

Best2 Care Ltd

57 Shamrock Road

Inspection report

57 Shamrock Road
Gravesend
DA12 2LD

Tel: 01474632888

Date of inspection visit:
28 September 2021
12 October 2021

Date of publication:
29 November 2021

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

57 Shamrock Road is a domiciliary care agency, providing personal care to five people with varying needs at the time of the inspection. 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

The service people received was not always safe. People's individual risks were not always recorded and when they were, the detail was not always sufficient to ensure people's safety. Where people needed staff support to give them their medicines, information about their medicines and why they were taking them was not always in place. Staff did not always record when they had given people their medicines, or if they had not given them for some reason, why this was.

New staff were not always recruited in a safe way as a full employment history had not been checked by the provider and suitable references were not taken up with previous employers.

Initial assessments did not give staff the information needed to make sure people's preferences for their care and support was recorded in the care plan. People did not always receive care and support that was person centred.

The provider was not fully aware of the regulations and what they needed to do to ensure compliance. This meant they had not been aware of the compliance issues we found.

Enough staff were available to provide care and support. People, relatives and staff confirmed this. Staff understood their responsibilities in keeping people safe and reporting concerns if they had them, including accidents and incidents. The latest guidance around infection prevention and control for care agencies was followed and the provider kept up to date.

Staff received the mandatory training they needed and had regular meetings with the provider, when their competency was also checked. However, practical training for areas such as moving and handling had not been delivered to staff to make sure they had the appropriate level of competence.

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 who needed support at meal times received the help they needed from staff. Some people needed staff to help them to access advice from healthcare professionals. Staff knew when people were feeling unwell and sought help when appropriate.

We had good comments and positive feedback about the provider. They were described as approachable and caring. Staff were kept in touch and supported through group messages and virtual meetings. The provider was starting to develop new networks to keep up to date with changing guidance and best practice.

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 3 January 2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on the timescales for unrated services

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.

We have identified breaches in relation to managing individual risk and medicines, recruitment processes, individual care, and suitable monitoring of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive 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 ●

57 Shamrock Road

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. The registered manager is also the provider and is referred to as the provider throughout this report. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be available to support the inspection.

Inspection activity started on 28 September 2021 and ended on 12 October 2021. We visited the office location on 28 September 2021 and spoke with people, relatives and staff on days in between these dates.

What we did before the inspection

We reviewed information we had received about the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and two relatives about their experience of the care provided. We spoke with four members of staff including the registered manager and care staff.

We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at recruitment records.

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 for this newly registered service. This key question has been rated requires 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.

Assessing risk, safety monitoring and management; Using medicines safely; Learning lessons when things go wrong

- Comprehensive management plans were not always in place to mitigate risks to people's health and welfare.
- One person needed to use hoisting aids to help them to move from bed to chair and back to bed. Clear step by step guidance had not been recorded to make sure staff understood what they needed to do. Basic information was in place which did not clarify staff's essential role in keeping the person safe from injury and to preserve their dignity.
- Risk assessments that were in place did not always provide appropriate guidance for staff. One person was at high risk of falls. Although a risk assessment was in place it provided basic information and did not give staff clear guidance to support the prevention of falls. For example, the measures they could put in place before leaving the person's home. Such as leaving walking aids in easy reach and keeping the area free from obstructions.
- Peoples' administered medicines and creams were not always recorded to provide assurance they were being given safely and as advised. Not all staff recorded on the medicines administration record (MAR) when they had given people their medicine. The provider explained that some people did not always need their medicines administered by staff, sometimes they took their own medicines. This was not clear within their records so there was a risk of error.
- Some people had creams and ointments that required staff support to apply to their skin. These were not always recorded as having been applied.
- Important information about the medicines people had been prescribed was not always available for staff. Information such as what the medicines were prescribed for and relevant side effects for staff to be aware of.

Records were not accurate and reflective of the care provided to ensure the provision of safe care. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider updated people's risk assessments during and just after the inspection. Staff knew what to do to keep people safe and said the provider had fully explained to them before they started to support people.
- Incidents had been recorded and the provider kept them under review, updating records and speaking with staff.

Staffing and recruitment

- Robust recruitment processes were not in place to make sure staff who were employed were suitable to provide care to people.
- Staff application forms did not provide a full employment history. The application form for one member of staff did not record any of their previous employment. They had previously worked in the care sector, but this information was not provided, and the provider had not followed it up.
- Suitable references were not taken from previous employers. References had not been requested from previous employers. One reference received by a previous employer did not match the information given by a staff member in their application form. The dates of their employment did not match. There was no verification the reference was genuine, such as a company stamp, or a follow up telephone call to the referee. We asked the provider about this, but they had not noticed the discrepancy and had not followed this up.

Robust recruitment processes were not followed to ensure only suitable staff were employed to provide people's care. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had completed Disclosure and Barring Service checks (DBS). DBS checks help prevent unsuitable staff from working with people who could be vulnerable.
- Staff told us they provided support to the same people. They said they were not rushed and had time to spend with people. However, one relative told us the staff caring for their loved one changed regularly, and they did not always know which staff were visiting. This is an area to improve and we will check this at the next inspection.
- There were enough staff employed to provide the care and support people were assessed as needing.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe with staff. They said they were confident to raise concerns with staff or the provider and felt they would be listened to.
- Staff understood what constituted abuse and what they needed to do if they had a concern that abuse may be taking place.
 - Staff had received safeguarding training. Staff told us the provider was responsive and had confidence they would take action if they raised a concern. One member of staff said, "If I need anything at all I ring (the provider) and they respond straight away. The provider comes out to meet me if I need them to."

Preventing and controlling infection

- We were assured the provider maintained good infection control practices. Staff had been trained and followed the provider's infection control policy and procedure. Staff understood what they needed to do to ensure that people were protected from the risk of infection spreading.
- The provider followed the latest COVID-19 guidance and staff were regularly reminded of their responsibilities to follow the latest guidance through regular catch ups with the provider and social media group messages.
- Staff were tested weekly for COVID-19 and informed the registered manager of their results.

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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- An initial assessment had been completed with people before their care and support commenced. However, the information gathered was basic and did not always give an accurate picture of the care needed.
- Some information was missing which meant a care plan was not developed to provide accurate information about people's needs. One person needed assistance with eating and drinking. However, their initial assessment recorded they did not need assistance. A care plan was therefore not in place to guide staff.
- Care records, including the initial assessment, did not document the days people had their care, the care they required, or their preferred times for staff to visit. Some relatives said they had concerns about staff not being available at the times they were required by their loved one. In addition, some relatives were informed that staff could not attend specific calls, which meant they had to make other arrangements for their loved one's care. Staff may not have a complete picture of people's needs and what was expected of them in their role.
- The provider said they would review all care records straight away to ensure people's records contained appropriate guidance so all staff, including new staff, had the information they needed about people.

People did not have an individual and robust assessment to ensure their preferences were met. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- Staff received induction training and shadowed the provider or more experienced staff before working unsupervised. Staff said they had received enough training to undertake their role. All staff told us if they were unsure of anything, they could ask for help from the provider and they responded quickly and positively.
- Training records confirmed that staff had received on-line training in most mandatory subjects. However, staff had not received practical training in moving and handling to ensure they were proficient supporting people to move around, such as to use a hoist. The provider said they would arrange the training as soon as possible. This is an area to improve and we will check this at the next inspection.
- The provider and staff told us they had regular individual meetings and had their competence and practice checked to make sure they were providing safe care. However, this was not recorded. This is an area to improve and we will check this at the next inspection. Staff felt well supported by the provider. One

member of staff said, I really can't fault (the provider), they have been so supportive."

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

- Some people received support to prepare meals and drinks to meet their needs. Others did not need any help as they could either do this themselves or had family or friends to help them.
- Peoples' care records showed what support they needed with food preparation and if specific instruction was needed, such as cutting up food to small mouthfuls, so it was easier and safer to chew.
- Staff gave examples of how they helped people with their meals. One staff member said they prepared breakfast, lunch and teatime meals for one person. They described what was in the care plan and how they followed this.

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

- Some people had the support of family members to help them to access appropriate healthcare. Other people were more reliant on staff helping them or noticing changes during their visits and contacting healthcare professionals if needed.
- Staff knew the people they supported well and could describe how they would recognise changes in people and what they would do. The provider responded quickly to concerns raised by staff about people.

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 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.

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.

- People were able to make their own day to day choices and decisions about their care and how they liked things done. People's care plans recorded if they needed support to make their decisions clear to staff. Restrictions were not placed on people.
- Staff told us how they helped people to make everyday decisions, such as the clothes they wanted to wear or what food and drinks they wished to have at mealtimes.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- The service was small at the time of inspection. This meant that most people had the same staff who got to know them well.
- Staff were rarely late to arrive at people's homes. If they were going to be late, they or the provider rang ahead to let people know.
- People's relatives told us staff were respectful of their loved one's home, making sure they looked after people's belongings well. One staff member said, "I am very aware I am in the person's own home, and what that means to them."

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

- People were involved in planning their care and could change their minds if they wished to do things differently. This was respected by the provider and staff.
- The provider regularly asked people for their feedback on their care. They told us they were keen to make sure the service provided good quality care and needed feedback to do this.
- One relative told us they had regular contact from the provider and was encouraged to share how their loved one's care arrangements were going.

Respecting and promoting people's privacy, dignity and independence

- Staff told us about the people they supported in their own home. They shared how some people were keen to remain as independent as possible. Staff knew this was important for people's well-being and to preserve their continued dignity.
- One relative told us how their loved one was adamant about maintaining their independence. The relative told us how staff understood this and made sure the person was safe and at the same time, did things in the way they wanted.

Is the service responsive?

Our findings

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

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

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People's care records did not include enough personal information to make sure staff knew how they would like to be supported and the safest way to do this.
- One person was living with dementia. Their care plan did not provide any information for staff the individual support they needed to help them to communicate their needs and choices. A description of how staff made sure the person's needs were met, in the way they wanted, was not included in their care records.
- Some people's care records referred to the wrong person's name, so they were not individual to the person.

People's care plans did not provide the personal information needed to provide individual care. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People generally had consistent care from the same staff, so they knew what to expect. One relative said, "(Staff member) knows (my relative) well now and knows when he might be having an off day. (Staff member) approaches the visit accordingly."
- The provider told us that they were not providing end of life care to people at the time of the inspection. They were aware of the need to ensure that people's preferences and choices around their end of life care should be recorded and gave examples of this.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff had a good understanding of the best way to communicate with people and could describe what they did. One staff member told us they sometimes wrote things down for one person if it was clear they were not able to hear and understand properly. This was recorded in their care plan.
- Care plans included the support people needed to communicate effectively where relevant. This included if they needed time to express what they wanted to say or were hard of hearing.
- Information was available and could be shared with people in formats which met their communication needs, such as large print or a more pictorial format.

Improving care quality in response to complaints or concerns

- The provider had not received any complaints since the service began – only compliments.
- A complaints policy was in place and people had information about how to make a complaint if they needed to. People's relatives told us they knew who to complain to. The provider told us how they would respond and follow up if they did get a complaint. They said they viewed complaints as an important way to learn lessons and make improvements.

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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had failed to recognise they were not always compliant with regulations. They were unaware they were not meeting their responsibilities as a registered person.
- The provider was not aware the issues we found were regulatory requirements. The staff they employed had not evidenced they were suitable to work with people as set out in schedule 3. We showed the provider where to find the regulation to support improvement. Individual risks were not always recorded as having been assessed so all staff had safe guidance to follow. The provider had not kept a close check on the medicines staff were giving people and creams they were applying.
- The provider had not understood these requirements until they were pointed out.

There was an ineffective approach to ensuring the quality and safety of the service provided. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The number of people the service supported was low. The provider was just beginning to develop and increase numbers. They told us they were taking things slowly to establish safe procedures and provide a good quality service to people.
- Monitoring processes were being developed. The provider was carrying out checks on people's care and on staff competency to undertake their role well, although they hadn't been recording these. They told us they were considering the future, with plans to make sure they had systems in place to allow for further development.
- The provider said they were passionate about providing good quality care to people. They said they were committed to this purpose. Staff confirmed the provider spoke in these terms to make sure the staff team held the same values.
- Services providing health and social care to people are required to inform CQC of important events that happen in the service. This is so we can check appropriate action has been taken. The provider was aware of their responsibilities, although they had not needed to submit a notification to CQC prior to the inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider shared their passion for providing people with the care they needed in the way they wanted with staff. One staff member told us the provider and a staff member told them on their first day they must

always treat people as they would a loved family member.

- Staff told us the provider was approachable, supportive and responded quickly and positively to requests for help or issues raised
- Not all relatives were positive about how their loved one's care had been planned and how staff had been chosen to provide their care. We will monitor this and check at our next inspection.

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 Care Quality Commission (CQC) sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about incidents and providing truthful information and an apology when things go wrong. The provider understood their responsibilities.
- Relatives told us the provider had regular contact when they needed to share concerns.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives and staff told us the provider had regular contact with people and asked their views of the service. All written comments received had been good and the provider kept a record to aid future development.
- The staff team was small, and staff were still quite new in post. The provider had a messaging group to keep in touch with staff and provide updates. Although they had not held face to face staff meetings, they were planning these. Staff told us they felt well supported and updated and "Could not fault" the provider.
- Satisfaction surveys had not been undertaken. However, the provider planned to carry out this exercise in about six months once they had been more established.

Working in partnership with others

- The provider and staff worked in partnership with people, their relatives and health and social care professionals to support people to have the best outcomes and consistent care.
- The provider was building networks by joining local forums and support organisations to keep up to date with local and national guidance and initiatives.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider failed to ensure people's needs were fully assessed to make sure people received individual care that met their needs and preferences.</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to ensure records to mitigate individual risk and to provide safe management of medicines were kept.</p> <p>The provider failed to ensure compliance with regulations.</p>
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider failed to ensure a robust recruitment process was followed.</p>