

Bestsolutionshealthcare Ltd

Best Solutions Health Care Ltd

Inspection report

Suite F6 Headway Business Park
Denby Dale Road
Wakefield
WF2 7AZ

Tel: 03330508119

Website: www.bestsolutionshealthcare.co.uk

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Inadequate 

Is the service caring?

Requires Improvement 

Is the service responsive?

Inadequate 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Best Solutions Health Care Ltd is a domiciliary care agency and provides personal care and support to people who require assistance in their own home. At the time of our inspection there were 3 people being supported by the service.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

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

Systems in place did not safeguard people from the risk of abuse. Risks to people were not adequately assessed to keep them safe. Medicines were not safely managed. Medication administration charts were not audited, and action was not taken to address errors promptly. Policies and procedures were in place to guide staff around infection prevention. Staff did not always wear appropriate PPE to reduce the risk of the spread of infection. Incidents and accidents were not monitored to ensure action was taken to keep people safe.

People's needs and choices were not recorded to give staff appropriate guidance to care for them. Staff did not always receive sufficient training to help them carry out their roles. Multiple training topics were covered in one day, meaning staff were not provided with enough time to develop their learning.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Complaints were not appropriately addressed. Records did not reflect complaints the service had received or what action had been taken as a result.

The registered manager did not have an adequate understanding of their role or the regulatory requirements. There was a lack of service oversight and the registered manager did not ensure that there were effective governance systems in place, with no audits and quality control. Policies and procedures did not provide staff with clear guidance and had not been reviewed to ensure they were up to date.

People told us that staff were kind and caring towards them, but staff did not promote their privacy and dignity. Staff told us they were supported but there were no records to show they had received an induction, supervision or that their practice had been checked. Staff told us they felt the registered manager was approachable and they felt supported in their roles.

Staff were recruited safely, and people told us staff were kind and caring. Staff were recruited safely. Where people required support with eating and drinking, people told us staff supported well in this area.

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 07 December 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service. We carried out an inspection to give the provider a 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 and will take further action if needed.

We have identified breaches in relation to safe care and treatment, staffing, person centred care, good governance, safeguarding people from abuse, and consent at this inspection.

Please see the action we have told the provider to take at the end of this report. 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 work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

This inspection started as an 'inspection using remote technology'. This means we used technology such as electronic file sharing to gather information, and phone calls to engage with people using the service as part

of this performance review and assessment. However, the registered manager did not provide all of the documents requested during the inspection; therefore, we also visited the location's office to gather this information, but we were told the office had moved location.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Inadequate ●

The service was not effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Inadequate ●

The service was not responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

Best Solutions Health Care Ltd

Detailed findings

Background to this inspection

The inspection

We initially carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not intend to visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Due to the registered manager not sending the required documents we attempted to carry out a site visit. However, entry to the registered location was not possible as the registered manager told us they had moved the office location. We sent an email to the registered manager after the inspection to inform them of their duty to apply to us to change the office location, which they later did. They also confirmed that they had sent all of information they had electronically.

We therefore 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 remote inspection was carried out by 1 inspector. The on-site inspection visit was carried out by 3 inspectors.

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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We sought feedback from the local authority who work with the service. The provider was asked to complete a Provider Information Return (PIR) prior to this inspection. The provider did not complete the required Provider Information Return (PIR). This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We used technology such as telephone calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation. We visited the locations office to review documentation but were unable to gain entry as the registered manager, who is also the nominated individual, told us they had moved the registered office. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Inspection activity started on 14 November 2022 and ended on 18 November 2022. We spoke with 5 staff, including the registered manager, 1 person who used the service and 2 relatives. We reviewed the care records of 2 people and 3 staff files. We reviewed a variety of records relating to the management of the service, including policies and procedures.

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 inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management. Learning lessons when things go wrong

- People's individual risks had not been assessed and risk management plans were not in place to keep people safe. Systems were not in place to monitor or review accidents and incidents, meaning risks to people were not mitigated.
- People's records contained little or no information about how staff should keep them safe. One person needed to be moved with a hoist, however there was no information on how this should be done to ensure the person was moved safely. Where people were at risk of pressure damage to their skin, information was not available to staff on the signs of deterioration they should look out for and what action should be taken.
- Where staff were required to support people with catheter care, there was no guidance available on how to support them. For example, there were no care plans or risk assessments in place and there was no guidance on how to recognise complications associated with catheters.
- The registered manager told us there had been no reported accidents and incidents since the service opened. We found that records were not audited so there was no assurance that the provider had oversight of accidents and incidents.

The provider had not ensured that care and treatment was provided in a safe way. They did not ensure all risks to people were consistently assessed, recorded and managed. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Medicines were not managed safely.
- People were not given their medication as prescribed. We identified 1 person's medicines administration record had been signed to show a strong pain medicine had been administered every 5 days when the prescribed frequency was every 7th day. We asked the provider to take immediate action.
- When people had medicine prescribed to take 'as required' (PRN), staff did not have any PRN protocols to follow or further information on what the medicine was and reasons for it, how and when to administer, and any side effects to observe.
- There were no records for staff to follow to guide them how to safely administer medicines to people. One person told us that staff left out medicines for them to take themselves. The person was not assessed as being safe to self-administer medicines.
- Audits were not in place to check if medicines were being administered as prescribed.

The provider failed to ensure the proper and safe management of medicines. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- Whilst we were assured that the provider's infection prevention and control policy was up to date, we were not assured it was being followed.
- Staff did not always wear appropriate personal protective equipment (PPE) to reduce the risk of the spread of infection. One person said, "They [staff] wear a uniform but have only just started wearing the uniforms. They [staff] don't always wear mask, some [staff] do and some [staff] don't."
- The provider failed to provide evidence to show that all staff had received training in infection control. We asked to see training certificates for 3 staff who we were told were trained in infection control. One staff member's certificate was not provided as proof of training, and another certificate showed the training had been completed during the inspection, despite the provider telling us all staff were all trained.

The provider failed to ensure the proper and safe infection prevention and control measures were in place. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- Systems in place did not effectively safeguard people from the risk of abuse.
- We made a safeguarding referral regarding a concern for a person's safety during the inspection. The provider told us they were aware of the issue and thought it was only a staff error. By failing to inform the relevant authorities of these allegations of abuse, this placed people at risk of ongoing harm or abuse.
- Systems were not in place to enable the provider to monitor safeguarding concerns and take appropriate action to mitigate risks to people. The provider told us there had been no safeguarding concerns when we asked to see records.

The provider's systems and processes to protect people from abuse and improper treatment were not operated effectively and consistently. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Staff were recruited safely, and people were provided with sufficient numbers of staff to meet their needs.
- Pre-employment checks on people's suitability to work in a care setting were carried out. Disclosure and Barring Service (DBS) checks were undertaken before staff were deployed. The information helps employers make safer recruitment decisions and protect people from the risk of being supported by unsuitable staff.

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 inadequate. This meant there were widespread and significant shortfalls in people's care, support and outcomes.

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.

- The service was not working within the principles of the MCA.
- The provider was not working in line with their own policies and procedures. No assessments of capacity were undertaken for people. This meant consent to care and treatment was not sought.
- The provider told us that everyone had consented to their care and no one lacked capacity. When we looked at records consent to care and treatment had not been sought and people told us they had not been formally asked for consent. This raised concerns regarding the registered manager's understanding of their responsibilities under the MCA.
- We asked staff about their understanding of the MCA and they did not have appropriate knowledge and understanding around capacity and consent and there was no evidence they had received training.

The provider had failed to ensure that the principles of the Mental Capacity Act 2005 had been complied with. This is a breach of Regulation 11 (need for consent), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- After our inspection, the registered manager said they would ensure all staff received training MCA within 48 hours.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet

- The provider did not complete comprehensive assessments to ensure people had their individual care needs recorded and to ensure they were met.
- The provider had failed to develop any care plans of their own and used the local council assessments. The local council assessments contained brief information and did not guide staff to support people in line with their needs and wishes.
- One person required daily exercises as advised by a healthcare professional. There was no record to show whose responsibility it was to ensure the exercises were completed. There were no records to evidence they were taking place.
- There were no person-centred records about people's dietary needs and wishes, to support staff to meet their needs. We found one person had received dietician input and needed to have fortified drinks, but we found records were not consistently completed to show the person was receiving fortified drinks.

The provider had failed to ensure people's needs and choices were assessed to effectively provide care and support to people. This was a breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2008/ (Regulated Activities) Regulations 2014

- People told us staff were good at supporting them with their meals. One person said, "They [staff] do this ok, I don't want much just easy to prepare stuff."

Staff support: induction, training, skills and experience

- Staff were not always sufficiently competent or skilled to carry out their roles.
- Staff were not trained in all topics required to safely meet people's individual needs. It was not evident that staff had received hoist, catheter care or diabetes training.
- Staff were not given appropriate time to carry out training. One staff training record showed they had completed 9 training modules all in 1 day.
- Staff told us they were supported by the deputy manager. However, there were no records to show staff had received formal supervision and appraisal of their work.

The provider had failed to ensure that staff were suitably competent, skilled and experienced to support people effectively. This was a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

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

- People were not supported to be involved in decisions about their care. Care records did not contain any detail about people's cultural or religious needs.
- People and their relatives told us that they had not received regular reviews to discuss their care and express their views.
- People and their relatives told us they did not have a care plan. A relative told us, "There has been no care plan. The council organised it and said someone was coming and the carers just came." Another relative said, "We have had no input into a care plan."

Respecting and promoting people's privacy, dignity and independence

- Relatives all told us staff did not always respect their loved one's privacy and dignity. One relative said, "They [staff] don't close the door when helping with private matters."

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

- People told us staff treated them with respect, kindness and treated them well.
- We received positive feedback from people about staff being kind and caring. One relative told us, "[Staff member] is very thoughtful, things just get done. [My relative's] feet were getting too hot in the summer so [staff member] took [my relative's] slippers off but put a towel down so my relative's feet wouldn't get too cold." Another relative said, "They [staff] are helpful."

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 inadequate. This meant services were not planned or delivered in ways that met people's needs.

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

- People did not have care plans in place, to direct staff on how to support them with their individual needs.
- There was little or no background information about people or their choices, likes and dislikes. Pre assessments were not always carried out to ensure people received individualised support. People and relatives confirmed they had not been consulted with by anyone from Best Solutions Health Care Limited or seen a care plan.
- The registered manager was asked to produce documents in relation to people's care and sent us the local authority care plans. These care plans did not contain enough information and we found no evidence during the inspection that staff had been provided with up to date information about people's needs. This meant staff lacked guidance on how to meet people's needs effectively.

The provider had failed to ensure people were provided with individualised care and choice. This 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 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 carer's, 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 had not been assessed by the provider to give assurance people's specific communication needs were known.

Improving care quality in response to complaints or concerns

- The provider did not have robust systems in place to manage complaints effectively.
- Complaints were not recorded. Relatives told us during our inspection that they had raised some low-level concerns and complaints. These were not recorded in the service's complaints logs. This meant we could not be assured that complaints were recorded, investigated and actions arising from complaints were implemented.
- Information on how to raise a complaint was not always available. One person told us they would not know who to raise a complaint to and it was only in the last week any information had been provided on how to raise a complaint.

End of life care and support

- The provider was not supporting anyone with end of life care. The registered manager told us they were able to train staff in this area should they need to.

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 inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider did not provide any evidence there were systems in place to ensure the service was well led. This meant people were at risk of avoidable harm. We found a safeguarding concern which we reported to the local authority safeguarding team, which the registered manager had failed to recognise.
- The registered manager did not have an adequate understanding of their role, or regulatory requirements and lacked oversight of the service.
- Auditing systems were not in place to ensure issues were identified and addressed.
- The lack of systems to monitor the quality of the service and provide effective managerial oversight did not allow for lessons to be learnt, or actions to be taken to drive improvements.
 - Systems to assess and monitor the quality of the service were not established or operated effectively to ensure risks to people were mitigated. These included; a lack of person-centred care plans, risk assessments, MCA, recruitment and staff training and supervision.
- We received mixed feedback from people and relatives about the management of the service. One relative said, "I don't know who the registered manager is, I thought it was [staff member's name]."

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. Working in partnership with others

- The registered manager did not always demonstrate transparency with the inspection team. For example, they told us that staff had received training relevant to their role but, when we asked for evidence, the training certificates showed the training had been completed that same day.
- Records did not provide detail of working in partnership with health professionals to ensure people's health needs were being met.
- We asked the registered manager to send us documents throughout the inspection. These were not provided in a timely manner, which resulted in us attempting to conduct an on-site inspection. We arrived at the registered office to be told the office was no longer registered there and the office had moved location.
- The registered manager lacked awareness of their statutory responsibilities in relation to safeguarding and statutory notifications to inform CQC of certain changes, such as applying to relocate the registered office.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Continuous learning and improving care

- Quality assurance systems were not provided to show how safety and quality checks were carried out. Feedback was not gathered from people and staff but during the inspection the provider started to request feedback from people.

The provider failed to ensure there were adequate systems to assess, monitor and improve the quality and safety of services provided, including risks to the health, safety and welfare of people and others. The provider failed to maintain securely an accurate, complete and contemporaneous record in respect of each service user. The provider failed to maintain records in relation to persons employed in the carrying on of the regulated activity, and the management of the regulated activity. This is a breach of Regulation 17 (governance), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us the deputy manager was approachable and fair. One staff member said, "The manager is approachable to all staff "and another said, "They [the deputy manager] gives me advice and guidance."
- Despite our findings, people and their relatives spoke positively about the management of the service. Comments included, "I think it seems to be well managed with [staff name] who I know as the [deputy]manager. I have never heard of [registered manager's name]."

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	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had failed to ensure people's needs and choices were assessed to effectively provide care and support to people.
Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had failed to ensure that the principles of the Mental Capacity Act 2005 had been complied with.
Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider's systems and processes to protect people from abuse and improper treatment were not operated effectively and consistently.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure that staff were suitably competent, skilled and experienced to support people effectively.

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 provider had not ensured that care and treatment was provided in a safe way. They did not ensure all risks to people were consistently assessed, recorded and managed. The provider failed to ensure the proper and safe infection prevention and control measures were in place. The provider failed to ensure the proper and safe management of medicines.</p>

The enforcement action we took:

We served a warning notice.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to ensure there were adequate systems to assess, monitor and improve the quality and safety of services provided, including risks to the health, safety and welfare of people and others. The provider failed to maintain securely an accurate, complete and contemporaneous record in respect of each service user. The provider failed to maintain records in relation to the management of the regulated activity.</p>

The enforcement action we took:

We served a warning notice