

Bestvalue Home Care Services UK Ltd

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Inspection report

434 Well Hall Road
Eltham
London
SE9 6UD

Tel: 02083191819

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service:

Bestvalue Home Care Services UK Limited is registered to provide personal care to people in their own homes in the community. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection, approximately 51 people were receiving personal care from the service.

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

During this inspection, we found the service failed to make sufficient improvements to address the concerns identified at the last inspection and comply with our regulations. Risks to people's health and safety were not effectively assessed. There was unclear information in relation to the support people required with their medicines. Assessments completed were not detailed enough to fully highlight people's care needs. People's care records were not person centred and did not reflect the appropriate support in accordance to people's needs. The current systems in place were not effective enough to assess and monitor and the quality and safety of the services being provided to people.

The majority of people spoke positively about the service. They said they felt safe and their needs were being met. There were appropriate numbers of staff deployed to meet people's needs. Staff followed appropriate infection control practices. The provider had systems in place to record and respond to accidents and incidents. Any lessons learnt were used as opportunities to improve the quality of service.

Staff had the knowledge and experience to support people's needs. They were supported through induction, training and supervision to ensure they performed their roles effectively. People were supported with their meals and had access to healthcare services when needed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

There were procedures in place to investigate and respond to concerns 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 15 January 2020) and there were multiple breaches of regulation.

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, person centred care and good governance.

At this inspection enough improvement had not been made and the provider was still in breach of regulations.

Why we inspected

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, Effective Responsive 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 remains requires improvement. 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 Fairmount 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our safe 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 ●

Bestvalue Home Care Services UK 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.

This was a focused inspection to check on breaches of legal requirements found at the last comprehensive inspection.

Inspection team

The inspection team on site consisted of one inspector. After the inspection, an expert by experience made telephone calls to people and relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Bestvalue Home Care 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

This inspection was announced. We gave the service 48 hours' notice of the inspection visit as we needed to be sure that they would be available. Inspection site visit activity took place on 14 May 2021. We visited the office location to see the manager and office staff; and to review care and management records.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 reviewed five people's care plans, five staff files and records relating to the management of the service. We also spoke with the registered manager and two assistant managers.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at care documentation and quality assurance records. We spoke with five people and eleven relatives to gain their views about the service.

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 the provider had failed to ensure that people received safe care and treatment because risks to people's health and safety were not always assessed or guidance available to staff to reduce possible risks.

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 was still in breach of regulation 12

- Risks to people's safety continued to not always be assessed and there was no clear guidance in place for staff on how to keep people safe, prevent or mitigate risks to people.
- The care documentation for one person stated their vision and mobility was poor, their stability was frail and they used a wheelchair. However, there was no risk assessment in place detailing guidance for staff on how to support this person safely and minimise the risk of potential falls. In the person's care plan, it stated there was no risk identified in relation to personal safety/risk factors such as risk of falls.
- For another person who required a standing hoist for standing and transfers. There was a moving and handling risk assessment in place which stated there was a medium risk of falls and the control measures were detailed as 'support by carer.' There was no further guidance in place for staff on the correct moving and handling techniques for transferring the person using the hoist, placing them at risk of unsafe support. This person also required support with catheter care but there were no risk assessment in place to guide staff on the potential risks involved and how this should be done safely.
- There was contradictory information in relation to a person's choking needs. Their assessment stated the person has swallowing difficulties occasionally and they have a history of choking but it is better now. The care plan stated the person was not at risk of choking however, there was no further information detailed in relation to the swallowing difficulties and whether this had an impact on the person with their meals or not.
- This person was also cared for in bed and required a sliding sheet for repositioning, they also needed support with catheter care. However, there was no moving and handling risk assessment in place detailing the safe practice and appropriate moving and handling techniques required by staff. There was also no risk assessments in place to guide staff on the potential risks involved with the person's catheter care.

This is a continuing breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act

Using medicines safely

- There were some arrangements in place to manage people's medicines. However, people's care plans contained very limited and unclear information detailing the medicines support people required. For example, the assessment and care plan for one person stated carers were to 'prompt medication' and 'medication supervised by carer' and 'medication collection and ordering by carer'. However, there was no further information in the care plan detailing what prompting and supervision meant for staff.
- For another person, their assessment stated 'carers are to prompt or assist medication' and the person's care plan stated the 'carers assist and supervise their medication.' However, there was no further information in the care plan detailing how staff were to provide this support and assist with their medication.
- There was unclear and contradictory information in one person's care plan which stated '[relative] and carer supervise daily medication.' However when we sought clarification on this matter from the registered manager, we were advised it was the relative that was responsible for the person's medication.
- Some people required support with the application of topical creams. In the care plan for one person, it stated, 'carer assist with creaming during personal care' and for another person, their care plan stated 'they had pressure sores but now okay with the application of cream by the carer.' However, in both care plans, there were no further details of the creams including whether they were prescribed, when and where on the body should the creams be applied and actions for staff to take should there be any issues regarding skin integrity.
- We highlighted these issues with the registered manager who acknowledged and advised care plans would be updated to reflect this information.

Incomplete and contradictory information may place people at risk of receiving inappropriate support with their medicines. This is a further breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicines administration records (MARS) reviewed showed people received their medicines as prescribed and there were no unexplained gaps. Care workers completed training to administer medicines and their competency was checked.
- People and relatives told us they were supported with their medicines. A relative told us "They give [person] their pills. Yes, it's done safely."

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People and relatives told us they felt safe using the service. A person told us "Feel safe? Yes I do. [Carer] is very friendly, very nice. Does the job well". A relative told us "The carers are alright. I have no worries about [person's] safety."
- There were systems in place to protect people from the risk of abuse. Records showed safeguarding concerns were logged and monitored which included working with relevant healthcare and social care professionals such as the local authority and safeguarding teams.

Staffing and recruitment

- Since the last inspection, the provider has put in place an electronic system to review and monitor staffing levels and timekeeping to ensure there were sufficient numbers of staff deployed to meet people's needs.
- People and relatives told us care workers were on time and stayed the full duration of their visits. A person told us, "Yes, on time. [Care worker] lets me know if they are late. No missed visits and stays for the time they should." A relative told us "Yes, on time. No missed visits. They stay the time they should. We get the same group of carers."

- The provider followed safe recruitment practices and had ensured appropriate pre-employment checks were completed satisfactorily before care workers were employed.

Learning lessons when things go wrong

- Systems were in place to investigate, respond and monitor accidents and incidents.
- Any lessons learnt were used to improve the quality of service which were relayed to staff to embed good practice.

Preventing and controlling infection

- The service had an infection control policy in place. Care workers had received training and were aware of safe infection control practices.
- People using the service and their relatives told us care workers always wore protective clothing when providing them with personal care. A person told us "Yes, they wash their hands and wear gloves, aprons and masks". A relative told us "Yes, they wash their hands. First thing in my house! Then masks gloves aprons and hand sanitiser".
- During the pandemic, people and relatives told the service had kept in regular contact with them. A person told us "Covid. Yes, they have given me information and kept us updated." A relative told us "Covid? The service has kept in touch. If there's an issue, I'm in [person's] bubble. I'm able to talk to the main carer. I see the office on a regular basis".

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 remained the same.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

At our last inspection the provider had failed to carry out a full assessment of people's 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 was still in breach of regulation 9

- At the last inspection, assessments completed were not comprehensive or detailed enough to fully highlight people's care needs. A new assessment form had been put in place since the last inspection, however assessments were still not detailed and consistently completed.
- For example, three care plans we reviewed contained assessments that were tick boxed and contained no further information about the persons needs and the support they required. Two care plans contained assessments which did detail some information but this was limited to statements such as 'Yes [person] needs support of carer' and 'Yes my carer washes me.'

This is a continuing breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives did tell us an assessment was completed before they started the service. A person told us "They assessed my needs before starting the service. I got what I wanted." A relative told us "Assessment? Yes, from the service and the social worker".

Staff support: induction, training, skills and experience

- People and their relatives told us staff had the skills to carry out their roles effectively. A person told us, "Knowledge and skills? Yes. They meet my needs". A relative told us "They are sufficiently trained to meet [person's) needs".
- Care workers had completed an induction programme before they provided care and support to people. Records showed care workers had completed training the provider considered mandatory in areas such as safeguarding, medication, moving and handling, infection control and mental capacity.

- Care workers also received supervision and appraisals and their competency was assessed by spot checks which involved care workers being observed by a member of staff and assessing how care workers carried out their duties.

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

- People's care plans, contained limited detail and guidance on how they should be supported with their food and drink and how care workers should prepare people's meals. We brought this to the registered manager's attention and they told us the care plans would be updated to fully reflect people's dietary needs and support.
- People and their relatives spoke positively about the support they received with their food and drink. A person told us, "In the morning they make my meals. They encourage me to eat and drink, especially drinking and make sure I've eaten."

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

- People were supported to access healthcare services when required. The provider worked in partnership with other services, and health and social care professionals such as social workers, district nurses and the local authority. A person told us, "They do recognise problems and organise a doctor if needed."

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.

- The service worked within the requirements of the MCA. Where people had capacity, records showed the service obtained their consent about their care and support. A person told us, "They ask permission from me."
- Where people lacked capacity, records showed the relatives and healthcare professionals were involved to ensure decisions were made in people's best interests. A relative told us, "I participate in decisions. [Person] approves everything".

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 good. At this inspection this key question has deteriorated to requires improvement. 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

- People's care plans were not person-centred and were mainly task focused. Care plans contained information about the tasks staff needed to do during each visit and lacked detailed guidance on how people should be supported safely in accordance to their specific needs. The language used was often a list of instructions.
- For example, for one person their care plan stated, 'to assist with [person's] p/c and dress them up'. Under the sections 'assistance with personal care' and 'assistance with shower and hair', the care plan stated, 'by carer.' For another person, their care plan also stated 'carer' under the same sections. For one person who is cared for in bed, their care plan stated, 'the carers support the client with washing and shaving.'
- In one person's care plan there was contradictory and unclear information in relation to the support they required with their dietary needs. The assessment stated, 'can prepare own food', however in the care plan it stated, 'meals preparation and dietary needs – carer'. There was no further information detailed as to how care workers were to support the person with their dietary needs and what their specific dietary requirements were.
- We noted some people had particular conditions such as respiratory problems, depression, diabetes and epilepsy, however there was no further information detailing whether these conditions had an impact on people's health and daily wellbeing.

Aspects of people's care was not person centred and did not reflect the appropriate support in accordance to people's needs. This is a further breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us they would review the care plans and ensure they were person centred with guidance that detailed the care and support people needed in accordance with people's specific needs. We will follow this up at the next inspection.
- People and relatives generally spoke positively about the service they received. A person told us "I'm very happy with them. Lovely [care worker]." A relative told us "[Person] has 4 visits a day. It's been very good so far. They do what they're supposed to do. They're nice." Another relative told us "The carer is lovely. We're extremely lucky with [person's] care."

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.

- People's care plans contained some information which showed if people were able to communicate effectively. The registered manager told us they were able to tailor information in accordance to people's needs and in different formats if needed.

Improving care quality in response to complaints or concerns

- There were procedures for receiving, handling and responding to comments and complaints. Records showed complaints had been investigated and responded to by the registered manager. A person told us "If there's a problem I can approach them but no complaints". A relative told us "Yes, I spoke to the office with a concern and they sorted it".

End of life care and support

- No one at the service currently received end of life care. End of life wishes had not been included in people's care documentation.

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Sufficient improvement had not been made to address the concerns identified at the last inspection.
- There was a limited number of audits in place to monitor the quality of service which covered aspects of the service including call monitoring, safeguarding, spot checks and service user reviews. However, these were not robust enough to identify the issues found during this inspection. We found improvement was still needed in relation to risk assessments, medicines, assessments of people care and care plans not being person centred.

This is a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives spoke positively about the registered manager and office staff. A person told us "The registered manager has been to see me. The office is approachable. I haven't had to contact them but no problem in doing so".
- There was an organisational structure in place and staff understood their individual roles, responsibilities and the contribution they made to the service. People and relatives told us they felt the service was well managed. A person told us "Well managed? Yes. They are very friendly and caring. I can talk to them as well". A relative told us "Well managed and organised. Yes. No problems. Efficient, seamless service."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider obtained feedback from people and relatives about the service via surveys. Feedback from surveys were analysed to ensure they improved the service where needed. A person told us, "Feedback? They ask after they've been and anything else needing to be done". A relative told us "They ask if I'm happy with the carers. I'm happy with the care. I like them to ask me if I'm happy."
- Staff meetings were held to discuss the management of the service. Minutes of these meetings showed aspects of people's care were discussed and staff had the opportunity to share good practice and any

concerns they had.

- The registered manager and provider understood their responsibility under the duty of candour and took responsibility when things went wrong. We noted communications to people and their relatives showed the manager and provider provided apologies and reassurances that action was being taken to minimise the risk of any reoccurrence of such events and any issues were resolved.

Working in partnership with others

- The service worked in partnership with key organisations including the local authorities that commissioned the service and other health and social care professionals to provide effective joined up care.

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>Assessments completed were not detailed enough to fully highlight people's care needs.</p> <p>People's care records were not person centred and did not reflect the appropriate support in accordance to people's needs.</p>