

Diamond Resourcing Plc

# Better Healthcare Services (London)

## 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:

Better Healthcare Service (London) is a domiciliary care agency. The provider is Diamond Resourcing Plc. It provides personal care and support to people living in their own homes with a mental health condition, physical disabilities, older people and sensory impairment.

At the time of our inspection the service was providing live-in care [staff living in people's homes] to 31 people living in their own homes and four people received care provided for a specified time in their own home.

### People's experience of using this service:

People and relatives told us they felt safe with staff. Staff knew how to provide safe care and people were safeguarded against the risk of harm and abuse.

People were protected from the risk of infection because staff followed good infection control practices. The provider ensured people were cared for by staff who were trained and supported to effectively carry out their role. Staff received regular supervision and told us they felt supported.

People's needs were assessed before they joined the service by staff with the appropriate skills to do so. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People had person-centred care plans and staff knew how to provide personalised care.

Staff treated people with dignity and respected their privacy. People were involved in the care planning process and their independence was encouraged.

People and relatives knew how to raise concerns.

Staff responded to people's needs.

People and relatives said they would recommend the service and felt it was well managed.

The provider had effective systems and processes in place to ensure the quality and safety of the service was maintained.

### Rating at last inspection:

At the last inspection the service was rated overall Good (report published 13 April 2016) .

### Why we inspected:

This was a scheduled inspection based on the previous rating.

### Follow up:

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

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

## 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 ●

# Better Healthcare Services (London)

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type:

Better Healthcare Service (London) is a domiciliary care agency. It provides personal care to people living in their own homes, including live-in carers.

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

#### Notice of inspection:

Our inspection was announced. We gave the provider 48 hours' notice because the location provides a domiciliary care service and we needed to be sure someone would in.

We visited the office location on 11 April 2019 to see the manager and office staff; and to review care records staff personnel files and policies and procedures. We spoke with people and their relatives on 11 and 12 April 2019 and spoke with staff on 12 April 2019.

#### What we did:

Before the inspection we reviewed evidence we already held about the service including any statutory notifications. A statutory notification is information about important events which the provider is required to

send us by law. The provider had completed a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with four people who used the service and five relatives.

We spoke with the registered manager, a director, senior care coordinator and three care staff.

We reviewed four people's care records, including care plans, risk assessments and daily records.

We looked at personnel files for four members of staff, including supervision and training records and other records related to the management of regulated activity.

Following the inspection, the provider sent us additional information related to care records.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people from the risk of harm, abuse, neglect and poor care. The safeguarding policy and procedure provided guidance and information for staff on reporting and acting on suspicions of abuse.

- People and relatives told us they felt safe with care staff. One person told us, "I have 24 hour care with a double up [two care staff] from 8am-6pm. Oh yes I definitely feel safe." A relative told us, "Relative has used the service for two months since [person] has been out of hospital. [Person] has a spinal injury. ...she feels safe with the [staff]".

- Where safeguarding concerns had been raised, records showed that the provider worked closely with the safeguarding authority.

- Staff received training and knew what actions to take should they witness or suspect abuse.

- Staff told us they knew about the whistleblowing policy and knew who to report their concerns to outside the service. One staff member told us they wouldn't hesitate to report a colleague for poor care, "Yes, I would, I wouldn't hesitate."

- This showed people were supported by staff who knew how to safeguard them from the risk of abuse.

Assessing risk, safety monitoring and management

- Risk assessments covered areas such as, moving and handling, medication, behaviour management and support, environment, cleaning and washing, food preparation, security and emergency plan of care.

- Risk assessments identified risks and the control measures, including levels of risks.

- People and relatives told us they felt staff knew what they were doing when managing risk. One person told us, "I get hoisted, I feel relaxed as they [staff] know what they are doing."

A relative told us, "There is a risk [person] will fall, the [staff member] is with him when he walks. He has not had a fall."

- Staff understood risks and how to manage these. For example, one staff member told us about the risks associated with catheter care and the importance of ensuring that the area around the catheter was kept clean and the tap was turned off to avoid leakage.

- Staff told us they were provided with guidance on how to manage people's individual risks which formed part of people's care plan.

- People received safe care because staff had knowledge of the risks posed and understood how to manage these.

Staffing and recruitment

- The director told us that the recruitment was carried out by two recruitment officers one for complex care packages and one for less complex care packages.

- The provider followed appropriate recruitment procedures to ensure staff who supported people were of good character and with right skills. Staff files contained recruitment documents and checks including application forms, interview notes, identity documents, right to work in the UK, references and criminal record checks.

#### Using medicines safely

- Where people received support with their medicine this was managed safely. Medicine administration records reviewed were up to date.
- People told us staff gave them their medicines as prescribed. One person told us, "[Staff] do everything for me at the same time in the morning." Relatives told us that they either administered their relative's medicines or share the responsibility with staff. One relative told us, "We [staff] do it together, [relative] is PEG fed."
- Staff completed medicine administration training and were assessed to ensure they were competent to administer medicines safely.
- This ensured that people were provided with safe medicines support.

#### Preventing and controlling infection

- Systems were in place to manage and monitor infection control practices. The provider had an infection control policy, this provided guidance and information for staff on how to prevent infection.
- People and relatives told us staff always wore protective clothing before providing personal care. One person told us staff, "Always," wore protective clothing when caring for them. A relative told us, "Yeah they [staff] wear gloves."
- The registered manager told us that staff had been provided with personal protective equipment (PPE), including disposable gloves and aprons. Staff confirmed they were provided with the necessary PPE to minimise the risk of spreading infection.
- This demonstrated that people were protected against the spread of infection.

#### Learning lessons when things go wrong

- Systems were in place to learn lessons and make improvements when things went wrong.
- The registered manager told us staff meetings enabled the service to learn from incidents and minimise the risk of reoccurrence.

# 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

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

- People's care plans were based on a full assessment of need and covered all aspects of care.
- Care plans were reviewed annually, or sooner should people's needs change or new information about them was discovered.

Staff support: induction, training, skills and experience

- Staff received formal supervision and a yearly appraisal to discuss their work and personal development. Records confirmed this.
- Staff said they felt supported by the registered manager and supervisor. One staff member told us, "It helps me in a lot of ways, you always get help and someone is there to give advice and support."
- Staff received induction and specialist and refresher training that enabled them to provide effective care. Training was in areas such as safeguarding, health and safety, fire safety, food hygiene, person-centred care, the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, dementia awareness, catheter care and percutaneous endoscopic gastrostomy (PEG) tube feeding. This is a procedure in which a tube is passed into a patient's stomach to provide a means of feeding when oral intake is not adequate.
- People and relatives told us staff were skilled and trained to do their jobs effectively. One person told us, "Oh yes definitely, [Staff] are totally trained." Relatives' comments included, "[Staff] are now very well trained to use the trachea [tracheostomy – a surgical procedure to create an opening at the front of the neck, so a tube can be inserted into the windpipe to help you breathe]", "The current ones [Staff] are. They have been with us 1 year and 3 years." and "Yes [staff member] is very good."
- This showed staff were provided with the support and training they needed to enable them to do their jobs effectively.

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

- Where support with food and drink were provided, people's dietary needs were met by the service. Relatives said, "We [staff and relative] both do the feeding, it is a PEG", "Yes [staff member] does."
- People's food likes and dislikes were recorded in their care plans.
- Staff knew people's likes and dislikes, for example one staff member told us, "[Person] will let me know what [person] wants and told us about the foods they liked and this was recorded in their care plan."

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked as a team to provide the care people needed and wanted. A staff member told us that the district nurse carried out regular visits to provide catheter care for one person using the service.
- Care records showed the service worked with the local authority and district nurse team to meet people's

individual needs.

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

- People received effective healthcare support from their GP and other healthcare professionals, such as the district nurse and continuing care group. For example, one person had an appointment booked with the hospital related to the care of their tracheostomy procedure. This ensured the person received care that met their health needs.
- This showed people were supported to access healthcare services to ensure their health needs were met.

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's right to make their own decisions was protected.
- People and relatives told us staff asked permission before providing care. One person told us, "Yep, the [staff] do [ask permission]." This view was echoed by relatives who told us, "Yes [staff] do."
- Staff told us they asked consent before providing care. One staff member told us, "I always ask [person] before I do the next task."
- People's choices about what they wanted to wear or eat were respected. Relatives commented, "[Staff] help [person] put on a new night dress. She is asked what she wants to eat" and "[Person] does, he chooses his clothes, and I arrange the menu and [staff] cook properly for him."
- This showed that people were asked their consent before providing care and offered choices.

# 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 [http://crmlive/epublicsector\\_oui\\_enu/images/oui\\_icons/cqc-expand-icon.png](http://crmlive/epublicsector_oui_enu/images/oui_icons/cqc-expand-icon.png)

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

- People and relatives told us that staff were kind and caring. One person told us, "Most definitely [Staff kind and caring]. [Staff] are lovely, they always ask what I want and how I would like things." Relatives commented, "Oh yes [staff] are wonderful and very considerate. [Person] is well loved and she loves them. They dance with her" and "Yes definitely, [staff] are very careful of how they handle [relative], and make sure that everyone else around her are."
- The director told us they provided a service without discrimination and welcomed lesbian, gay, bisexual and transgender (LGBT) people to use their service.
- Records showed that staff completed equality and diversity training. One staff member told us, "I definitely feel comfortable, it is my job. I would ask them what kind of [Staff] they would like i.e. male or female, the rest of the assessment would be the same. Everybody is an individual and it is about being patient [people who used the service] centred."
- Staff knew people well and described good relationships with the people they cared for. One staff member told us, "I think that it's [relationship] really good. [Person] is comfortable with my care and I feel confident. If they want something done. [Person] doesn't need to repeat it, I know exactly how [person] wants everything done." This meant staff were able to support people according to their individual needs and interests.
- People's religious and cultural needs were documented in their care plan. One person who enjoyed watching religious programmes on TV, had this written in their care plan.
- This showed staff treated and supported people without discrimination, in a caring and kind manner.

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

- People and relatives told us they were involved in the care planning process and their views were considered. One person told us, "I always have a say." A relative said, "Very much so."
- Care plans were person centred and detailed how people wanted to be cared for.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. One person told us, "Oh yes definitely [treated with dignity and respect]." One relative told us, "They [staff] do, they pull the curtains and shut the door."
- Staff knew the importance of respecting people's dignity and maintaining their privacy. One staff member told us they would make sure the person was covered during personal care and the curtains drawn.
- Staff promoted and encouraged people's independence.

## Is the service responsive?

### Our findings

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

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 comprehensive and reviewed at regular intervals. They gave staff information on people's needs, abilities, preferred routines, care outcomes, how they would like to be supported and preferred care timings. The care plans also contained guidelines for staff to follow in relation to people's specific health conditions such as catheter care and PEG tube feeding. This enabled staff to meet people's personal needs.
- Care plans were based on a full assessment of need which included areas such as, a brief history of information about why the person required support, continence, dressing and undressing, eating and drinking, mobility, personal care/bathing/showering, maintaining safety and communication.
- 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.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals. For example, in one care plan it stated, "I have a limited verbalisation which is unreliable due to my cognitive impairment, I do not have a reliable form of non-verbal communication and is occasionally observed to gesture (e.g. waving hand consistently and in all contexts) however my communicative intent is not known. I am blind in my right eye (cataract) and partially sighted in my left eye. I prefer carers should make efforts to become familiar with any gestures in order to assist me with communication."
- Staff knew people's likes and dislikes, and preference for care. A staff member told us, "[Person] can tell us what she wants, [including] likes and dislikes because [person] can say. She likes bread without the crust."
- People and relatives told us they were given a gender preference of care staff before care was provided. One person told us, "I always have a female carer." Comments from relatives included, "[Relative] was asked, he doesn't mind", "We always get a female carer" and "We insist on a female [Staff]"
- Staff knew people well and understood their needs. This was evident by the comments from people and relatives. One person told us, "They [staff] do." A relative told us, "Yes, I make sure they do. Of course, they do... I would have given them [staff] 7/10 before... Now I would give them 10/10. It was previously up and down with the [Staff]. Now it is stable at the moment."
- This showed that people received support that was individualised and met their personal needs.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to make a complaint and felt comfortable to complain. One person told us, "Yes I do. I have not had to complain for three or four years." Relatives' comments included, "We were given the complaints details. [Relative] once didn't like the personality of a [Staff member] Better

Healthcare listened to [relative] and arranged for her to have a different [Staff member]", "Yes I do, I would have no problem in complaining, so far so good."

- The service had an up-to-date complaints policy in place. This provided information on how people could make a complaint.

End of life care and support

- The service had an end of life policy which provided guidance for staff on how to care for people who required palliative or end of life care. However, no one currently required support with end of life and palliative care needs.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection on 10 and 11 February 2016, we asked the provider to take action to make improvements in terms of notifying the Commission of serious incidents, and this action has been completed.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People and relatives told us the service was well managed and the manager was approachable. One person told us, "I do. [Staff] are very approachable." Relatives' comments included, "The present manager [registered manager] is very efficient" and "Yes, I do [feel the service is well managed]."
- The registered manager understood their role and responsibilities in duty of candour. Duty of candour is intended to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

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

- The registered manager and staff were clear about their roles and responsibilities to ensure that people continued to receive quality of care at the standard set by the provider.
- The director and quality assurance manager were responsible for carrying out audits. The director was mainly responsible for sampling the audits. These included audits on care records for people using the service.
- Staff told us they enjoyed working with people who used the service. Staff told us that the registered manager and other senior staff were approachable. Staff comments included, "I don't have any intentions of leaving Better Healthcare. The advice and suggestions give me confidence. It's more like a family, I feel able to approach [registered manager] with anything." Another staff member told us, "They [managers and office staff] really do support you, if you have a concern you call, you always talk to someone."
- Records showed that spot checks were carried out to ensure that people were happy with the service and care provided by staff. Staff confirmed that spot checks were carried out to ensure that they were providing care according to people's plan of care.

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

- People and relatives told us they were asked their views about the service. Relatives commented, "We had a meeting with CCG and the care agency recently when they asked for feedback," and "They are always asking for feedback."
- People and relatives told us they would recommend the service to family and friends.
- This showed the provider involved people and their relatives in decisions about the running of the service.

#### Continuous learning and improving care

- Systems were in place to improve the quality of the service. Records seen confirmed this.
- The provider conducted satisfaction surveys for people who used the service and staff. For example, following a satisfaction survey carried out in February 2018, an improvement action plan was developed and actioned.
- This showed that the provider had systems in place to continuously improve the management and quality of the service.
- This showed the service had systems in place to continuously learn and improve the service.

#### Working in partnership with others

- The provider worked in partnership with the local authority and other health and care professionals to improve the quality of care and people's experience of the service. Records confirmed this.