

Best Choice Care Limited

Best Choice Care Ltd

Inspection report

Regus Office, Number 603 B. Hayes Hyde Park Building 3
11 Millington Road
Hayes
UB3 4AZ

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10 March 2021

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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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Best Choice Care is a domiciliary care service for people living in their own homes in the community. At the time of our inspection, there were 22 people using the service. The service was previously known as Regus House until July 2020 when they moved location and changed the location name to Best Choice Care.

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

During the inspection we found risk assessments were not always undertaken where risks were identified for people, and where there were risk assessments these did not always record enough detail to provide staff with the relevant guidance to provide a safe level of care. Care plans did not always provide consistent information. For example, not all care plans contained end of life wishes.

Care plans did not always have relevant information about people's needs and preferences.

The provider had systems in place to monitor, manage and improve service delivery and to improve the care and support provided to people but these were not always effective and did not identify issues raised at the inspection.

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 in terms of assessing people's mental capacity and gaining consent.

The provider had systems in place to safeguard people, and safe recruitment procedures were followed. Staff followed appropriate infection prevention and control practices. Staff were supported through induction, training and supervision.

There was a complaints procedure in place and the provider knew how to respond to complaints. People, relatives and staff reported the care manager was available and responsive.

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

Rating at last inspection

The last rating for this service was requires improvement (published 28 August 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made/ sustained and the provider was still in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to safe care and governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Best Choice Care Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was conducted 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.

Inspection activity started on 10 March 2021 and ended on 12 April 2021. We visited the office location on 10 March 2021.

What we did before the inspection

We reviewed information we had received about the service. We also sought feedback from the local authority. We used all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We took this into account in making our judgements in this report.

During the inspection

We spoke with the registered manager. We reviewed a range of records. This included six people's care and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with five people who used the service, four relatives and seven staff.



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 remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection we found the provider had not always appropriately identified and assessed all risks to people's health and safety. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider remained in breach of regulation 12.

- At the last inspection we found one person had a serious condition affecting several areas including their breathing. The person's care plan did not have a risk assessment or guidelines for staff to understand the person's conditions and meet their needs. At this inspection, we found a person had a condition that affected their breathing and as at the previous inspection, there was not a risk assessment in place. The guidance for staff indicated staff may have to help the person use a nebuliser or ring the office if the person's breathing worsened. However, there were no guidelines for how to use the nebuliser or information about how the condition affected the person, or what staff needed to be aware of concerning the condition. This put the person at risk of receiving unsafe support.
- One person's care plan recorded, 'Administer medication and check blood pressure.' There was no risk assessment or guidance for staff around taking blood pressure and the registered manager confirmed staff had not completed training so they could competently take people's blood pressure.
- Another person's care plan stated they were at risk of falls but there was not a risk management plan in place. We also found risk assessments for diabetes, for a condition that caused bruising and COVID-19 were not in place. After the inspection, the provider sent us a completed spreadsheet with indicators to assess people's risk of COVID-19. They also sent a blank template for people with diabetes. However, this was not in place at the time of the inspection. This meant risks to people's health and safety were not appropriately assessed or monitored.

We found no evidence that people had been harmed. However, systems were not always used effectively to assess the risks relating to the health, safety and welfare of people which placed people at risk of harm. This was a repeated breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider did have COVID-19 risk assessments in place for staff.

Learning lessons when things go wrong

- The provider had a policy for responding to incidents and accidents and systems to investigate and review incidents and accidents.
- The incident and accident forms recorded the incident but there was no record of an investigation into the incident, lessons learned or what preventative measures were put in place. For example, one person had a fall in February 2021 and there was a 'Falls risk assessment - incident notes' form which recorded the incident, but there was not an actual risk assessment or updated care plan to reflect this or how falls might be prevented and managed in the future. We also saw that the manager's February 2021 audit, did not record this incident at all.

We found no evidence that people had been harmed however, systems were not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a repeated breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- There were procedures in place for managing medicines. However, information in care plans were not always consistent.
- At the last inspection we identified care plans around medicines administration were not clear and when people needed cream applied to their skin, where to apply was not indicated on the body map. At this inspection we found one person's care plan recorded, 'Care worker to apply prescribed cream for legs and to administer morning medication'. The cream was not named in the care plan and there was not a body chart to show where to apply it to. This meant there was a risk staff would not know exactly where to apply the cream.
- Another person's care plan indicated, 'Care workers need to apply cavilon cream on the bottom as advised'. However, the registered manager told us cream was not being applied which meant the care plan was not up to date.
- The care manager told us annual medicines competency assessments were being undertaken to ensure staff had the skills required to manage people's medicines. However, two of the four staff files we looked at did not have medicines competency testing completed.

This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had a medicines policy in place. Medicines administration records (MARs) were completed appropriately to indicate people had been supported people to take their medicines as prescribed.
- The provider audited MARs monthly and at the time of the inspection had not recorded any medicines incidents.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes to help safeguard people from the risk of abuse, including safeguarding adult policies and procedures.
- Staff had safeguarding training to help ensure they had the skills and ability to recognise when people were at risk of being unsafe and most knew how to respond if they had a concerns around a safeguarding issue.
- The service had not had any safeguarding alerts. However, the registered manager knew what to do and who to inform if a safeguarding alert was raised in the future.

Staffing and recruitment

- While some people and relatives were happy with the consistency and punctuality of calls, others were not

and told us staff did not always arrive on time, stay the allocated length of time or let them know when they were running late. Relatives told us, "Times when carers have been late and do not alert [person]" and "Timing is not always good".

- Staff told us they had enough time between calls.
- The provider followed safe recruitment procedures to help ensure staff were suitable to work with people using the service. The files contained checks and records including applications, references, identification documents and criminal record checks.
- New staff completed training and shadowed an experienced member of staff to support them in the development of suitable skills.

Preventing and controlling infection

- The provider had procedures for preventing and controlling infection.
- Staff had completed training about infection prevention and control.
- Staff were provided with protective equipment such as gloves and aprons to help protect people from the risk of infection. People and relatives told us they observed staff wearing their protective equipment as required.
- The provider completed infection control audits for a sample of people each month.

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.

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.

At our last inspection we found the provider was not following the principles of the MCA. This was a breach of regulation 11 (Consent to care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- At this inspection, the registered manager told us everyone had the capacity to make their own decisions regarding their care. Therefore, we were not able to fully address how the provider assessed people who did not have the capacity to make these decisions.
- The provider had an MCA policy and staff received training on the principles of the MCA.
- Where appropriate, people had signed their own consent to care forms.

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

At our last inspection we found the provider did not complete full assessments of people's needs before they started using the service. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- The provider had a pre-assessment enquiry form which recorded briefly people's health conditions and care requirements. The registered manager told us based on this information they booked an initial assessment and completed the care plan as an initial assessment document.

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

- People were supported to have enough to eat and drink. Most people had meals prepared by their relatives which staff heated up. We saw one person could direct staff about how to prepare their meals.
- People's preferences were recorded. For example, one person's care plan recorded 'for breakfast cereal, toast and for lunch a sandwich. During dinner [person] wants hot food such as fish and chips.'

Staff support: induction, training, skills and experience

- Staff were supported through an induction, training and spot checks.
- Staff completed refresher training annually to keep their knowledge and skills up to date to help ensure they had the skills needed to help care safely for people.
- Staff had supervisions and team meetings, however these had not been as regular since the beginning of the pandemic.

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

- Care plans included information about other health and social care professionals involved in people's care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained requires improvement.

This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- At the last inspection we identified care plans were not always written in a person-centred and respectful manner. At this inspection we found the writing style had improved and people were referred to by name.
- Staff were respectful and tried to maintain people's privacy and dignity. One person said, "They are respectful. I wouldn't have them if they weren't." Staff were able to tell us how they helped maintain people's privacy and dignity particularly when assisting with personal care by closing doors and curtains and covering people up appropriately.
- People were encouraged to maintain their independence where they were able. Staff told us, "[During personal care] for their upper body I always promote them washing it. Don't rush them".

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives generally spoke positively about the care they received. Comments included, "[Carer] is my angel. They do anything I want. They talk to me if I feel down" and "[The carers] were very caring and very supportive of us".
- People's preferences for how they liked personal care was respected and they confirmed they were given the choice of a male or female carer.
- One staff member told us they worked with a certain person because they spoke the same language and this helped to ensure the person was involved in their care. Another said that they understood some people required certain clothes or their hair a certain way because of their religious beliefs, and they were able to support them in this.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and be involved in making decisions about their care. One person said, "If I ask them to do something, they do it no question." A relative said, "[Person and carer] have a relationship. They ask [person] things. It is important to [person] they see the carer and have a conversation."
- Staff told us how they supported people to make choices. Comments included, "Everybody is different. I have to ask what they want. See the client is comfortable. If someone says 'no', I have to respect that,"
- People and their relatives were contacted by phone for feedback on the care being provided.
- Notwithstanding the above, we identified the service was not always acting in a caring manner as there were a number of issues identified around how the service was provided. This included people not being adequately protected from risks that could arise as part of receiving a service. For example, risk

assessments, risk mitigation plans and care plans were not always identified as necessary or updated to reflect changes in the person's needs.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection we identified care plans did not always contain the correct or necessary information and there was a risk staff would not know how to meet people's individual needs. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider remained in breach of regulation 9.

- The provider had made some improvements to care plans. For example, one person's 'individual washing and dressing' care plan gave clear instructions about how they would like to be washed and what to use during the process.
- However, care plans were not always consistent with the level of detail required or updated to reflect current needs. For example, we saw a care worker had raised with the office a person required support to put their hearing aid on, but this was not reflected in the care plan. This meant the person may not have always been supported appropriately with their needs.
- Another person's care plan indicated they had type two diabetes but there was no information on what types of food they could or could not eat in relation to their diabetes.

Therefore, care plans did not always have relevant information about people's needs which meant there was a risk these needs would not be met. This was a repeated breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were generally cared for by the same regular staff, so they developed positive relationships and knew people's needs and preferences. One relative told us, "[Person] has a regular carer and it is a good relationship" and another, "[Person] doesn't like cold hands and [carers] know that."

End of life care and support

- The service provided end of life care. We found that not all people had an end of life care and support plan. Where they did, it was recorded either 'no decision has been made yet' or 'N/A'. Nor did the end of life records any cultural or religious needs the person may wish to be considered at the end of their life.
- This meant people's wishes and preferences for care at the end of their lives were not always known in the

event they required this support.

Not having completed end of life care plans that reflected people's preferences was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans included information about people's communication needs such as their hearing, vision, speech and written comprehension. Where appropriate the care plan recorded if people used aids such as glasses or hearing aids.
- Staff communicated with people in ways they understood. For example, one staff member said with a non-English speaker, they pointed and used hand gestures to communicate.

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

- Care plans provided contact information for people's support network and community links. At the time of the inspection, most people were living with a family member.

Improving care quality in response to complaints or concerns

- The provider had a complaints process but had not had any complaints since the last inspection.
- People and relatives told us they knew how to raise a complaint if they had a concern. Their comments included, "If I need anything, I ring [the care manager]" and "I can talk to [the care manager] anytime. He'll talk to me no problem."

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 remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

At our last inspection we found audits had not always been effective and had failed to identify some of the areas for improvement we found. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider remained in breach of regulation 17.

- At this inspection, quality assurance systems such as audits were not being operated effectively as demonstrated by a number of shortfalls identified during the inspection.
- The monitoring system had failed to highlight that not all risks to people's health and safety were appropriately identified and assessed. Risk assessments did not always contain guidelines for staff about how to reduce risk and support people to remain safe. Body maps were in place but not always completed. People's files did not always contain correct and up to date information about them.
- The care records of people using the service were audited monthly as part of the manager's audit. However, when we looked at the February 2021 audit, we could see only one person's care plan had been audited and it was not clear what was looked at in the care plan. This meant not everyone's care plan would be audited within the year in line with the provider's auditing process. Therefore, shortfalls in care records might not be noted for some time and there was no overview of the quality of care records for the whole service.
- The provider undertook telephone quality monitoring calls. However, it was not clear how often these were happening or if all people were receiving a call, as there was no overall record, for example a spreadsheet, to record when calls had been completed. The registered manager said they undertook a quality monitoring call four weeks after the care package began but could not confirm the frequency of calls thereafter.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

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

outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives spoke positively about the service and said the care manager was available to them. However, the majority of people we spoke with and some staff, did not know who the registered manager was and had not had any contact with them.
- Staff were generally happy with the support they received and told us, "[The care manager] is very good. I get guidance from them and when I call, they are always there."
- Team meetings were held to share information and give staff the opportunity to raise any issues.
- The provider last undertook a quality assurance survey in February 2020, which included an action plan.
- The provider also made telephone calls to people and their relatives to get feedback for service improvement.

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 provider understood their responsibility around the duty of candour and of the requirement to notify appropriate agencies including CQC if things went wrong.
- The provider had policies and procedures in place to respond to incidents, safeguarding alerts and complaints and knew who to notify when required.

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

- The provider had systems and procedures to monitor and assess the effectiveness of service delivery. This included spot checks and phone calls to get feedback from people using the service.
- People and their relatives knew who the care manager was and felt able to speak with them if they needed to.

Working in partnership with others

- The provider worked in partnership with various other health and social care professionals.
- The registered manager attended provider forums and was part of a local authority's carer association.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered person did not always carry out an assessment of needs and preferences for the care and treatment of the service user.</p> <p>Regulation 9</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person had not always assessed or done all that was reasonably practicable to mitigate the risks to the safety of service users.</p> <p>Regulation 12 (1)</p>

The enforcement action we took:

Issued a warning notice.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not always have effective systems to assess, monitor and improve the quality and safety of the service.</p> <p>Regulation 17 (1)</p>

The enforcement action we took:

Issued a warnign notice.