

Best At Home Domiciliary Care Services Ltd

Best At Home (1)

Southerton House

Inspection report

Southerton House
Boundary Business Court 92-94, Church Road
Mitcham
CR4 3TD

Tel: 07715656210
Website: www.bestathomecareservices.com

Date of inspection visit:
14 April 2022

Date of publication:
27 May 2022

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Best At Home Domiciliary Care Services Ltd is a domiciliary care agency providing personal care to people living in their own houses and flats in the community. The service provides support to adults over 65 years and people with dementia. At the time of our inspection there were 83 people using the service.

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

People did not always receive support from sufficient numbers of staff to keep them safe. Staff did not always stay the full duration of the visit.

We made a recommendation in relation to the registered manager's record keeping and management.

People's medicines were managed in line with the prescribing G.P. People continued to be protected against the risk of harm and abuse. Risk assessments gave staff clear guidance on how to mitigate identified risks. The registered manager was keen to ensure lessons learned.

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.

People received a service that sought their views and acted on information received. Records showed the registered manager worked in partnership with stakeholders and to seek positive outcomes for people receiving care and support. Staff spoke positively about the registered manager describing him as a team player and someone who was approachable.

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

Rating at last inspection

The last rating for this service was good (published 7 December 2021).

Why we inspected

This inspection was prompted by concerns identified at the provider's sister service in relation to staffing levels. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led relevant key question sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Best At Home on our website at www.cqc.org.uk.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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 five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Best At Home (1) Southerton House

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 two inspectors.

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 a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we held about the service, including information shared with us by healthcare professionals and members of the public. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information

about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with five staff including care workers, a team leader, a care coordinator, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to required improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- People did not always receive care and support at the agreed time as detailed in their care package.
- People and their relatives told us that staff did not always turn up on time for their calls nor stay the full duration of the visit. Comments included, "Mostly [staff] turn up on time unless there's a problem with public transport. They don't always stay the full duration of the visit. They are meant to stay for half an hour, but they stay for around 10 minutes. Mostly there are two staff, sometimes there is only one, and then I have to do it." And, "On the whole they turned up on time. They didn't always stay the entire visit."
- We looked at the Electronic Call Monitoring (ECM) records for the period of 1 January 2022 to 31 March 2022 for 80 people.
- Of the 15907 calls carried out 72% were delivered on time. However, 2411 calls were more than 45 minutes late. We also identified for 12642 calls; staff stayed less than half of the planned time.
- There were 3278 calls where by two staff were required to deliver care, however, 2838 of these calls showed there was less than 15 minutes overlap between staff, with a further 2600 calls with no staff overlap.
- We shared our concerns with the registered manager who told us, "We are adequate with staffing levels here. If there is staff absence, we make sure that we swap staff around and at the moment we are coping. There's always an on-going recruitment of staff."
- The Nominated Individual and the registered manager told us they were working with the ECM providers to devise a robust system to ensure call log issues were swiftly identified. We will continue to monitor this at the next inspection.

These issues were a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- Despite the findings above, the provider had robust pre-employment checks in place to ensure only those suitably for the role were employed.
- We reviewed staff personnel files and found these contained satisfactory references, photographic identification, application forms and a Disclosure and Barring Service Check. 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.

Systems and processes to safeguard people from the risk of abuse

- People continued to be safeguarded against the risk of abuse.
- Staff received ongoing safeguarding training and new how to identify, respond to and escalate suspected

abuse.

- Staff confirmed they would raise any suspected abuse to their line manager, the director and the local authority safeguarding team.
- At the time of the inspection there were no current safeguarding concerns.

Assessing risk, safety monitoring and management

- People's identified risks were recorded, and risk assessments developed to give staff guidance to mitigate the risks.
- Risk assessments were regularly reviewed to reflect people's changing needs. Risk assessments covered, for example, mobility, personal health needs, medicines, financial and fire safety.
- Staff were aware of the importance of highlighting any changes to identified risks immediately in order for the risk assessment to be updated.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Staff had a clear understanding of their responsibilities in line with legislation.

Using medicines safely

- People received their medicines safely.
- People confirmed they received their medicines as prescribed.
- A staff member told us, "We set it up on the electronic [system to record medicines], and we do a spot check. We do a medication assessment when [a new person starts], we make a list, make a Medicine Administration Record (MAR) as well as an electronic version."
- Staff were aware of the provider's procedure should they identify a medicines error. We checked the completed MAR and found these were completed accurately however were, on occasion, messy and illegible.
- We shared our concerns with the Nominated Individual who confirmed they were aware of this and were taking action to address this. We were satisfied with their response and will review this at the next inspection.

Preventing and controlling infection

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The registered manager was keen to ensure lessons were learned when things went wrong.
- The registered manager told us they devised action plans to mitigate further incidents thus ensuring a continual learning and improvement ethos.
- Records viewed confirmed what the registered manager told us.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has deteriorated to requires improvement. 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

- Although the service carried out audits to monitor the service, we found medicines audits were not always contemporaneous; in that we saw the same findings were recorded over several months. These audits would have benefitted from more clear and specific detail as to the findings when medicines administration records were reviewed.
- The registered manager confirmed this would be addressed swiftly. We will review this at the next inspection.
- During the inspection we identified the registered manager had not informed us of two incidents which required reporting to the regulatory body. We raised this with the registered manager who assured us this had been an oversight on their part, and that they understood the information they needed to share with the Care Quality Commission. We were satisfied with their response and will check on this at our next inspection.

We recommend the service review their records management practices and update their processes accordingly.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people and Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's views were regularly sought and where issues or concerns were identified, action was taken to minimise repeat incidents.
- We reviewed the 'people' survey and found 67% of people found staff to be respectful, 28% found the quality of the service to be excellent and 46% found the service were excellent at following the correct procedures.
- We reviewed the staff quality assurance questionnaire results and found it looked at the communication with the office, team meetings, training, rotas and supervisions. Records showed that 53% of staff found the training provided meant they could effectively and safely meet people's needs.
- An action plan was then devised to act on the issues identified. For example, feedback showed that there had been a lack of team meetings due to the COVID-19 pandemic, and as a result regular online meeting for staff was introduced.
- We also reviewed the staff team meeting for January 2022 and found 12 staff had attended. Records showed discussions were held around MAR records, ECM records, staff reporting and monitoring systems.

- People told us they felt the service was well-led. People didn't necessarily know who the registered manager was but felt they could contact the office staff at any time.
- Staff also spoke positively about the registered manager. Comments included, "[The registered managers'] helpful, he knows what he's doing. He often gives me advice and never says no. He finds time to talk and be supportive, I can go immediately to him and discuss and sort out any problems."
- The registered manager was a visible presence within the service and during the inspection we observed staff seeking guidance and support from him, which was readily given.

Continuous learning and improving care

- The Nominated Individual and registered manager placed emphasis on improving the service.
- Records showed the registered manager reviewed all identified issues for patterns and trends. Feedback was then shared with staff to minimise repeat incidents.

Working in partnership with others; and 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 registered manager told us, and records confirmed the service worked in partnership with stakeholders to monitor and improve the service. One healthcare professional told us, "Yes, [the service] work with us and take onboard what we say."
- The registered manager understood their responsibilities under the duty of candour and the actions he would take should something go wrong.

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 18 HSCA RA Regulations 2014 Staffing Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014. The registered manager failed to ensure sufficient numbers of staff were deployed to keep people safe. Regulation 18(1)(2)(a)