Best At Home Domiciliary Care Services Ltd

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Inspection report

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Date of inspection visit:
21 April 2017

Date of publication:
10 May 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

Best At Home Domiciliary Care Services Limited was inspected on the 21 April 2017 and the visit was announced. This was the service's first inspection since registering with the Care Quality Commission in May 2016.

Best At Home provides personal care to people living in their own homes. They currently provide personal care to ten people. The provider generally takes referrals from the Clinical Commissioning Groups (CCG's) and offers personal care to people who are nearing the end of their life. The provider also accepts other groups of people who need personal care although this currently represents a small number of people.

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

Care workers knew how to keep people safe from harm and what action they should take if they considered anyone was at risk. Where the service had identified risks to people, they put measures in place to minimise them and help prevent re-occurrences. The provider undertook a number of checks prior to employing new staff to make sure only suitable staff were employed.

Care workers received training and support to make sure the care they provided was in line with best practice and met people's needs. They sought consent and knew how to maintain people's privacy before providing personal care.

People told us the registered manager was approachable and if they had any issues or concerns they would be able to raise them, and that they would be listened to and taken seriously. The registered manager undertook a range of checks and audits to continually monitor the quality of the service.
The provider worked carefully to ensure there was continuity of care with the same care workers visiting people. Support plans were reviewed regularly so they reflected people's changing needs.

The provider routinely monitored people's health, which included ensuring people were getting enough to eat and drink. People received their medicines safely.
The registered manager understood the people they worked with were nearing the end of their lives and needed particularly sensitive and compassionate care. They also understood the impact this work could have on care workers and therefore offered additional support to them. The registered manager was aware of their responsibilities to inform CQC of significant events.

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. The provider undertook a number of checks prior to employing any new staff to ensure as far as possible only suitable people were employed.

Care workers had an awareness of how to safeguard vulnerable adults. People received their medicines as prescribed to them.

The provider completed risk assessments and management plans to help ensure people's safety. Any accidents and incidents were recorded and analysed in order to help prevent reoccurrences.

Is the service effective?

Good

The service was effective. Care workers were trained and supported in their roles and responsibilities.

The registered manager had an understanding of the Mental Capacity Act (2005) and how it may impact on people who used the service. Care workers sought consent from people prior to providing care.

The provider worked with other professionals to make sure people's health needs were met.

Is the service caring?

Good

The service was caring. People told us care workers were kind and compassionate.

The provider worked to ensure people had the same care worker whenever possible. This meant people received care from workers who they were familiar with and who understood their needs.

Care workers were able to tell us how they maintained people's privacy and independence. The provider routinely offered end of life care to people.

Is the service responsive?

Good

The service was responsive. People received care that was specific to them and reflected their needs and wishes.

The provider undertook their own assessment of people's needs before providing care. They continually monitored and reviewed the support plan so it reflected people's changing needs.

People told us they were able to raise issues and concerns with care workers or the registered manager and felt they would be listened to.

Is the service well-led?

Good

The service was well-led. Care workers said the registered manager was approachable and they felt valued.

The provider had introduced a number of measures to monitor and assess the quality of the service provided.

The registered manager was aware of their responsibilities to notify CQC of any significant events that might affect the well-being of people. □

Best At Home Domiciliary Care Services Ltd

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 checked 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 21 April 2017 and was announced. We gave the provider 48 hours' notice because we needed to be sure senior staff would be available. With some agencies senior staff are sometimes out of the office supporting care workers or visiting people who use the service and that is why we give them notice. The inspection was carried out by an inspector.

Before the inspection we reviewed information about the service such as notifications they are required to submit to CQC. Notifications outline any significant events or changes that occur within the service.

During the inspection we went to the provider's office and spoke with the registered manager. We looked at the care records of three people who used the service, and reviewed the recruitment and training records of three care workers. We also looked at the records relating to the management of the service.

After the inspection visit we spoke over the telephone with a person who received a service from Best At Home, and a relative of another person. We also had contact with two care workers and two representatives from different Clinical Commissioning Groups (CCG's) who commissioned a service from the provider.

Good

Is the service safe?

Our findings

People told us they thought Best At Home provided a safe service. One person told us, "I feel safe and there are no problems at all."

There were measures in place to help make sure people were protected from harm. This included ensuring as far as possible only suitable people were employed to work for the agency. We saw for example, checks had included taking up two references and proof of identity and address. The provided had also ensured criminal records checks had been completed at the point of employment. We saw the checks had all been completed recently as the provider had just started operating within the last year.

Care workers we spoke with had received training to safeguard people at risk. They were aware of possible signs of abuse, what action they needed to take and who they were required to inform if they were concerned about someone's welfare. Care staff told us the registered manager was knowledgeable about safeguarding adults because of their previous experience. They went on to say the issue was discussed at team meetings and during one to one sessions with the registered manager and in this way it was continually refreshed.

People received their medicines as prescribed. Care workers received three stage training to administer medicines; firstly an online training course with a written assessment and secondly, face to face training before they were able to administer medicines. Finally care workers competence would be reviewed on an annual basis to ensure their continued suitability to administer medicines. The registered manager told us they only administered medicines that had been put into blister packs by the community pharmacist. We looked at a number of Medicine Administration Records (MAR) and saw they had been completed appropriately, except in one case where there was a single omission. The registered manager agreed to look into the matter and remind care workers about the importance of completing MAR sheets in all cases, even if people had refused to take their prescribed medicines.

The provider maintained an out of hour's emergency service for care workers and people who used the service. Senior staff maintained an on-call rota at weekends and between 5pm and 9am, for care workers who may need advice in an emergency and for people who used the service to make contact with the provider if necessary. Care workers told us they had confidence in the emergency telephone line as they knew senior staff would respond to their requests and queries immediately.

The provider had developed a number of risk assessments which had been completed where required. For example everyone who used the service had an environmental assessment, and there were specific assessments dependent upon people's needs, such as moving and handling and the use of specialist equipment. We saw these risk assessments were reviewed at least every three months so they were up to date and in line with people's rapidly changing needs and wishes.

The provider kept a record of any accidents and incidents so they could be monitored to help identify any patterns. We were given an example, where someone experienced a number of falls which prompted the

provider to make contact with the funding authority so the person could have their needs re-assessed.

Good

Is the service effective?

Our findings

People told us they considered care workers knowledgeable about their roles. One person told us, "Like the carers they know what they are doing." A relative told us about the two care workers that came to support his wife and said, "Some are more experienced than others but as long as one of the experienced ones come with someone who isn't so experienced, then it's fine."

Care workers received sufficient training to undertake their roles and responsibilities. The provider had identified a number of training courses which they considered mandatory for care workers, these included medicines administration, health and safety and food hygiene. Some of the training provided was general such as equality and diversity. However, with regard to moving and handling training the provider ensured care workers had training which was specific to the individual, so they could help to keep the person safe. This was sometimes provided by healthcare professionals.

There was evidence care workers had completed certificated training. Although we noted the provider did not maintain a training tracker which could have easily identified when training had been completed and when it needed to be refreshed. For example, we were unable to establish if and when one care worker had received safeguarding training. We discussed this with the registered manager who at a later date was able to clarify when the training had been completed. The registered manager told us they would introduce a training tracker in the near future, so they could identify when training needed to be refreshed, in this way they could ensure training was up to date.

Care workers said they received regular support to enable them to work effectively. A care worker said, "She [registered manager] wants me to get it right, so she is seeing me often at the moment and that's ok." We saw care workers had one to one meetings with their line manager every six weeks and more frequently if necessary. The registered manager explained she was from a nursing background and aware of how difficult it could be to care for people towards the end of their lives and so therefore ensured she was available to care workers at any time and worked alongside them to offer continuing support and advice.

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.

We checked the provider was working within the remit of the MCA. The registered manager was able to explain the principles of the MCA. Care workers told us they sought consent from people before providing care to them. There were also prompts written into people's care plans to remind care workers they needed to seek consent before providing care.

The provider was able to meet people's healthcare needs including their dietary requirements. We saw examples in people's care plans of healthcare professionals who had been contacted as the staff were

unsure about a particular aspect of someone's care. The healthcare professionals confirmed the contact and said the service "worked well with us and come back to us when they need to."

The care plans stated people's preferred choices for food and drink. Although it made it clear that people maintained control over what they wanted to eat and drink, particularly as they were nearing the end of lives. The registered manager told us they offered support to some people who were nil by mouth or could only swallow soft foods to keep people as comfortable as possible.

Good

Is the service caring?

Our findings

People were positive about the service. One person said of the care workers, "They are very good, gentle, kind and caring." Another said, "They [carers] couldn't be nicer."

The provider aimed to ensure people received care from the same workers as far as possible. Care workers covered one of three geographical areas and as many of the visits required two workers, the service was able to ensure at least one worker was known to the person. People told us they felt this helped them to build up a relationship with their care workers who in turn had a greater understanding of their needs.

People generally received a service when they expected to. One relative said, "[Staff] never let us down intentionally, they've been late because of other difficulties" but went on to say it would have been useful on those occasions to have received a telephone call to advise them of a later visit. The provider used a calls monitoring system which could be accessed via care workers' mobile telephones. Care workers logged onto the system when they first arrived and left a visit. In this way the provider could monitor when workers arrived on a call and ensured they stayed for the required amount of time.

Best At Home often provided care to people who had high needs and were dependent on others for their needs to be met, which included not being able to get out of bed. Nonetheless, the provider worked to maintain people's independence as far as possible, and people were encouraged to do what they could for themselves however small, for example wiping their own mouth after a meal. We saw initially people or their representatives signed a document to show they had been involved in making decisions about their care. However, we noted once care plans had been written and reviewed there was no space for a signature or any way of indicating that people agreed with the content of the care plan. The registered manager agreed to add a space on the care plans for the person or their representative to sign.

People's care was provided so they had privacy and dignity whilst it was delivered. Care workers we spoke with were able to tell us how they achieved this. For example, they told us about closing doors and curtains, and when helping people use the toilet to be nearby and within hearing distance so the person could call them when necessary. Care workers were also aware of confidentiality and when and how it should be maintained, and the circumstances in which it could not be.

As much of the care provided by Best At Home was end of life care, the provider offered specialist training and support for care workers so they could achieve the best outcomes for people. We saw there were individualised care plans in place which had been written with people or their families if appropriate. Additionally there was written information in the care plan which gave care workers practical advice about the possible behaviours and signs of people nearing the end of their life and measures they needed to take immediately. There were also 'Allow to Die Naturally' and 'Do Not Attempt Resuscitation' forms appropriately completed giving information to care workers and other healthcare professionals about people's wishes.

Good

Is the service responsive?

Our findings

People received personalised care to meet their personal care needs. Best At Home gathered information from a variety of sources before providing care to people. They completed their own initial needs' assessment which was often undertaken within hospitals prior to the person's discharge. The registered manager told us they had to respond quickly and sometimes were completing their assessment within hours so the person could be discharged home.

From the initial assessment visit, support plans were written which gave guidance to care workers about how care should be provided. These support plans were specific to the person and gave some personalised information such as 'prefers to eat porridge in the mornings', but there was little detail. When we spoke with care workers and the registered manager they were able to give us a lot of detailed information about people's preferences, and people we spoke with said the care workers knew them well. This reassured us that care workers were knowledgeable about people's likes and dislikes and people received care that met their needs. We discussed this with the registered manager who told us in the future they would include additional personalised information in the support plans so it could be easily shared with care workers.

We saw support plans were reviewed regularly so they were up to date. The plans were reviewed at least every three months or, as and when it was necessary. This was because people receiving end of life care had rapidly changing needs and often had input from various healthcare professionals who often suggested changes to the way care was provided. In this way there was a clear understanding of what care could be expected and what the care worker was required to do.

People were encouraged to make choices for themselves. We saw examples within the support plans which prompted care workers to ensure people could make choices for themselves. For example, reminding care workers a person had the capacity to state what they wanted in their lunchtime sandwich, even though it may take them some time to say so. The registered manager also said they would try to accommodate requests for gender specific care workers or a person feeling they no longer wanted a care worker because of personality differences.

People knew how to raise a concern or make a complaint. People we spoke with said they did not have any complaints to make about the service, but if they did they would speak with the registered manager. People told us they received information from the service which included details of how to make a complaint. We saw the provider had a complaints policy and maintained a log of the complaints and compliments they received. From the complaints received, we saw the provider had acted in a timely manner to deal with the complaints and had clearly outlined what action they had taken and responded to the complainant.

Good

Is the service well-led?

Our findings

Care workers said the registered manager was open and inclusive. A care worker who was new to social care said, "I'm enjoying my new career because of the help I get from the manager, you can ask her anything." Care workers told us they considered themselves as part of a team working to provide good quality care to people. The team working was embedded by monthly team meetings held separately for each of the three London boroughs the service worked in. In this way, care workers had the opportunity to raise specific issues or any difficulties they had encountered and receive advice and support from their peers and managers.

Additionally at the meetings, care workers were encouraged to discuss any planned leave they wished to take and how this may impact on people they worked with. In this way the provider was ensuring continuity of service as far as they were able to.

The registered manager had clear objectives for the direction of the service with an emphasis on good quality care. This was confirmed by professionals we spoke with who told us the provider had not taken on new packages of care, as they felt care workers would be too stretched in a geographical area to effectively meet people's needs. This approach was welcomed by professionals as they highlighted how important it was to get a service right for people and their families during a difficult time.

The registered manager was knowledgeable about their responsibilities with regard to registration requirements which included notifying CQC of significant events which impacted upon people who used the service or affected the running of the service. The registered manager was also aware of other protocols which they had to adhere to in order to protect people from harm.

The provider used a range of audits and checks to monitor the quality of the service provided to people. For example, we saw there were spot checks on care workers which considered if workers were arriving at the allotted time, whether they were wearing the appropriate uniform and identity badges and whether they were carrying out tasks in a kind and safe way. Additionally, there was an after-care spot check which ensured care workers had left people with drinks and something to eat readily available to them if they were required to do so and that daily logs had been completed.

The registered manager told us as the agency was relatively small, she was actively involved in providing direct care to people in their homes and as such had regular oversight of much of the work undertaken by care workers and could ensure information was regularly reviewed and updated.

We saw the provider had developed questionnaires for people's family, staff and interested professionals. The provider had not yet sent out the questionnaires as they had only been operating less than a year but planned to do so in the next few months. Therefore the provider was giving people a range of ways to comment on the service provided.