

Best@Care Limited

Best@Care Limited

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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Best@Care Limited is a domiciliary care agency which provides care and support for people in their home. At the time of the inspection the service was providing support for nine people, five of who were receiving the regulated activity of personal care. 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.

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

Relatives felt their family members were safe when they received support. The provider had a robust recruitment process enabling them to identify new staff with the required skills and experience for the role. Procedures had been developed to investigate, respond and identify lessons which could be learned from any safeguarding concerns, incidents and accidents and complaints received. Medicines were managed safely and administered as prescribed.

Care workers received appropriate training so they could meet people's care and support needs. Care workers felt supported by the management. People's care and support needs were assessed and reviewed regularly. 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.

Relatives felt the care workers who supported their family member were kind, caring and respected their dignity and privacy. Care plans identified people's cultural and religious preferences. People's care was provided in a person-centred manner with care plans identifying their support need and how they wanted their care provided. People's communication support needs were identified.

The provider had a range of quality assurance processes in place to monitor the quality of the care being provided. The provider worked in partnership with other organisations

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

Rating at last inspection

This service was registered with us on 2 November 2020 and this is the first inspection.

Why we inspected

The inspection was conducted based on the date of registration.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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?

Good ●

The service was 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@Care 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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out 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.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. The provider was acting as the manager for the service and they were in the process of applying to become the registered manager following completion of a level five diploma in health and social care qualification.

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 would be in the office to support the inspection.

Inspection activity started on 6 May 2022 and ended on 10 May 2022. We visited the location's office/service on 6 May 2022.

What we did before the inspection

We reviewed information we had received about the service since it was registered. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the relatives for two people using the service and we contacted three care workers via email. We met the manager who was also a director of the company. We looked at a range of records which included the care records for three people, three care worker's files and a range of records including those used for monitoring the quality of the service, such as audits, minutes of meetings and policies.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had developed a procedure relating to the reporting and investigation of any concerns raised about the care provided and they demonstrated a good understanding of what action should be taken if a safeguarding concern was identified.
- Information was included in the service user guide on how to contact the local authority safeguarding team if the person or their relative had any concerns about the care provided.
- At the time of the inspection there had been no safeguarding concerns identified so we were unable to review any records or investigations.

Assessing risk, safety monitoring and management

- The provider had assessed possible risks to people's safety and wellbeing. Risk assessment included information relating to people's mobility, medical conditions, medicines and skin integrity. The falls risk assessment included a review of the person's prescribed medicines to identify if they increased the risk of a fall. Care workers were provided with guidance on how they could reduce possible risks.
- The provider also carried out an assessment of the person's home environment including any equipment used to support the person.
- Relatives we spoke with told us they felt their family member was safe when they received support from the care workers. One relative commented, "I absolutely feel they are safe, the care workers are trustworthy and very reliable."

Staffing and recruitment

- The provider had a robust recruitment procedure which enabled them to ensure new care workers had the required skills and knowledge for the role.
- We reviewed the recruitment records for three care workers. These included two references, checks on the applicant's right to work in the United Kingdom and a Disclosure and Barring Service check for any criminal record. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Relatives we spoke with told us care workers usually arrived on time or sometimes early for the care visit. One relative said, "The care workers usually arrive on time and they call if they are going to be early or later than planned."
- Care workers confirmed they had enough time during the care visits to complete all the required support tasks as well as having enough time to travel between visits, so they arrived on time.

Using medicines safely

- People's medicines were safely managed and administered as prescribed. Medicines administration record (MAR) charts were completed and included information on when the medicines should be administered, dosages, any possible side effects and what condition the medicines had been prescribed for.
- The provider had developed a medicines plan which included a list of all the prescribed medicines, what the tablet looked like and if they were provided in a blister pack or in original packaging.
- Training records confirmed all the care workers had completed training for the administration of medicines as well as their competency being assessed. The care workers confirmed they had completed this training.

Preventing and controlling infection

- The provider had an infection control process in place. Training records indicated the care workers had completed training on infection control and COVID-19.
- Care workers confirmed they had completed training on the use of personal protective equipment (PPE). They also confirmed they had access to sufficient supplies of PPE.
- Relatives we spoke with told us care workers wore PPE when they were providing care with one relative saying, "Yes they wear masks and gloves, I have no cause for concern."
- The provider had developed risk assessments in relation to COVID-19 for both people receiving support and the care workers. These risk management plans identified any characteristics which could indicate an increased risk of catching COVID-19 and how those risks could be reduced.

Learning lessons when things go wrong

- The provider had a procedure for the reporting of accidents and incidents. At the time of the inspection a fall had occurred two days before and the manager explained the process they had in place for the investigation, the review of the person's support needs in case these had changed and identifying any lessons learned.
- We were unable to view the incident form as it had been completed by the care worker and was in the person's home. The manager discussed with us how they were working on the procedure to ensure quicker access to the information following an incident and accident.
- Apart from this accident, there had been no incidents and accidents reported so we were unable to review any additional records or investigations.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider completed a detailed assessment of people's support needs, wellbeing and wishes in relation to their care. Care plans and risk assessments were regularly reviewed and people were involved in this process.

Staff support: induction, training, skills and experience

- People were supported by care workers who had received suitable training and were supported in their role. Relatives felt the care workers that visited their family member had the appropriate training to meet their care needs.
- The manager confirmed care workers completed a range of training courses including basic life support, dementia awareness, diabetes and moving and handling. The training records demonstrated care workers had completed this training within the previous year.
- Care workers also completed the Care Certificate as part of their mandatory training. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Personal development plans had been completed for care workers identifying any additional training they wanted to complete. Regular spot checks were carried out to observe care workers providing support and supervision meetings were held to enable the manager and the care workers to discuss their work.

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

- People were supported to have enough to eat and drink. One relative explained the care worker heated up pre prepared meals and supported with making breakfast. Care workers confirmed they had completed food hygiene training.
- When a person was identified as requiring support with preparing food their care plan included information on people's food preferences and the level of support they required.

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

- People's care plans included information on their healthcare needs and care workers were provided with guidance related to their conditions. When the occupational therapist visited one person the appointment was arranged when the care worker was there so they could provide feedback on the person's mobility.
- Care plans included information on how to support the person with their oral care and identified if they needed help to clean their teeth or dentures.

- The manager explained that if a person was identified as requiring support from a medical professional or another organisation, they would contact the person's relatives. Relatives we spoke with confirmed they were responsible for arranging medical care for their family member.

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 MCA 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.

- Care was being provided in line with the principles of the MCA. The provider had developed procedures to assess people's mental capacity but at the time of the inspection all the people being supported had the mental capacity to make decisions.
- Care workers demonstrated an understanding of the impact of the MCA when they provide care. One care worker commented, "Never assume that the individual lacks mental capacity, instead encourage them and explain all the options they have to ensure they can make their own choices."
- The records of care completed by care workers for each visit indicated if they had obtained the person's consent before care was provided.

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.

This is the first inspection for this newly registered service. This key question has been rated 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 were treated well and had their support needs met. Relatives we spoke with told us the care workers were respectful, kind and caring. One relative told us, "I couldn't do without them and they are very good at advising on what my family member needs."
- The manager explained they asked the person about the type of character they would prefer the care worker to have, such as someone who liked to have a chat, and they would try to match the care worker to meet their preferences. One relative said, "Each of the care workers have their own qualities, [name] is happy and [name] loves dancing."
- The care plan identified the person religious and cultural preferences including their preferred language.

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

- People were encouraged to express their views and supported to be involved in making decisions about their care. Relatives confirmed they had been involved with their family member in identifying what needed to be done during each visit. One relative said, "We were visited by a very good supervisor to discuss the care and we have a copy of the care plan in the house."
- People were supported to make choices about the care they received at each visit. Relatives confirmed their family member was asked how they wanted their care provided. One relative said, "They always ask questions to find out my family members preferences."

Respecting and promoting people's privacy, dignity and independence

- People received care in a way that respected their privacy and dignity. Care workers we contacted demonstrated a good understanding of the importance of ensuring a person's privacy and dignity were maintained when providing care. One care worker explained they would ensure they provided care in a private room with the door and curtains closed as well as making sure the person's personal information was kept securely.
- People were supported to be as independent as possible. A relative commented, "The care workers helped my family member with their frame. They can now do the stairs and the steps outside so they will be able to take them out for a walk along the river."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People's care was personalised, met their needs and identified how they wanted their care provided. The care plans included information on how the person wanted their care provided, their personal history and any specific information related to their care.
- Care workers completed records of the care provided during each visit which included a description of the care provided as well as how the person was and their experience of the support they received.
- Relatives confirmed the care workers provided the support the person required. One relative said, "Care workers asked questions about our family member's care needs were as well as asking us what we were looking for from the care being provided."
- Care workers confirmed they read people's care plans at the start of each visit with one care worker telling us, "I read the support plan before starting any visit to see if there has been any incidents or important report from previous staff."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were identified and met. People's care plans identified any impairments such as hearing or sight issues which could impact their ability to communicate and care workers were provided with guidance on how to provide support.
- The manager explained documents could be provided in a suitable format to meet the person's communication needs including in large print or in a different language.
- Relatives confirmed the information in relation to the care provided was clear and easy to read.

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

- People were supported to maintain relationships as the care plans identified who and what was important to them. This included details of their relatives and friends who were involved in their life, their hobbies, religious preferences and interests.
- At the time of the inspection people were not being supported by care workers to access activities outside their home.

Improving care quality in response to complaints or concerns

- The provider had a system in place to respond to complaints. At the time of the inspection they had not received any complaints, but they had developed a procedure to investigate complaints. The manager demonstrated they understood the importance of responding to complaints in a timely manner.
- The service user guide given to people when they started receiving support included information on the complaints procedure and how to raise concerns. Relatives we spoke with confirmed they knew how to raise any concerns, but they had not had a reason to do this.

End of life care and support

- At the time of the inspection the provider was not providing anyone support with end of life care. A question on people's end of life care wishes was included as part of the initial needs assessment. The manager explained they were reviewing how to include this information in the care plan.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 manager had a good understanding of the responsibilities and legal requirements of their role.
- At the time of the inspection there was no registered manager for this location. The provider, who was acting as the manager for the service, explained they had recently successfully completed a level five diploma in health and social care, and they were in the process of applying to become the registered manager for the service.
- The manager demonstrated a good understanding of the duty of candour in relation to their responsibilities. The manager explained, "You should not be afraid to be open and honest if something is wrong and apologise when things go wrong and learn from it."
- The manager was supported through regular visits from a franchise manager who assisted with quality assurance and developing the service. The manager was also supported by a family member to run the service.
- The provider had a range of policies and procedures which were regularly updated to reflect any changes in legislation or good practice.

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 received care which was person centred. Relatives told us their family member was involved in making decisions about their day to day care. They were also involved in the development of their care plans. People felt respected by the care workers who were caring when they provided support.
- Relatives told us they were happy with the care provided with one relative telling us, "It comes from the management and what they perceive good care to be. The care workers are happy. They go above and beyond what a care company should do. For example, if they run out of something at my family member's home such as soap, they will go and buy it and let me know. They just help."
- The service user guide, which was given to people when their care started, included a charter of rights which identified that the person had the right to receive care which met their needs, to have their individual preferences and characteristics respected, the right to complain and information to be provided in a suitable format with any personal information kept securely.
- The manager told us they had sent a survey to people but had a low response rate so they were working on how to increase the feedback they received. There was regular contact with people receiving support to

check they were happy with their care and relatives told us they felt confident to contact the office if they had any questions or concerns.

- Care workers told us they felt supported by the manager. One care worker said, "I do feel I know what I am doing most of the time but if any issues arise I report to the manager and get proper support. I do feel the organisation is fair and open, all issues are dealt with fairly. The manager is doing her utmost best to ensure both clients and staff are looked after and supported well." The manager told us they were in regular contact with care workers through telephone calls and emails and had a team meeting every quarter.
- People's cultural background and preferences were identified in their care plan. The manager told us they were trying to identify how to recruit care workers from a range of different cultural backgrounds so as the number of people they were supporting increased they had a wider pool of care workers they could match with people's specific preferences.

Continuous learning and improving care

- The provider had effective systems in place to monitor and improve the quality of the service and how it was managed. The audits including the MAR charts were checked each month, daily records of the care provided were monitored to ensure they reflected the person's support needs and any recruitment activity was monitored to ensure it followed the provider's procedure and all the required documents were in place.
- The manager explained they had a quarterly analysis system to be used to review complaints, and incidents and accidents when any were reported.
- The electronic call monitoring system had been set up so that it would not allow any visits for the schedule without the appropriate travel time. The manager told us they monitored the system to check if visits were not carried out at the agreed time or if they were not for the agreed length of time. This meant the manager could identify any issues and act to resolve them.

Working in partnership with others

- The provider worked closely with the local authority and healthcare providers including district nurses, GP and occupational therapist services.