

Bestchoice Global Ltd

# Bestchoice Global Ltd

## Inspection report

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## 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

### About the service

This service is a domiciliary care agency and is based in the London Borough of Barking & Dagenham. The service provides personal care to adults in their own homes. 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.

At the time of our inspection, the service provided personal care to 15 people.

### People's experience of using this service

Since our last inspection on 16 July 2018, improvements had been made on risk assessments and quality assurance processes. Care plans contained suitable and sufficient risk assessments to effectively manage risks and keep people safe. Audits were being carried out to ensure people always received safe, high quality care.

People and relatives told us that people were safe when supported by staff. Pre-employment checks had been carried out to ensure staff were suitable to support people. People and relatives told us staff were punctual and systems were in place to monitor time keeping. Systems were in place for infection control and to learn from lessons following incidents.

Staff had been trained to perform their roles effectively. 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 care from staff who were kind and compassionate. Staff treated people with dignity and respected their privacy. Staff had developed positive relationships with the people they supported. They understood people's needs, preferences, and what was important to them.

Care plans were person centred and included people's support needs. Care plans had been reviewed regularly to ensure they were accurate. Complaints had been managed in a timely manner.

Systems were in place to obtain feedback from people and relatives. People, relatives and staff were positive about the management of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (published 1 September 2018). We identified one breach of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to Safe Care and Treatment in relation to risk assessments.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the rating of the last inspection.

#### 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Bestchoice Global Ltd

## 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 homes.

The service had a registered manager, who was also the provider. 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

Our 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 in the office to support the inspection.

#### What we did before the inspection

We reviewed relevant information that we had about the service. The service completed a Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what it does well and any improvements they plan to make. We spoke with three people, two relatives and two staff. We also spoke to health and social care professionals that the service worked with. We used all of this information to plan our inspection.

#### During the inspection

We spoke with the provider, care coordinator and quality assurance manager. We reviewed documents and records that related to people's care and the management of the service. We reviewed five care plans, which included risk assessments and five staff files, which included pre-employment checks. We looked at other

documents such as training and quality assurance records.

After the inspection

We continued to seek clarification from the provider to validate evidence we found such as looking at training data. We also spoke with two staff.

# Is the service safe?

## Our findings

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

At the last inspection, this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. We found care plans did not contain suitable and sufficient risk assessments to effectively manage risks. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- There were risk assessments in place for moving and handling, falls, skin integrity and the environment.
- Risk assessments had been completed in relation to people's health conditions such as epilepsy, diabetes and asthma. Assessments included control measures to minimise risks.
- Staff told us that they understood risks to people and found the risk assessments helpful. A staff member told us, "The risk assessments are helpful. They tell you what to do and what not to do to keep people safe."

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse because there were processes in place to minimise the risk of abuse and incidents.
- Staff had received safeguarding training and understood their responsibilities to keep people safe.
- People and relatives told us people were safe. A person told us, "I am happy with them. I feel safe." A relative told us, "[Person] is safe. They have been very good with [person]."

### Learning lessons when things go wrong

- There was a system in place to learn from lessons following incidents.
- Incidents had been recorded along with details of the incidents and the action taken.
- All accidents and incidents had been analysed to learn from lessons and minimise the risk of reoccurrence.

### Using medicines safely

- Medicines were being managed safely.
- There was a medicine support plan that detailed any support people might require with medicines and the type of medicines people took.
- We checked Medicine Administration Records and this confirmed people received their medicines as prescribed.
- Staff had received training on medicine management and told us they were confident with supporting people with medicines, should they need to.

### Staffing and recruitment

- Systems were in place to monitor staff time keeping.
- Rotas were sent in advance to staff to ensure they had adequate time to plan travel. Staff had to complete timesheets, which were also reviewed by the registered manager. A staff member told us, "They send me the rota a week before. I have time to travel."
- People and relatives told us staff were punctual. A person told us, "They have not had any missed appointments." A relative told us, "They come on time. In general, they manage extremely well given they have to come early."
- The service had purchased a digital monitoring system that would allow the service to have oversight of time of visits and duration of visits. The registered manager told us the system would minimise the risk of missed visits and late calls.
- Records showed that relevant pre-employment checks, such as criminal record checks, references and proof of staff's identity had been carried out. This ensured staff were suitable to provide safe care to people

#### Preventing and controlling infection

- Systems were in place to reduce the risk and spread of infection.
- Staff confirmed they had access to personal protective equipment (PPE) such as gloves and aprons.
- People and relatives confirmed that staff used PPE when supporting people with personal care. A person told us, "Everyone uses gloves and wears an apron. They wear an overall provided by the company."

# 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.

At the last inspection, this key question was rated as good. At this inspection, this key question has remained the same. This meant that people's outcomes were consistently good.

Staff support: induction, training, skills and experience

- Staff had completed mandatory training and refresher courses to perform their roles effectively. A staff member told us, "I was given training, it was very helpful." Another staff member commented, "Training was excellent."
- People and relatives told us that staff were suitably skilled to support people. A person told us, "I feel that they have adequate knowledge to be able to support me." A relative told us, "All of them [staff] know what they are doing."
- Staff had received an induction, which involved shadowing experienced care staff and meeting people. A staff member told us, "Induction was really helpful. Before I was not aware of many things, but they offered me so many things and now I am confident."
- Regular supervisions had been carried out to ensure staff were supported. Supervisions enabled staff to discuss any issues they may have and their development.
- Staff told us they felt supported. A staff member told us, "[The registered manager] is very supportive. Another staff member commented, "The manager is understanding, always willing to support me with work and training."

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

- Pre-assessments had been carried out to identify people's backgrounds, health conditions and support needs to determine if the service was able to support them.
- Reviews had been carried out regularly to ensure people received support in accordance with their current circumstances.
- This meant that people's needs and choices were being assessed comprehensively to achieve effective outcomes for their care.

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

- Care plans included that people should be offered choices when supporting them with meals.
- Care plans included the level of support people would require with meals or drinks if required. However, care plans did not record people's likes and dislikes with meals. The registered manager told us that this would be added.

Supporting people to live healthier lives, access healthcare services and support

- Care records included the contact details of people's GP, so staff could contact them if they had concerns about a person's health.
- Staff were able to tell us the signs to identify if people were unwell and what actions to take to report an

emergency. A staff member told us, "If they are not well, we will call doctors. Once [person] had a cough and we called the doctors. The doctors found an infection and gave antibiotics, which made [person] better." A person told us, "I have been unwell a couple of times and they have stayed over to check if I was alright."

- Records showed that referrals had been made where there had been concerns about people's health and guidelines were in place to ensure people were in the best of health.

#### 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.

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.

- Assessments had been completed to determine if people had capacity using the MCA principles.
- Staff had received training on the MCA and were aware of the principles of the act. They told us that they always requested people's consent before doing any tasks. A staff member told us, "You have to always ask for consent." A person told us, "They always ask consent."
- Records showed that people's consent had been sought prior to receiving care from the service.

# 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.

At the last inspection, this key question was rated as good. At this inspection this key question has remained the same. 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; equality and diversity

- People and relatives told us staff were caring. A person told us, "Their manner is very professional and friendly." A relative told us, "They are more than kind. They are always laughing and joking."
- People and relatives confirmed that staff had a good relationship with people. A relative told us, "They are very good. [Person] looks forward to them coming." A person told us, "I feel happy with how they treat me."
- People were protected from discrimination within the service. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against because of their race, gender, age and sexual status and all people were treated equally.

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

- People or relatives were involved in decisions about their care. Care plans showed that people or their relatives had been involved with the support people would receive.
- Staff told us they always encouraged people to make decisions for themselves while being supported, such as with dressing and personal care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected when they were supported by staff.
- Staff told us that when providing support with personal care, it was done in private. A staff member told us, "We close the doors and windows. If we give bed baths then we cover bottom part of body and open clothes from the top and then we give wash. We then cover the top and wash their bottom body." A person told us, "I am really pleased, they respect my privacy and dignity."
- Staff gave us examples of how they maintained people's dignity and privacy, not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting their dignity.
- Staff encouraged people to be independent. A staff member told us, "We encourage [people] especially if they are not mobile, we will encourage them to move so they are active."

# Is the service responsive?

## Our findings

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

At the last inspection, this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were person centred and detailed people's support needs.
- There was a care grid that summarised the care and support people should receive. Care plans were specific to people's needs. For example, information on one care plan included that staff should protect a person's perforated ear with cotton wool when washing hair.
- Staff told us they found the care plans helpful. A staff member told us, "The care plans we have make the job a lot easier." We saw a quote from one person, "I am very happy with my care provided by my lovely carers."
- There was a daily log sheet, which recorded information about people's daily routines, behaviours and daily activities in most cases. Staff told us that the information was used to communicate with each other between shifts.

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.

- People's ability to communicate was recorded in their care plans, to help ensure their communication needs were met. For example, information on one care plan included that staff speak to a person facing them so person can lip read. People and relatives told us that staff communicated well with them.

Improving care quality in response to complaints or concerns

- Complaints were managed in accordance to the provider's complaints procedures
- Complaints received had been recorded with details of the complaints and the action taken.
- There was a complaint register to ensure the service had oversight of complaints.
- People and relatives were aware of how to make complaints and staff were able to tell us how to manage complaints.
- Records showed compliments had been received from people and relatives. Compliments included, "I am happy with the service" and, "The girls are amazing. I have been very happy with the care [person] has received."

End of Life Care:

- The service supported people with end of life care. End of life care plans were in place and staff had been trained on end of life. This meant that people on end of life would receive personalised care from trained

staff.

# 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 the last inspection, this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At our last inspection on 16 July 2018, we did not see any comprehensive completed audits including audits of care plans, risk assessments and staff files. During this inspection, improvements had been made.
- Audits had been carried out on the running of the service to ensure people received personalised high-quality care such as reviewing care plans, risk assessments and staff files.
- The registered manager told us their plans for the service and that significant efforts had been made to improve the service, which included recruiting a quality assurance manager to ensure audit processes were robust.
- The provider was aware that it was their legal responsibility to notify CQC of any allegations of abuse, serious injuries or any serious events that may stop the running of the service and be open and transparent to people should something go wrong.

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

- There was an effective system to gather people's and staff feedback on the service.
- The service carried out audits to check that staff were working in the right way to meet people's needs and keep them safe. This included spot checks to observe staff approach and performance when delivering care. This also included getting people's feedback on staff and the care they received.
- Staff meetings were held to share information. The meetings kept staff updated with any changes in the service and allowed them to discuss any issues or areas for improvement as a team to ensure people received high quality support and care. The meetings also focused on uniforms, training and complaints.
- People and relatives told us they liked the service. A person commented, "I am very happy with them." A relative commented, "[Registered manager] is supportive. So far, it has been very good."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff told us the service was well led and they enjoyed working for the service. One staff member told us, "[Registered manager] is a good manager." Another staff member commented, "[Registered manager] is a lovely person. Anytime I need her, she is there." A person told us, "[Registered manager] is lovely. She is good."
- Staff were clear about their roles and were positive about the management of the service. They felt they

could approach the management team with concerns and these would be dealt with.

#### Continuous learning and improving care

- Systems were in place to obtain feedback for continuous learning and improving care.
- Surveys had been sent to people to gather feedback and this was analysed to identify areas of continuous improvement. The results were positive.
- The manager told us that this was carried out as they were always looking to improve the service by acting on people's feedback.

#### Working in partnership with others:

- Staff told us they would work in partnership with other agencies such as health professionals if people were not well, to ensure people were in the best of health.
- The service worked with other agencies to develop practice. For example, with the local authority who carried out quality monitoring visits.