

Bestvalue Home Care Services UK Ltd

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## Inspection report

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Date of inspection visit:  
02 May 2017  
05 May 2017

Date of publication:  
12 June 2017

## 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

This inspection took place on the 02 and 05 May 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. Best Value Care Limited is a domiciliary care service that provides care and support for people living in the London Borough of Greenwich and the surrounding areas. At the time of this inspection 90 people were using the service.

At our last inspection of the service on the 23 and 24 March 2016 we found a breach of legal requirements because the provider had not always obtained appropriate employment references for staff during the recruitment process. At this inspection we found that the provider had obtained appropriate employment references before staff started working at the service.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

There were appropriate safeguarding adults procedures in place and staff had a clear understanding of these procedures. There was a whistle-blowing procedure available and staff said they would use it if they needed to. There were procedures in place to support people where risks to their health and welfare had been identified. People's medicines were managed appropriately and people received their medicines as prescribed by healthcare professionals. People could access health care professionals when they needed them.

Staff had completed an induction when they started work and they had received training relevant to the needs of people using the service. They were supported in their roles through regular supervision and an annual appraisal. The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and acted according to this legislation. Staff were aware of the importance of seeking consent from people when offering them support. Where people required support with cooking meals this was recorded in their care plans.

People and their relatives, where appropriate, were supported in making decisions about their care and support needs. Care plans were in place that provided information for staff on how to support people to meet their needs. People told us staff were kind and caring and their privacy and dignity was respected. There was a matching process in place that ensured people were supported by staff that had the experience and skills to meet their needs. People were aware of the complaints procedure and said they were confident their complaints would be acted upon. People using the service and their relatives were provided with appropriate information about the service.

The provider recognised the importance of monitoring the quality of the service provided to people. They

took into account the views of people using the service through satisfaction surveys and telephone monitoring calls. They carried out unannounced spot checks to make sure people were being supported in line with their care plans. Staff said they enjoyed working at the service and they received good support from the registered manager and office staff. There was an out of hours on call system in operation that ensured management support and advice was always available for staff when they needed it.

## 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 

Appropriate recruitment checks took place before staff started work.

There were safeguarding adult's procedures in place and staff had a clear understanding of these procedures.

There were procedures in place to support people where risks to their health and welfare had been identified.

People's medicines were managed appropriately and people received their medicines as prescribed by healthcare professionals.

### Is the service effective?

Good 

The service was effective.

Staff had completed an induction when they started work and they had received training relevant to the needs of people using the service. They were supported in their roles through regular supervision and an annual appraisal.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and acted according to this legislation.

People's care files included assessments relating to their dietary support needs.

People had access to health care professionals when they needed them.

### Is the service caring?

Good 

The service was caring.

People's privacy and dignity was respected.

People and their relatives, where appropriate, were supported in making decisions about their care and support needs.

People were provided with appropriate information about the service. This ensured they were aware of the standard of care they should expect.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People's needs were assessed and care records included detailed information and guidance for staff about how their needs should be met.

There was a matching process in place that ensured people were supported by staff that had the experience and skills to meet their needs.

People using the service and relatives said they knew about the complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

### **Is the service well-led?**

**Good** ●

The service was well-led.

There was a registered manager in post.

The provider recognised the importance of monitoring the quality of the service provided to people. They took into account the views of people using the service through satisfaction surveys and telephone monitoring calls.

The provider carried out unannounced spot checks to make sure people were being supported in line with their care plans.

Staff said they enjoyed working at the service and they received good support from the registered manager and office staff.

There was an out of hours on call system in operation that ensured management support and advice was always available for staff when they needed it.

# Bestvalue Home Care Services UK Limited

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 02 and 05 May 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. Before the inspection we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We also contacted the local authority that commissions services from the provider to gain their views about the service. We used this information to help inform our inspection planning.

The inspection team comprised of one inspector. We looked at the care records of sixteen people who used the service, staff training and recruitment records and records relating to the management of the service. We spoke with the registered provider, the registered manager, the deputy manager and seven care staff. We visited and spoke with four people using the service or their relatives at their homes. We also spoke with three people using the service and six relatives on the telephone to gain their views about the service they received.

## Is the service safe?

### Our findings

At our inspection on 23 March 2016 we found that the provider had not always obtained appropriate employment references for staff before they started working at the service. This was of breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

At this inspection we found that appropriate recruitment checks took place before staff started work. We looked at the personnel files of five recently employed members of staff. We saw completed application forms that included references to staff's previous health and social care work experience, their qualifications, health declarations and employment history. The registered manager told us that any breaks in employment were discussed with staff during the recruitment process. Each file included two employment references, proof of identification and evidence that criminal record checks had been carried out. The registered manager told us they worked with the United Kingdom Border Agency to ensure that right to work and identity documents obtained from staff during the recruitment process were valid.

The service had a policy for safeguarding adults from abuse. The registered manager was the safeguarding lead for the service. Staff demonstrated a clear understanding of the types of abuse that could occur. They told us the signs they would look for, what they would do if they thought someone was at risk of abuse, and who they would report any safeguarding concerns to. One member of staff told us, "I would report any safeguarding concerns to the registered manager, if I thought no action had been taken I would tell the CQC, social services and the police." The registered manager said the staff team had received training on safeguarding adults from abuse and training records we saw confirmed this. All of the staff we spoke with told us they were aware of the provider's whistle-blowing procedure and they would use it if they needed to.

At the time of this inspection there was a safeguarding concern being investigated by the local authority. An officer from the local authority that commissions services from the provider told us the provider had been cooperative in any necessary investigations. We cannot report on the outcome of this investigation as it has not been concluded. We will continue to monitor the outcome of the investigation and the actions taken by the provider to keep people safe.

People using the service, the registered manager and staff told us there was always enough staff on duty to meet people's needs. One person said, "The staff always come on time, I rarely have a late call." Another person told us, "The staff I have are always punctual. There is never an issue with staff not coming when they are supposed to." Two members of staff told us they lived in the same area as the people they supported. One said, "The people I support are close by, mostly within walking distance. The transport system is good so I have plenty of time between visits to get to people." Another member of staff said, "I do a lot of calls each day but I'm not rushed. I think my timekeeping is very good. I'm never late for a call. If I can't make it to a call I will call the office and they will arrange for someone else to attend." The registered manager showed us a rota and told us that staffing levels were arranged according to the needs of people using the service. If extra support was needed to support people to attend health care appointments, additional staff cover was arranged.

Action was taken to assess any risks to people using the service. We saw that people's care files, both in their homes and at the office, included risk assessments for example on, moving and handling and catheter care. Risk assessments included information for staff about action to be taken to minimise the chance of risks occurring. We also saw risk assessments had been carried out in people's homes relating to health and safety and the home environment.

People could access support in an emergency. One person told us, "When I have called the office out of hours someone has always picked up the phone. I also wear a lifeline pendant, which alerts emergency services when I press it." Another person told us, "I have a telephone number in case I need to call the service."

People were supported, where required, to take their medicines as prescribed by health care professionals. The registered manager told us that most people using the service looked after their own medicines or they were supported by family members to take their medicines. However some people needed to be prompted and some people required support from staff to take their medicines. Where people took their own medicines or required prompting or support to take their medicines we saw that this was recorded in their care plans. One person using the service told us, "The staff need to help me with my medicines because I can't do it for myself. They record what I take on a chart every day." We saw medicine administration records (MAR) in people's homes that included the medicines they had been prescribed by health care professionals. These had been signed by staff confirming that people had taken their medicines.

All of the staff we spoke with said they had received training on administering medicines and training records confirmed this. The registered manager and staff told us they only administered medicines from dosette boxes supplied by pharmacists. The deputy manager told us they had observed staff's competence in administering medicines during spot checks at people's homes to ensure staff had the necessary skills to safely administer medicines; however this had not been formally recorded. They showed us a new medicines competency check form and told us they planned to use them to formally record staff's competence in administration of medicines. We will check on staff's medicines competency checks at our next inspection of the service.



## Is the service effective?

### Our findings

People and their relatives told us staff understood their care and support needs. One person using the service told us, "I have had the same carer for a long time so they know what I need. Whenever I have other carers they are very good too." A relative said, "I think the staff are well trained, they know what they are doing."

Staff had the knowledge and skills required to meet the needs of people who used the service. Staff told us they completed an induction when they started work and initial shadowing visits with experienced members of staff had helped them to understand people's needs. One member of staff said, "The induction helped me to gain confidence to do my job. Shadowing experienced staff helped me to understand the needs of the people I was supporting." The registered manager told us that all new staff would be required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers. We saw records confirming that all staff had completed an induction programme when they started work and training that the provider considered mandatory. Mandatory training included safeguarding adults, safe handling of medicines, moving and handling food hygiene, health and safety, first aid, infection control and the Mental Capacity Act 2005 (MCA). Twelve members of staff had attained nationally recognised qualifications in care and the remaining eighteen members of staff were in the process of obtaining the qualification.

Staff told us they received regular supervision and had an appraisal of their work performance. One member of staff told us, "I get supervised by the registered manager every three months and I have an appraisal every year." Another member of staff said, "I receive supervision and an annual appraisal and I'm up to date with all of my training. I'm confident that I have the right skills to do my job." We saw records confirming that staff were receiving regular supervision and, where appropriate, an annual appraisal of their work performance.

Staff were aware of the importance of seeking consent from people when offering them support. A member of staff told us, "I would never force anyone to do anything they didn't want to do. If they didn't want to do something that meant they didn't get the care in the care plan I would let my manager know right away as the care plan might need to be changed." Another member of staff said, "I always ask people if it is okay for me to do things for them before I do it. Gaining their consent is very important. I wouldn't do anything if they didn't want it."

There were arrangements in place to comply with the Mental Capacity Act 2005 (MCA). 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. This provides protection for people who do not have capacity to make decisions for themselves.

We checked whether the service was working within the principles of the MCA. The registered manager told us that all of the people using the service had capacity to make decisions about their own care and

treatment. However if they had any concerns regarding a person's ability to make a decision they would work with the person and their relatives, if appropriate, and any relevant health and social care professionals to ensure appropriate capacity assessments were undertaken. They said if someone did not have the capacity to make decisions about their care, their family members and health and social care professionals would be involved in making decisions on their behalf and in their 'best interests' in line with the Mental Capacity Act 2005.

People had access to sufficient amounts of food and drink to meet their needs. Where people required support with cooking meals this was recorded in their care plans. One person using the service told us, "I get my meals delivered and the staff heat them up. The meals are very tasty." Another person told us, "My lunch time meals are delivered but staff cook evening meals for me. I can have whatever I want. I have to say my carer is a wonderful cook." A member of staff told us, "I usually only cook meals for people when it's recorded in their care plan. If someone asked me to make them a snack I would do so."

People had access to health care professionals when they needed them. Staff monitored people's health and wellbeing, when there were concerns people were referred to appropriate healthcare professionals. One person using the service told us, "If I wasn't well I'm certain the carers would get the doctor for me." A member of staff told us, "If someone was unwell I would contact their GP or call for an ambulance if it was an emergency. I would let the registered manager know what I had done and record everything in the person's daily notes. If it was out of hours I would let the manager on call know what I had done."

## Is the service caring?

### Our findings

People using the service and their relatives said staff were caring and helpful. One person told us, "It's a great service. I have absolutely nothing to grumble about. The carers are kind and I get the feeling that they really do care about me." Another person commented, "I do not know what I would do without these carers. They are wonderfully caring and kind to me." A relative said, "The carers are very caring and always treat me and my loved one with respect. We have known them for a long time, they are like family and we trust them. I really don't know what I would do without them."

People and their relatives, where appropriate, were supported in making decisions about their care and support needs. One person told us, "The staff talked with me about my care needs when I started using the service. I have a care plan and the staff are always asking me if everything is alright and if I need anything done differently." Relatives also told us they had been consulted about their relatives care needs. One relative said, "I was fully involved in planning for my loved ones care and support needs. The deputy manager asked us lots of questions about the way our loved one liked things to be done for them such as what kinds of foods and activities they liked and also what things they didn't like. There's a care plan now with all of this in place and if it needs changing we talk about it with the deputy manager." Another relative told us, "I'm always consulted on planning my loved ones care. They do everything for them that they need. If anything changes I call the office and speak with the registered manager and we can change things if we need to."

People were treated with dignity and respect. One person said, "The staff make sure my privacy is respected. They treat me in a dignified way. I'm happy with how they look after me." The relatives of a person using the service told us, "The carers are very understanding and patient with our loved one. They take their time and they don't rush things." Staff told us they tried to maintain people's privacy, dignity and independence as much as possible by supporting them to manage as many aspects of their care that they could. One member of staff told us, "I make sure I follow the guidance in people's care plans on how they like to be supported. I make sure that doors are closed and curtains are drawn if I'm supporting people with washing and dressing. I take my time and explain what I am doing. Some people are quite independent and can do a lot for themselves so I do what they need me to help them with." Another member of staff said, "I always keep information about the people I support confidential and only speak with people who need to know about them such as the district nurse or GP or my manager."

People were provided with appropriate information about the service in the form of a 'service user's guide'. The registered manager told us this was given to people and their relatives when they started using the service. The guide included the complaints procedure, information about the services provided and ensured people were aware of the standard of care they should expect.

## Is the service responsive?

### Our findings

People and their relatives told us staff were responsive to their needs and they had care plans in place. One person told us, "I have been using the service a long time. As far as the staff are concerned, we know each other very well and they know how I like things to be done." Another person said, "I have a care plan and the staff follow what's in it. They ask me all the time if everything is okay and if I need anything different." The relatives of a person using the service told us, "The staff know what our loved ones needs are and they know how to look after them. They take the weight off our shoulders."

Assessments were undertaken to identify people's support needs before they started using the service. Initial assessments covered areas such as personal care, moving and handling, mobility, nutrition, communication and the support people required with medicines. Care plans were developed outlining how these needs were to be met and included information and guidance for staff about how each person should be supported. The care plans showed that people using the service and their relatives, where appropriate, had been consulted about their needs. We saw daily notes at people's homes where staff had recorded the care and support delivered to them. We also saw that care plans were reviewed regularly and kept up to date to make sure they met people's changing needs. A person using the service told us, "I have a care plan in place so the staff know what I need doing for me. I went into hospital and when I came out they went through the care plan again with me and changed it because my care needs were different." Staff we spoke with told us care plans are simple and easy to follow.

The registered manager and staff told us there were processes in place that ensured people were supported by staff that had the experience and skills to meet their needs. One member of staff told us, "The registered manager would not let staff work with anyone they couldn't support properly. For example I have many years' experience in supporting people in mental health services. I currently support some people with mental health problems." Where people using the service had a catheter in place the registered manager told us that staff had received training from a district nurse on catheter care. This training was confirmed by some of the staff we spoke with.

Staff understood people's needs with regards to their disabilities, race, culture and religion and supported them in a caring way. For example the registered manager told us that one person whose first language was not English was being supported by a member of staff that spoke the same language as them. They also told us that some people received support from staff to attend their places of worship. A member of staff told us, "I understand that in my job I will be working with people with a diverse range of needs. I would support anyone to do what is important to them. For example, I would have no problem attending a place of worship of someone's faith that is different to mine or supporting people to cultural events."

People using the service and their relatives were aware of the complaints procedure and said they were confident their complaints would be listened to, investigated and action taken if necessary. One person said, "I know how to make a complaint but I have never needed to. I would call the manager and speak to them and I know they would sort everything out." A relative told us, "The complaints procedure was in the information pack they gave us when we started using the service. But everything has been good and we

haven't had anything to complain about. I called the office a few times about little things and the manager has listened and sorted things out." The service had a complaints procedure in place. The registered manager showed us a complaints file. The file included a copy of the provider's complaints procedure and forms for recording and responding to complaints. They showed us records from complaints made to the service. We saw that these complaints had been fully investigated and responded to appropriately.

## Is the service well-led?

### Our findings

People using the service and their relatives spoke positively about the service. One person told us, "I have been using the service for years and everything seems to be in good working order. I really enjoy having the carers here. It's an excellent service with excellent staff, I think it is well run." Another person said, "The deputy manager comes to check that things are running well for me. I think it's a good service and I never have any problems." The relatives of a person using the service told us, "This is an amazing service; the staff are very, very good. We have used other agencies but this is the best one we have ever had." Another relative told us, "This is an excellent service. We are very pleased with it. The communication we have with the managers is very good. I can contact them at any time, day or night or at the weekend."

The service had a registered manager in post. The registered manager had run the service since November 2008. They were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. Our records showed that notifications were submitted to the CQC as required.

The provider recognised the importance of regularly monitoring the quality of the service provided to people. The deputy manager showed us a computer program that included a staff rostering system. The program reminded them when people's care plans and risk assessments needed to be reviewed, when staff required training, supervision and appraisals were required and when staffs passports or right to work documents required updating. We saw that people's care plans and risk assessments were kept under regular review and where people were supported to take their medicines we saw that medicines audits had been completed. Accidents and incidents and complaints were also recorded and monitored. The registered manager told us that these were discussed with staff individually and at team meetings and measures were put in place to reduce the likelihood of these happening again.

We saw records of unannounced spot checks carried out by the deputy manager on care staff to make sure they turned up on time, carried their identification cards and supported people in line with their care plans. The deputy manager told us they checked people's care records during spot checks and made sure all of the necessary documents including medication sheets were completed appropriately. They also asked people using the service and their relatives for their views about the support they were receiving from staff. They said they fed back any concerns they had to the registered manager and action was taken, for example further training, if necessary. A member of staff told us, "They don't tell us when they are coming to do the spot checks, but I always make sure I do things right and keep good records. It's always been okay when they have checked on me." A person using the service told us the deputy manager came to check that the staff were doing things right. They made sure the staff were using the hoist properly and they asked them if they were happy with the service.

The provider took into account the views of people using the service through, annual satisfaction surveys and telephone monitoring calls. The registered manager told us they used feedback from the surveys, telephone calls and spot checks to constantly evaluate and make improvements at the service. They showed us an analysis report and action plan from the last survey January 2017. Comments from people

included, "Excellent care worker, very comfortable with them, very professional and nice", "I'm well satisfied with my carer" and "My carer is confident, helpful and they do their job very well." One person said, "My carer sometimes runs late." An action plan recorded that the registered manager had telephoned people using the service where they had made less positive comments and action was taken to improve the service these people were receiving. For example we saw that items discussed at the staff meeting in February 2017, included time keeping as well as training, carrying identification cards and new people using the service. A member of staff spoke about the team meetings, "I think the team meetings are really helpful. We talk about the people we support and how we can make things even better for them. It's also good for experienced staff being able to help new staff to do things the right way." Another member of staff said, "At the meetings the manager will tell us how we can improve things. We talk about any incidents or complaints and how we can stop the same things happening again."

Staff said they enjoyed working at the service and they received good support from the registered manager and office staff. There was an out of hours on call system in operation that ensured management support and advice was always available for staff when they needed it. One member of staff said, "The registered manager and office staff are always there to help me when I need it. We have a good team and we all support each other. The registered manager makes sure we are up to date with our training." Another member of staff told us, "Since I have worked here I have had great support from the registered manager. This is a very good company to work for." A third member of staff commented, "We have a very good manager and a very good team at the office. They make sure we do things right."