A-Best Nursing and Care Limited

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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

This inspection was carried out over two days on the 27 and 30 September 2016. We gave the provider 48 hours' notice of our visit on 27 September to make sure they or the registered manager was available to assist us with the inspection process and to provide us with access to records. On 30 September we conducted telephone calls to staff working for the agency and people using the services of the agency. The inspection team consisted of one adult social care inspector.

We last inspected A-Best Nursing and Care Limited on 23 April 2014. At that inspection we found the service was meeting the regulations we assessed.

At the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

A-Best Nursing and Care Limited provides care and support to people living in their own homes.

Prior to our inspection we reviewed the information we held about the service. We reviewed the previous inspection report and the Provider Information Return (PIR) that the provider had completed March 2016. This is a document that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We also checked to see if the service had sent us any notifications in relation to significant events, including safeguarding and serious injury matters. None had been received since the last inspection had taken place in April 2014.

People were protected from harm and abuse due to the arrangements in place to make sure risks to people that used the service was reduced. Risk assessments had been completed and put in place to help people and staff to reduce and manage any known risks.

Staff had been appropriately recruited and there were sufficient staff at the time of this inspection to meet people's individual needs. We found staff worked flexibly to respond to any changes in a person's needs.

We saw records to indicate training that staff had completed and our conversations with the staff we spoke with confirmed this. People who used the service also told us they felt staff had the right abilities and skills to provide them with a service at a time that was right for them.

People using the service told us that the registered manager and provider regularly visited them at home to speak with them about their service, check records and carry out 'spot checks' on staffs delivery of their service.

We found that some information supplied to people such as the service user guide was incorrect and

needed reviewing and updating in parts. The provider confirmed that this would be done.

Staff told us the registered manager and provider was approachable and listened to them. They also told us that they felt supported to carry out their job roles effectively and received verbal supervision on a regular basis.

No person using the service or staff spoken with raised any concerns about the service or its management.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff spoken with confirmed they had received relevant information and training to help them prompt / administer medicines to people safely. Records seen confirmed this.

We saw records that indicated the recruitment practice was safe and thorough.

People were kept safe because sufficient numbers of staff were available to meet people's assessed needs.

Is the service effective?

Good

The service was effective.

Choices made by people were respected and they were involved in decisions about their care and treatment.

Staff received training to enable them to provide support and meet people's needs effectively.

Staff confirmed they received regular supervision and appraisal. They also confirmed that unannounced observations of their practice were carried out by the registered manager to make sure they were competent.

Is the service caring?

Good

The service was caring.

People using the service told us they received support from staff that delivered their care on a consistent basis.

People were supported to make choices and to be involved in aspects of their care.

Is the service responsive?

Good

The service was responsive.

Feedback was sought from people who used the service to monitor and improve the quality of care provided.

People confirmed that visiting staff were responsive in meeting their needs.

People were aware of the complaints procedure and the people we spoke with told us they had had no cause to raise a complaint.

Is the service well-led?

Good

The service had a manager registered with the Care Quality Commission.

Staff and people using the service spoke positively about the management of the service.

There were processes in place to monitor the quality and safety of the service.

No concerns had been raised by local authorities using the services of A-Best Nursing and Care Limited.

A-Best Nursing and Care Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care At 2014.

This inspection was carried out over two days on the 27 and 30 September 2016. We gave the provider 48 hours' notice of our visit on 27 September to make sure the provider or the registered manager could be available for the inspection process and to make sure our visit did not impact on the day-to-day running of the service. On 30 September we conducted telephone calls to staff working for the agency and people using the services of the agency. The inspection team consisted of one adult care inspector.

A-Best Nursing and Care Limited provide support and personal care to people living in their own homes within the Stockport and Macclesfield areas. The registered office of the service is located at Wellington Road South in Stockport. At the time of our inspection the service was providing support to five people.

During our visit we spoke with the provider and registered manager. We examined care records for four people who used the service, medicine administration records, four staff personnel files, training certificates and records relating to the management of the service such as methods to monitor the quality of service delivery.
On the second day we spoke on the telephone with two people who used the service and two members of the staff team.

Before the inspection we reviewed the previous Care Quality Commission (CQC) inspection report about the service and any notifications of incidents that we had received from the service. We looked at the Provider Information Return (PIR) before our visit. This is a document that asks the provider to give some key

information about the service, what the service does well and improvements they plan to make.

We sought feedback about the service from two local authorities who used the services of A-Best Nursing and Care Limited and Stockport Healthwatch. Healthwatch is the national consumer champion in health and care. We received feedback from one of the local authorities we contacted. In their response they informed us they had no concerns about the service.

Good

Is the service safe?

Our findings

Care workers supported people to take their medicines. We saw policies and procedures relating to medication handling and administration. The policy had been update in July 2016 but contained some outdated information, such as mentioning 'Primary Care Trust' which has since been replaced by Clinical Commissioning Groups (CCG). Both the registered manager and provider confirmed that they would review the details of the policy and make sure information was updated and was correct.

The provider told us that no service user currently required assistance for medicines to be administered; they only required a prompt to take their medicines.

Medication Administration Record (MAR) sheets were in place for each person requiring prompting with their medicines. We checked a completed MAR sheet that had been returned to the office for archiving. Medication details were recorded as, 'As per blister pack' and no gaps were found in the signatures confirming medication had been prompted as per care plan. Using the phrase 'contents of a blister pack' on the MAR sheet is acceptable. However, if the MAR chart only records that the 'contents of the blister pack' are administered, then there must be a corresponding record to say what was contained in the 'blister pack' (as documented on the MAR chart) covering the administration dates of that chart. It was confirmed by the registered manager / provider that a list of all current medicines a person was prescribed was included with the blister pack and would be transferred to the person's file. If new medicines were prescribed this list would then be updated.

Care staff spoken with confirmed that they had relevant information to help them prompt/administer medicines to people safely. They also told us they had received good training and received regular 'spot checks' to make sure they were carrying out medication procedures correctly and safely. These checks were carried out by the registered manager who recorded details of their visit in the daily log held in the person's home. Staff confirmed that the training covered both the prompting and administering of medicines.

One person using the service told us that care staff supported them to take their medicine. "They [staff] always remind me to take my tablets. They are very good." Another person using the service told us that a visiting district nurse administered their medication because they used a peg feed. A peg feed is a machine that provides people with nourishment where they are unable to take this orally. Both people confirmed that the provider regularly visited them and checked the details of documentation in their care files to make sure care staff had followed their care plan instructions. They also told us that the Medication Administration Record (MAR) sheet was also checked to make sure staff had signed and corresponded with the recorded information in the daily log.

This confirmed the information shared by the provider in their returned Provider Information Record (PIR) where they had recorded, "We do ad-hoc home visits to ensure our carer's are turning up on time and carrying out their duties according to the [person's] care plan."

We found that assessment of risk in relation to the care people were receiving was documented along with

the care plan information. Risk assessments seen included details about moving and handling, the environment and medication. The registered manager of the service explained that such risk assessments were carried out as part of the initial assessment on first meeting the potential service user, prior to a service starting. These assessments would then be reviewed every six months, along with the care plan, or sooner if required. We also saw a risk assessment that related to a relative of a person who used the service smoking during visits by care staff. This assessment had been signed by the relative to confirm that they would not smoke during staff delivering a service.

We saw that staff recruitment and selection procedures were in place and we examined four staff personnel files. In each file we found a completed application form, photographic ID, two written references, proof of identification and address and a completed Disclosure and Barring Service (DBS) check. DBS checks inform an employer whether an applicant has a police record or is barred from working with vulnerable people. Each applicant was also required to attend an interview and complete a health declaration.

Staff rotas seen indicated that levels of staffing and allocation to providing a service to people were consistent on a day-to-day basis. Both staff and people using the service confirmed that enough staff were available to meet people's identified needs.

People using the service told us they felt safe when staff were in their homes and delivering a service. One person told us, "I have no worries about my safety with the staff that visit me", another person said, "No worries whatsoever about my safety."

Staff we spoke with had an understanding of their role in protecting people and training records indicated that all staff had undertaken safeguarding adults training during 2016. Staff had access to a safeguarding policy.

Good

Is the service effective?

Our findings

Both the provider and registered manager told us that all new staff would have a two day induction to the service, with on-going monitoring over the next twelve weeks. On staff personnel files we saw a 'tick sheet' was completed to identify what information and training each new member of staff had been provided with during their induction. We spoke with both provider and registered manager about new staff being registered to complete the Care Certificate. From April 2015, staff new to health and social care should be inducted according to the Care Certificate framework. This replaces the Common Induction Standards and National Minimum Training standards. Both the provider and registered manager said they would access information about this.

Staff spoken with confirmed they received an induction to the service, part of which was being introduced to the people using the service who they would be visiting to provide care and support. This introduction took place before the member of staff started providing a service to that person. This meant that people using the service would know who to expect and feel more comfortable when the new member of staff first visited them to provide them with a service. New staff also spent a period of time shadowing another experienced care worker before they started providing care on their own.

Other than one member of the care staff team, the remainder had all worked for the service less than 12 months. All staff had undertaken mandatory induction training, which covered areas including medication, moving and handling, first aid, safeguarding vulnerable adults, principles of care, food hygiene and health and safety. Staff told us that the training they received was sufficient to enable them to undertake their role safely and effectively. They also told us that the training provided was of good quality. The registered manager told us that all training was undertaken every 12 months, with competency checks, especially around medication, being completed in between.

The registered manager kept a record of each visit undertaken by them to an individual service user's home. This visit would be unannounced and would include a 'spot check' on the staffs work, checking care plans and checking medication records, plus a discussion with the service user to make sure they had no worries or concerns. Staff spoken with confirmed that the registered manager carried out regular unannounced visits to carry out spot check on their work and record keeping. People using the service who we spoke with also confirmed that the registered manager visited them on a regular basis. One person told us, "[Named the manager] comes to see me every few months and looks at my file which is kept in the kitchen. They ask me how I am and if I'm happy with everything, which I am."

Staff told us they received supervision approximately every two months and this was delivered by the registered manager of the service. They told us that they found this a good way of receiving support, although individual written notes were not being kept by the registered manager notes she kept a record in her diary/log book. The registered manager confirmed to us that, in future, all supervision sessions with each member of the staff team would be recorded, dated and signed. A staff appraisal had been completed annually for the one member of staff who had worked for the service more than five years. Appraisals for the rest of the staff team had yet to be carried out as they had all worked for the service less than 12 months.

People using the service told us that staff always stayed for the correct amount of time on calls and completed all the tasks expected of them. One person said, "If [name] is ever held up by traffic or something, they always ring me to let me know so I don't worry. They [staff] have never missed a call."

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We discussed the principles of the MCA with the registered manager to check whether the service was operating and working within those principles. We were told that the service was not depriving anyone of their liberty and that an assessment of a person's mental capacity was usually undertaken by the local authority before requesting a service from A-Best Nursing and Care Limited.

Within the returned Provider Information Report (PIR) it was recorded that; "Staff understand and have a good working knowledge of the Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA) and they put these into practice to ensure that people's human and legal rights are respected." Staff spoken with had a reasonable understanding of matters relating to the MCA and obtaining people's consent before any support tasks were carried out.
We asked the registered manager to tell us what arrangements were in place to enable people who used the service to give consent to their care and treatment. We were told that the decisions about any care and treatment to be delivered were always discussed with people who were able to give their consent. Where able, people had signed a consent form in relation to receiving support from staff in relation to their care plan. We were provided with a copy of a completed form that had been signed by the nominated representative of a person using the service.

Good

Is the service caring?

Our findings

People we spoke with told us they were happy with both the service they received and the staff delivering that service. One person said; "I am very happy with the service, I don't know what I would do without them [staff]." People also told us they were supported to make choices and were involved in decisions about aspects of their care.

Within the Provider Information Record (PIR) it was recorded that; Our care plan is outcomes focused; this identifies needs and preferences and set out the actions to be taken by staff. To meet these, service users and their families are actively involved in the development of their care plan. We looked at the care records of four people who used the service. Each person's record included an up to date needs assessment and relevant information about the care and support they needed. Written information in care plans were clear and detailed and had been reviewed by the registered manager on a regular basis. Risk assessments were in place that identified how assessed and identified risk should be managed. These were also reviewed on a regular basis by the registered manager. Changes would be made to both care plan(s) and risk assessment(s) should a person's needs change on a more frequent basis.

The registered manager told us they tried to maintain the service so that care staff visited the same people whenever possible, to provide consistency of service.

Staff confirmed to us that the service tried to maintain consistency with who they visited. One member of staff said, "We are sent our rotas by email each week with a list of clients we are to visit. Our rotas are done so that we are visiting the same people wherever possible. We have to log in and out of a service by telephone, so our manager knows who and what time we visited people." People who used the service, who we asked told us, "The same person comes to me each time. I am told if there are any changes, like my usual carer being on holiday, so I know who to expect."

A discussion with staff indicated that they had a good understanding of the needs of the people they visited and provided a service to. Comments from staff included; "We must provide a good service, remembering to respect the person and their dignity and their rights" and "Listening to people is really important, to get to know them, what they like and don't like and keep them safe."

Good

Is the service responsive?

Our findings

We asked one person using the service if they got support at a time when they needed it and wanted it. They told us; "The only time they [staff] can be a bit late is if traffic is bad, but I think my carers walk anyway." Another person said, "They [staff] will do anything I ask of them within my care plan, they are very obliging." Discussion with the registered manager confirmed that rotas were planned to provide staff with calls that are close together in the area and within walking distance."

The service had a written complaints procedures and people who used the service who we asked, were confident that any complaint would be dealt with appropriately by staff or if necessary, by the registered manager of the service. The complaints procedure was contained with a service user guide provided to each person at the start of their service. We found that some of the details within the service user guide were out of date or incorrect. For example, the service user guide was dated September 2009 and quoted details of regulations that were no longer appropriate [The Domiciliary Care Agencies Regulations 2002]. The complaints procedure did not include timeframes for dealing with a complaint. There was a complaints log at the service and the registered manager told us that no complaints had been received since our last inspection of the service in 2014.

The registered manager told us that they regularly visited the people who used the service to check that they were happy with the care they received. We saw evidence in the managers 'log book' that spot checks had been carried out whilst staff were at the persons house delivering care. The manager told us that, in future, a copy of the spot check visit would also be placed on the service user file and the relevant staffs' personnel file.

We looked at four care files relating to people's initial assessment of needs, and their care and support plans. We were told that most people who used the service were referred to A-Best Nursing and Care Limited by health and social care professionals. Although the initial referral would include a recent assessment of the person, the registered manager told us that the service always undertook their own assessment of the individual before agreeing to provide a package of care.

Staff we spoke with confirmed that each person had a care plan in their home and that these plus an assessment of the person's needs were always available to the staff when a service started.

Following each visit to a person using the service, a record was then made of the visit. This was confirmed as happening by the staff we asked and we saw examples of archived records to demonstrate this.

Good

Is the service well-led?

Our findings

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Of the two people who used the service, who we asked, both knew who the registered manager and provider was and told us they would feel comfortable if they had to speak with them. Comments included; "Yes [name] the registered manager and [name] visit and do listen and want to know how things are" and "[name] comes and asks how I am, checks the file and checks if the staff are working properly."

Staff who we asked said the registered manager was approachable and supportive, as was the provider. One member of staff said; "I think the service is well managed and very well led. The manager is very approachable and listens to what you have to say." Another member of staff told us; "The manager is approachable and supportive. Whenever I've spoken with her she listens to what I say and helps if needed, like with my rota. The service is well managed because communication takes place."

We asked the registered manager about quality assurance processes and systems that were in place for monitoring the quality of service being provided. We were told that this was done primarily through telephone and personal contact with people and carrying unannounced spot checks whilst staff were delivering a service. We had already seen evidence of spot checks that had been carried out in the registered managers log book.

People using the service were provided with an opportunity to complete a questionnaire about how they found the service they were receiving. We saw two completed questionnaires from June 2016. Both were fully completed and covered areas such as care plans being up to date, workers arriving on time, staying for the allocated time, daily logs being completed and other areas relating to service delivery. The answers in both questionnaires indicated that both people were happy and satisfied with the service they received. Both confirmed they would recommend the service to others, one stating that they would 100% recommend it.

The service had a computerised system in place which took account of any incidents, complaints or adverse events. The systems had been approved by Stockport Metropolitan Borough Council.

Within the Provider Information Return (PIR) it was recorded that the service provided was "Underpinned by a set of values which include: honesty, involvement, compassion, dignity, independence, respect, equality and safety." Other statements made included, "We make sure that our team [staff] are adequately supported and resourced to deliver continuous improvement. Our staff have the confidence to question practice and report concerns about the care offered by colleagues and other professionals."

Before our inspection visit to the service we contacted two local authority services that were directly

involved with A-Best Nursing and Care Limited. We also requested any information that the local Healthwatch team may hold. We received a response from one local authority that confirmed they had no concerns about the service(s) being provided.