

Best for Care Limited

Best for Care

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Best for Care is a domiciliary care agency, providing services to older adults and people with physical disabilities and complex health needs. At the time of our inspection, one person was receiving the regulated activity of personal care from the service.

Not everyone using the service receives the regulated service of personal care. CQC only inspects the personal care service provided to people, that is help with tasks related to personal hygiene and eating. Where personal care is provided to people, we also take account of any wider social care provided.

People's experience of using this service:

The service met the characteristics of Good in most areas; more information is in the full report. We have made a recommendation about fully implementing Accessible Information Standards to ensure people's communication needs are fully met.

People told us staff were kind, offered them choices and treated them with respect. Staff knew people well, including their preferences and care needs. However, more information needed to be documented in care records about people's likes and dislikes, life stories and information about future wishes, to fully facilitate person-centred care.

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. People and/or their relatives were involved in the planning and review of their care.

People and their relatives told us they felt safe in the company of care staff. Staff were aware of reporting any safeguarding concerns to the registered manager and had received safeguarding training. A complaints procedure was in place and people told us they knew how to raise any concerns.

People's nutritional and healthcare needs were supported, and medicines were managed safely. The service liaised with healthcare professionals to ensure people's care and support needs were met.

Safe recruitment procedures were in place, although we were not able to test this during our inspection because the provider currently carried out care and support. However, they were looking to recruit another staff member to this role. People told us staff completed all required tasks, stayed the required length of time and informed them if their visit was going to be late.

Systems were in place to ensure staff received appropriate training and updates. The provider had completed appropriate training prior to providing care and support. Systems were in place to support staff and give them the opportunity to discuss any concerns and their ongoing development needs.

Systems were in place to monitor the quality of care provided and further areas were being developed. People were positive about the care provider and registered manager and said they were approachable and supportive.

Rating at last inspection: This is the first rating of the service since it was registered in July 2018.

Why we inspected: This service was registered with us on 3 July 2018 and this is the first inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our reinspection programme. If any concerning information is received, we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Best for Care

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one adult social care inspector.

Service and service type:

Best for Care is a domiciliary care agency, providing personal care to people living in their own houses and flats. It provides a service to older adults, younger disabled adults and people living with dementia, or a learning disability.

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 short notice of the inspection visit because it is small, and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did:

Before the inspection, we reviewed information we had received about the service since the provider registered in July 2018. This included details about incidents the provider must notify us about. We requested feedback about the service from the local authority safeguarding and commissioning teams.

We asked the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information as part of our inspection planning.

On 10 June 2019, we visited one person and a relative in their own home. We also spoke with the provider on the telephone, who was working as care staff for the person. During the office visit on 11 June 2019, we spoke the registered manager, reviewed one person's care records, one staff member's personnel files and other records relating to the management of 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 this inspection, this key question was rated as good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were supported to understand how to keep safe and to raise concerns when abuse occurred. People told us they felt safe with the care staff. One person commented, "Yes, I am happy."
- Staff knew how to recognise abuse and protect people from the risk of abuse.
- The registered manager was aware of the need to report abuse to safeguarding when it occurred.

Assessing risk, safety monitoring and management

- Most risks to people's safety were assessed and plans put in place to mitigate these risks.
- However, we saw one person had a bed rail in place and a risk assessment had not been completed. The registered manager told us this had been put in place prior to the service taking over the care and support. However, they assured us they would immediately rectify this. We saw this was done during our inspection.

Staffing and recruitment

- Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed. However, we could not properly test these processes during our inspection as the provider themselves currently delivered the regulated activity of personal care.
- The service was adequately staffed with a consistent staff member, which meant staff provided a person-centred approach to care delivery. However, the service currently only supported one person with the regulated activity of personal care. The provider and the registered manager told us they were trying to recruit another staff member to assist with this but were finding it difficult to find suitable candidates.
- People told us staff came when they should and stayed for the right amount of time, completing all care tasks. Our review of records confirmed this. One person's relative confirmed staff always let them know if they were going to be late.

Using medicines safely

- Medicines systems were organised, and people told us they were receiving their medicines when they should.
- The provider was following safe protocols for management of medicines. Medicines administration records were well completed and up to date profiles of people's prescribed medicines were in place, including the reason for the medicine and possible side effects.

Preventing and controlling infection

- We saw staff used appropriate gloves and aprons when delivering personal care. This helped mitigate the

risk of cross infection.

- Staff had received infection control training and understood the importance of following correct infection control procedures.

Learning lessons when things go wrong

- Processes were in place to monitor and review accidents and incidents, together with lessons learned from the incident.
- However, the registered manager told us none had occurred since the service registered in July 2019. Our review of systems confirmed this.

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 this inspection, this key question was rated as 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; assessing people's needs and choices; delivering care in line with standards, guidance and the law

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

- The service was generally working within the principles of the MCA. We saw people's consent was sought for care and support and the person's liberty was not being restricted. The service had not needed to make any applications to the Court of Protection.
- However, the registered manager accepted further work was needed about clearly recording capacity within people's care records. They understood their legal responsibilities under the Act and were aware decisions should be made in the person's best interests if capacity was deemed to be lacking. They told us they and the provider were attending refresher training on the MCA to ensure they were fully conversant with the requirements of the legislation.
- People's needs and choices were assessed to ensure the service could provide appropriate care and support. The service worked with relatives and healthcare professionals to ensure appropriate equipment was in place.

Staff support: induction, training, skills and experience

- People were supported by staff who had received appropriate training. People told us they were confident with staff. One person's relative commented, "I see what (care staff) is doing; I sometimes sit on the sofa in the bedroom while (care staff) is there. I'd know if (care staff) wasn't doing the right things."
- Processes were in place for staff to be given opportunities to review their individual work and development needs. Spot checks were in place to ensure appropriate care and support were being delivered.
- Staff induction procedures were in place to ensure they were trained in the areas the provider and registered manager identified as relevant to their roles. For example, the provider had completed the Care Certificate and practical moving and handling training.
- However, we were unable to assess this area fully as no further care staff had been employed since the

service registered.

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

- People's nutritional needs were assessed. The registered manager told us they would monitor people assessed as being at nutritional risk and refer to their GP or speech and language therapy (SALT) team if required.
- At the time of our inspection, the service was not supporting anyone at nutritional risk.

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

- The service worked with a number of agencies, as required, such as GPs and social workers to provide effective care and support.
- People's health care needs were supported. For example, one person's relative told us care staff had contacted emergency services when the person had become unwell, which led to their admission to hospital.

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 this inspection, this key question was rated as good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they were very comfortable and relaxed in the presence of staff. One person's relative told us their relative was always asking when the care staff member was coming and enjoyed their company. They told us, "(Care staff's name) is very good with (relative)...very kind, a really nice girl. Sometimes (relative) will shout, but the carer will just smile and be pleasant and patient."
- People's diverse needs were considered. The service made reasonable adjustments to meet individual needs and practiced a person-centred approach.
- Relatives told us care staff spoke with people in their own language and respected their customs and traditions. For example, the care staff member told us they had dressed a person in traditional clothing during a religious festival which they had appreciated.

Supporting people to express their views and be involved in making decisions about their care; respecting and promoting people's privacy, dignity and independence

- Staff gave examples of how they had built up good relationships with people and got to know their likes and dislikes.
- Staff supported people to make decisions about their care, such as what they wanted to eat and what they wanted to wear. Staff told us they asked for consent from people before supporting them.
- People and/or their relatives were involved in the planning of their care.
- People told us staff treated them with dignity and respect. Staff were able to give examples of this, such as covering people up and ensuring doors and windows were closed when providing personal care.
- Staff told us they encouraged people's independence as much as possible. For example, supporting people to wash where they were able and eat and drink independently. They told us they offered prompts to encourage independent mobility. They said, "(Person) will need prompts, such as 'left foot forward, right foot forward.'"

Is the service responsive?

Our findings

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

At this inspection, this key question was rated as requires improvement.

This meant people's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- We saw clear details were recorded in care records about the required care and support at each care call.
- People's likes, dislikes and what was important to the person were not fully recorded in care plans. These details would ensure care records and delivery were more person-centred. However, staff were knowledgeable about people's preferences and could explain how they supported people in line with this information.
- We did not see clear evidence of how the Accessible Information Standard had been applied to support people's individual needs. This is important, as the service grows and takes on more people's care and support with diverse communication and support needs. However, from our discussions, we concluded staff understood the person's individual communication needs. For example, the staff member was able to explain things and speak with the person in their preferred language.
- We recommend that as the service grows, it seeks advice and guidance from a reputable source about fully implementing and applying the Accessible Information Standard.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place and people told us they knew how to raise concerns if necessary. They told us they were confident any concerns would be dealt with seriously if raised.
- No complaints had been raised since the service registered.

End of life care and support

- People's wishes about their end of life support had not been documented within care records.
- The registered manager told us this was an area they intended to cover during the upcoming service user review.

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 this inspection, this key question was rated as good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- There was a registered manager in post.
- Quality assurance systems were in place to monitor the service. These had been effective in identifying areas for improvement. When issues had been identified, action had been taken to make improvements.
- A person's relative complemented the management team and told us the company compared favourably with another company they had used in the past. They said, "I'm totally happy with the company."
- The service had a clear statement of purpose.
- The registered manager understood their responsibility to inform the Commission of relevant notification.

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

- Clear lines of responsibility were not always in place, as the provider was currently delivering care and support. This could lead to a potential conflict of interest. They told us this was temporary until another staff member could be recruited to provide care and support, at which time they intended to step back from the role.
- However, this meant the provider was able to understand people's care and support needs well and demonstrated they were keen to take an active part in service delivery.
- The management team were keen to continue to improve the service within best practice guidelines and committed to providing the best possible support for people.
- Regular spot checks were carried out by the registered manager on the support the provider was carrying out in their current role as care staff. This included checks on medication, call times and record keeping.

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

- People told us the registered manager had asked them if they were happy with their care and support, although this was not yet documented. The registered manager showed us quality questionnaires they were planning to implement, once care and support had been delivered to people for six months.
- The registered manager told us of their plans to hold regular staff meetings when the staff team increased. They told us they spoke with the provider on a daily basis to offer and receive support.

Working in partnership with others

- Staff worked in partnership with healthcare professionals to provide quality service and support to people.
- The registered manager told us they were unable to currently attend the local authority provider forums since they were not currently on the local authority framework. However, they were looking at other opportunities to share best practice and drive service improvements, such as local 'Skills for Care' forums.