then provide assurance to complainants that they would receive a comprehensive service responding to their concerns.

The registered manager told us that there had been no need to refer to other agencies to gain appropriate support for the person using the service but, if this was needed in the future, relevant agencies would be contacted as needed.

Inspected but not rated

Is the service well-led?

Our findings

When asked if they would recommend Best Deal Care Ltd to family and friends, the relative we spoke with said they would. "They have done everything I have asked them to do. It seems very well run." They told us that they were impressed with the service's commitment to providing a quality service.

They told us that initial assessments of the personal care needed were made. We saw that there had not been visits by senior staff to observe care staff at work. However, the relative stated they were satisfied with the package of care which, they said, had met their family member's needs. They said that if they had a query they rang the management of the service who responded quickly. They had been kept informed of any important issues relating to the care needs of their family member.

The relative told us that Best Deal Care Ltd had a stable staff group. They said the service tried to provide them with the same staff and that this was important to them, as staff knew their family member's preferences. Achieving this produced a culture in the organisation to be mindful and respectful of people's needs and recognise how potentially disruptive changes of staff can be.

The registered manager was aware that incidents of alleged abuse needed to be reported to the relevant local authority safeguarding team to protect people from abuse.

Staff had been provided with information how to provide a friendly and individual service with regard to respecting people's rights to privacy, dignity and choice and to promote independence. A staff member told us that the registered manager expected them to provide friendly and professional care and always to meet the individual needs of people.

The staff member we spoke with told us that they were supported by the registered manager. They said that the registered manager had always been available if they had any queries or concerns. The staff member said, "I get support whenever I need it." They had no suggestions about how the service needed to be improved, as they thought it was managed very well and meeting the person's needs.

Spot checks and telephone reviews with the person or their relative, to check staff performance and attitude, had not been yet carried out by the registered manager. She said that these checks would be carried out regularly in the future.

We saw that staff had received support by having a staff meeting. This had discussed relevant issues including the care of individual people and any training that staff needed. This provided staff with support to carry out their task of supplying quality personal care to people.

The staff member said that essential information about the person's needs had been communicated to them, so that they could supply appropriate personal care to the person. This indicated that a system was in place to ensure staff had up-to-date knowledge of people's changing needs.

The registered manager said that there were plans to introduce surveys to people and their relatives so that they had the opportunity to express what they thought of the care and other support they received from the staff and management of the service.

On the day of the inspection, there were no other quality assurance checks in place such as management audits, as the service only had one person who received personal care from the service, and this person had only received this for the previous three weeks prior to the inspection visit. The registered manager stated that audits would be carried out for relevant issues such as medicines management, call times and ensuring comprehensive care plans were in place.

A comprehensive auditing process assists in developing the quality of the service to meet people's needs.