

Bestchoice Global Ltd

Best Choice Global

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

About the service

Best Choice Global Ltd is a domiciliary care service providing care and support to people living in their own homes in the Sheffield area. At the time of our inspection there was one person using the service.

People's experience of using this service and what we found

The service did not have a registered manager. There had not been a manager registered with the Care Quality Commission since June 2021. Risks to people safety and welfare were identified and managed. Medicines were managed effectively, and the provider ensured all infection control measures were followed by staff.

Safe staff recruitment processes were in place to ensure staff were trained, experienced and safe to provide personal care. There were enough staff at the service and the management team ensured staff were supported to deliver effective care.

Staff treated people with respect and upheld their privacy and dignity. Relatives described staff as kind and caring and were satisfied their family members were in safe hands. Staff understood how to recognise signs of abuse and understood the actions needed to keep people safe.

Care plans contained detailed risk assessments. Risks to people's health and wellbeing were assessed and risks mitigated. Environmental assessments were also in place, which identified and reduced any environmental risks to people and staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive ways possible; the policies and systems in the service supported this practice.

People and relatives who used the service were happy with the care and support they received. Audits and checks of documents and systems helped ensure continuous learning and improvement.

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

Rating at last inspection and update

This service was registered with us on 24 February 2021. This was the service's first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

Follow up

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 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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Best Choice Global

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 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.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with CQC 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 not a registered manager in post.

Notice of inspection

This inspection was announced.

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 16 May 2022 and ended on 23 May 2022. We visited the location's office on 16 May 2022.

What we did before the inspection

We reviewed information we had received about the service since they registered with CQC. We sought feedback from the local authority and professionals who work with the service. 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 over the telephone with one relative. We spoke with one member of the care staff, a manager, the nominated individual and an operations manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We visited the office location to review written records. We looked at one person's care records. We checked records relating to the management of the service including policies and procedures and quality assurance records.

Is the service safe?

Our findings

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

This was the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

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

- The provider had systems in place to manage identified risks to people's health, safety, and wellbeing.
- Care records included information about the measures in place to manage risks.
- The provider had a system in place to monitor incidents and understood how to use them as learning opportunities, to try and prevent future occurrences.
- Potential environmental risks and hazards such as uneven surfaces, appliances, and trailing wires within people's homes had been adequately identified in assessments and controlled.
- Audits were in place to review all incidents and accidents to ensure any trends or themes identified could be acted upon, to help mitigate risk.

Staffing and recruitment

- Staff were safely recruited, with all pre-employment checks completed before a new member of staff started work.
- The reasons for a gap in one employee's employment history had not been recorded. We discussed this with the manager and nominated individual, who explained the reasons and said they would ensure the explanation for any gaps in employment would be recorded in future.
- Suitable numbers of staff were deployed to provide personal care. One relative told us, "There's a team of regular care workers,[relatives] never on their own."

Using medicines safely

- People's medicines were managed safely.
- People were happy with the support they received with their medicines.
- Staff were trained in the safe management of medicines. Competency checks were carried out to make sure they were following the correct procedures.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- Staff had received safeguarding training and knew how to recognise and report any concerns about people's safety and welfare.
- There had been no safeguarding concerns since the service commenced. The managers demonstrated their knowledge of when they would need to escalate safeguarding concerns externally where appropriate.

Preventing and controlling infection

- People supported were protected from the risk of cross infection.

- Staff confirmed they had access to enough PPE and had received infection control training.
- Staff were part of a regular testing programme for COVID-19.

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 was the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Prior to using the service, an assessment of needs was undertaken to ensure the service could meet the person's needs.
- People's current needs were regularly reviewed to ensure they continued to receive the correct level of support.
- Assessments considered protected characteristics under the Equality Act. For example, they asked people about any religious or cultural needs they had so that they could plan for those needs to be addressed. Staff were aware of equality and diversity issues.

Staff support: induction, training, skills and experience

- Staff told us they had completed training in areas relating to care practice, people's needs, and health and safety. We saw in staff files there was evidence staff received an induction before they started working.
- New staff to the service completed an induction. This included shadowing an experienced staff member and completing essential training for their role. For example, completing the care certificate. The care certificate is the nationally recognised induction standard for staff working in care settings.
- Staff had supervision meetings with the registered manager to support them in their role and to identify any further training or learning they might need.

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

- People received appropriate support to ensure their nutritional requirements were met.
- For people requiring support to remain healthy and well, guidelines were in place for staff to follow. This included ensuring food and drinks were accessible to people to prevent the risk of malnutrition and dehydration.

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

- People's physical, mental health, social and emotional needs were assessed and regularly reviewed. Records were kept up to date to ensure staff had the most relevant information.
- Staff liaised with healthcare professionals to seek advice and guidance, so they were working in line with best practice. This ensured individual needs were met safely.

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 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 is 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 supported in line with the principles of the MCA.
- Staff received MCA training and obtained people's consent before providing support.
- People's capacity to consent to care and ability to make decisions was recorded within their care plans.

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 was 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

- Care plans were person centred and documented people's wishes and choices on how they wanted to be supported. This included information about specific cultural, religious, or personal needs.
- Staff received equality and diversity training as part of their role. This helped staff understand what discriminatory behaviours and practices might look like to help them make sure people were always treated fairly.

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

- The provider made sure people were, as much as practicably possible, fully involved in their care. For example, the managers would regularly visit and meet with people in their homes to make sure the support being delivered continued to meet their individual care needs.
- Staff were trained and supported to provide compassionate, personalised care. The provider worked alongside them to ensure the quality of care was consistent across the service.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One relative told us, "[My relative] is always comfortable, clean, and well dressed."
- People were supported in a kind, caring way that took account of their individual needs and preferences.
- Staff were kind, caring and compassionate and maintained people's privacy and dignity.
- People were being encouraged to be involved in their care and prompted to complete things for themselves where possible. One relative told us, "They [care staff] encourage [my relative] as much as they can to be independent. They [care staff] do things with [my relative] rather than for them."

Is the service responsive?

Our findings

This was 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

- People were involved in planning their care and support.
- Care and support was personalised and tailored to meet individual needs and preferences.
- People's care and support needs were regularly reviewed with people, and any changes to people's needs was effectively communicated to staff.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and recorded in care plans. Care plans described how people communicated and any support required for staff to follow.
- Where needed, information was available in alternative formats. For example, easy read and large format or the use of an interpreter.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service was not commissioned by anyone currently to support them outside their home with their interests. However, this support could be provided if required.
- People's care plans documented those who were important to them and their arrangements for contact with them.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place.
- Documents were in place to record complaints, detail the nature of the complaint and the actions taken to resolve the concerns.
- The service was proactive in seeking people's views through review meetings, and this meant people did not often feel the need to make formal complaints.

End of life care and support

- End of life care planning was discussed as part of people's care assessment. Where information was provided this was documented within care plans.

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 was 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 service did not have a registered manager. There had not been a manager registered with the Care Quality Commission since June 2021. However, there were two managers in place that were in the process of registering with CQC.
- The provider had not appropriately reported changes that affected their service or the people using it to CQC in a timely way, in line with the providers' statutory duties. We reminded the manager of the need to ensure these were reported.
- The management team worked to continually improve the service. The management team completed audits and checks to monitor the quality of the service provided and to identify any shortfalls so these could be addressed. This included checks of care records and care call times and durations. The service checked the quality of the care provided and identified if improvements were required.
- The manager reviewed and monitored all aspects of the service. They sought the views of people using the service and staff and showed timely action was taken in response to areas identified for improvement.

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

- Staff told us they were able to speak up and make suggestions and described the management team as approachable and responsive.
- People and relatives were encouraged to provide feedback about the service and were confident their views would be listened to.

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 managers understood their responsibility in relation to the duty of candour and the need to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC), and had systems in place to do so should they arise.
- Data was kept securely, and the provider and staff understood the Data Protection Act and how to maintain confidentiality in line with data protection standards.

Working in partnership with others

- Staff worked in partnership with external healthcare professionals to ensure that people received joined

up care. For example, they liaised with people's GPs and community nurses.