Better Life Care Ltd

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Better Life Care is a domiciliary care service that provides personal care to children; younger adults and older adults who live in their own homes in the areas of Slough, Windsor and Maidenhead and Aylesbury. The service was providing personal care to 28 adults. There were no children using the service at the time of our visit.

The service has a registered manager. 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 and associated Regulations about how the service is run.

This is the first inspection under Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found people were not always satisfactorily protected from identified risks. This was because risk managements plans were not always put in place when risks to people were identified. The service failed to ensure there were safe recruitment practices in place and medicine competency assessments were not undertaken to ensure staff followed best practice. We have made a recommendation for the service to seek current guidance and best practice on conducting medicine competency assessments.

People and relatives felt the service protected them from abuse. Staff were aware of their responsibilities to ensure people were kept safe from harm.

People and relatives felt staff were skilled to carry out care. Comments received included, "Yes, most of them (staff) do. If someone is being trained they are observed to make sure they're doing the right thing."

We found there was no formal programme of induction for new staff. We recommended the service seek current guidance on how to devise a staff induction programme. Staff received appropriate training but there was no system in place to gauge their understanding of the training received. Staff were not supervised in line with the service's supervision policy.

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

People and relatives spoke positively about the caring approach of staff. Comments included, "They (staff) are very caring. They do it from the heart."

Staff knew the people they were cared for and supported, including their preferences and personal histories. People and their relatives were involved in making decisions about their care. Staff ensured people's dignity was protected whilst carry out personal care. People were enabled to communicate their needs in a range of ways and staff responded to them appropriately.

Care records and risk assessments were not regularly reviewed and reviews of care were not regularly undertaken. We recommended the service seeks current guidance and best practice on how to schedule reviews of care and ensure people's care plans and identified risks are regularly reviewed and updated. People were supported to have care plans that reflected how they would like to receive their care and support. Staff knew and understood how to respond to each person's diverse cultural, gender and spiritual needs. People and their relatives knew how to make a complaint and staff knew how to respond when complaints were received.

People and relatives felt the service was well-managed. There were no effective systems in place to assess; monitor and improve the quality of the service being provided. The registered manager did not update their training to ensure they worked in line with current legislation and best practice. There were no systems to appropriately analyse or identify themes or demonstrate improvements in the provision of care.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as a result of this inspection. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People were not always satisfactorily protected from identified risks.

The service failed to ensure there were safe recruitment practices in place.

Medicine competency assessments were not undertaken to ensure staff followed best practice.

People and relatives felt the service protected them from abuse. Staff were aware of their responsibilities to ensure people were kept safe from harm.

Is the service effective?

Requires Improvement

The service was not always effective.

There was no formal programme of induction for new staff.

Staff received appropriate training but there was no system in place to gauge their understanding of the training received.

Staff were not supervised in line with the service's supervision policy.

People and relatives felt staff were skilled to carry out care.

People were supported to have maximum choice and control of their lives.

Is the service caring?

Good

The service was caring.

People and relatives spoke positively about the caring approach of staff.

Staff knew the people they cared for and supported, including their preferences and personal histories.

People and their relatives were involved in making decisions about their care.

Staff ensured people's dignity was protected whilst carry out personal care.

People were enabled to communicate their needs in a range of ways and staff responded to them appropriately.

Is the service responsive?

Good

The service was not always responsive.

Care records and risk assessments were not regularly reviewed and reviews of care were not regularly undertaken.

People were supported to have care plans that reflected how they would like to receive their care and support.

Staff knew and understood how to respond to each person's diverse cultural, gender and spiritual needs.

People and their relatives knew how to make a complaint and staff knew how to respond when complaints were received.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There were no effective systems in place to assess; monitor and improve the quality of the service being provided.

The registered manager did not update their training to ensure they worked in line current legislation and best practice.

There were no systems to appropriately analyse or identify themes or demonstrate improvements in the provision of care.

People and relatives felt the service was well-managed.

Better Life Care Ltd

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 checked 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 Act 2014.

This was an announced inspection which was carried out by an adult social care inspector and took place on 7 and 8 August 2017. The provider was given 48 hours' notice that the inspection was going to take place. We gave them notice to ensure there would be senior management available at the service's office to assist us in accessing information we required during the inspection.

Before our inspection we asked the provider to complete a provider information return (PIR) form. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed all the information we held about the service. We looked at notifications the provider was legally required to send us. Notifications are information about certain incidents, events and changes that affect a service or the people using it.

We asked the provider to send further documents after the inspection and these were included as part of the evidence we collected.

During our visit, we spoke with one person; two relatives; three care workers and the registered manager. We reviewed three care records; three staff records and records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

People were not always satisfactorily protected from risks. The service assessed potential risks to people. Examples of risks assessed included environmental hazards in people's homes, moving and handling, falls, medicines administration and nutrition and hydration. Although we found care documents contained satisfactory risk assessments, management plans to mitigate the identified risks were not consistently in place. We viewed three care records for people who used the service and found there was no risk management plan for one person who had several identifiable risks. We brought this immediately to the attention of the registered manager.

Safe recruitment practices were not always being followed. We found the provider did obtain staff criminal history checks via the Disclosure and Barring Service (DBS). Satisfactory proof of new staff's identities was in their personnel files and the service recorded staff's right to work in the UK. Information about any physical or mental health conditions which were relevant to the new staff's ability to work was documented. We viewed three staff files. In two of the files we found no satisfactory written explanation of any gaps in their employment histories. Satisfactory reference from one staff member's previous employer was not sought. There was no written explanation to clarify why the service did not obtain this. We spoke to the registered manager who gave us a valid explanation but acknowledged that it should have been recorded in the staff member's file. This meant there was a potential for people to be cared for by staff who were not of good character.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicine competency assessments for staff were not carried out by the service. These enabled staff to demonstrate they had met the acceptable levels of competence to support people with medicines. When we spoke with the registered manager, they were not aware this should be carried out and told us staff had completed their medicines training and believed that this was sufficient. This meant people received support with their medicines from staff whose competency to carry out this task was not monitored or reviewed.

We recommend that the service seeks current guidance and best practice on conducting medicine competency assessments.

People and relatives felt the service protected them from unsafe care. Comments included, "I feel very safe. Staff always wear their ID badge", "I do trust [name of care worker] with [name of family member]" and "I believe [name of family member] is safe from harm."

People were protected because systems were in place to prevent abuse and neglect. An updated safeguarding policy and procedure were in place which instructed staff and management on what to do if they suspected alleged abuse. Staff were confident about the processes to follow and knew about the various types of abuse and associated behaviours. Statutory notifications received from the provider that

had notified us of suspected or alleged abuse, showed appropriate action had been taken by the service to ensure people's safety. This meant the service had effective systems in place to protect people from improper treatment.

People and relatives felt there were sufficient staff to meet their care and support needs. They told us staff arrived promptly. Comments received ranged from, "We had a bit of a problem in the beginning but now it's good. They (staff) always call me if they are running late" and "In general, yes. If there's a problem we communicate." We looked at the service's system for monitoring and rostering calls and found there was sufficient staff available to meet people's care and support needs. The registered manager told us, "I always ensure every person has three care workers assigned to them, in that way if their regular carer is unable to attend there is someone who they are familiar with who can step in."

Requires Improvement

Is the service effective?

Our findings

People and relatives felt staff were skilled to carry out care. Comments received included, "They (staff) do seem to know what they're doing", "Yes, most of them (staff) do, if someone is being trained they are observed to make sure they're doing the right thing" and "Definitely, they are very careful with [name of family member].

Relatives told us they observed new staff shadowing experienced staff as part their induction. They said new staff were formally introduced to them first and given time to understand their family member's care needs before officially being assigned to work with them, which they felt was good practice. This was confirmed by one staff member who commented, "I had to shadow a experienced care worker for a few days and to see if [name of person]'s mum felt I was suitable." We viewed the induction programme for staff. This showed new staff members had signed 'learning agreements' agreeing to take part in an induction programme that was designed to provide them with the skills and knowledge they required. We noted 'learning agreements' did not detail what staff should expect as part of their induction; what the induction covered such as review of relevant policies and shadowing. There was no reference to training such as the Skills for Care's Care Certificate. New care workers were required to undertake the 'Care Certificate' to ensure they were able to carry out their roles and responsibilities.

We recommend the service seek current guidance on how to devise a staff induction programme.

Staff completed on-going training throughout their employment at the service. This was confirmed by our view of training records. Topics included amongst others, manual handling; infection control; person centred care; dementia awareness; Mental Capacity Act 2005 (MCA); health and safety and safeguarding adults. Staff demonstrated good knowledge in some of the training they had attended such as safeguarding adults however, this was not consistent in other subjects such as the MCA. Staff were not confident when explaining how they applied the MCA to their work practice. There were no records to show how the service gauged staff's understanding of what they had learnt. We spoke with the registered manager who acknowledged this was something they needed to carry out. This meant people received care and support from staff whose training was not effectively assessed.

Staff were not appropriately supervised. The registered manager informed us that supervisions were carried out in the form of one to one meetings or by unannounced spot checks carried out by care co-ordinators. These were carried out to ensure staff followed the service's procedures. We viewed the service's supervision policy which stated staff should received four supervisions a year. Staff said they felt supported but were unclear on how often supervisions should occur. We looked at the supervision records for three staff members and found inconsistencies with the frequency of meetings. For instance, there was no records of supervision or spot checks for one staff member since August 2016. Whilst another staff member had attended one supervision meeting in May 2016 and another in June 2017. This meant people received care and support from staff who were not effectively supervised.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014.

The registered manager did not demonstrate a good understanding of their regulatory responsibilities. For instance, they were not aware that medicine competency assessments were required to be undertaken on staff that had also completed medicines training. Staff did not demonstrate a good understanding of the MCA even though they had attended the relevant training. There were no systems in place to gauge staff's understanding of the essential training they had completed. After our visit we asked to the registered manager to send us copies of the training they had undertaken. We found all of the essential training undertaken by the registered was out of date. This meant the registered manager did not update their training to ensure they worked in line current legislation and best practice which would have enabled them to manage the service effectively.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. Domiciliary care services must apply to the Court of Protection for legal authorisation to deprive a person of their liberty.

Although staff we spoke with were not confident about the MCA and how to apply it to their work practice, they were aware of reporting any concerns to the registered manager if they thought people were not able to make specific decisions. People and relatives said staff sought their permission before carrying out care tasks and they felt involved in this process. For instance a person who used the service commented, "We work together and they (staff) always ask me if there is anything else I need help with." A relative told us, "They (staff) have established a routine with her (family member) so this (obtaining consent) happens naturally." Care records showed people or their family members had signed consent to care agreements. Where people's family members did not have legal powers to act on their behalf, Best interest meetings showed their agreement to the care being delivered. This meant people received care and support by staff who worked in accordance with the MCA legislation.

Staff told us they had all the information they needed and were aware of people's individual needs. People's needs and preferences were also clearly recorded in their care plans. A person who used the service commented, "They (staff) support me to prepare my meals at breakfast and lunchtime." This was further supported by a staff member who commented, "When you (staff) prepare meals, you make sure they (people who used the service) eat well and encourage them to finish their meals." This meant people were supported by staff that were aware of their dietary needs and preferences.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. This was confirmed by the care records viewed.

Good

Is the service caring?

Our findings

People and their relatives spoke positively about the caring approach of staff. Comments included, "They (staff) are very caring. They do it from the heart", "They (staff) care for my needs. They always brush my hair and make me look respectable" and "They (staff) play and sing with her. Their body language shows how pleased they are to see her."

Staff knew the people they were caring for and supporting, including their preferences and personal histories. What they told us corresponded with what was written in people's care records under the title, 'What is important to me'. Relatives spoke positively about the consistency of staff who provided care and felt this was a factor in staff having a good knowledge of their family member's care and support needs.

People and their relatives were involved in making decisions about their care. Comments included, "They (staff) have given me some paper-work to complete for the next care review" and "We had a formal meeting to see if I am happy with [name of family]'s care. Yes, I do feel involved." This was further confirmed when we viewed care records. This meant people received care and support from a service that provided continuity of care.

Staff described how they ensured doors were shut and curtains were closed when they carried out personal care. This was confirmed by a person who used the service who told us, "They (staff carry out my personal care very well and make sure everything is done privately and I am comfortable." This demonstrated staff ensured people's dignity was protected.

The service ensured people had access to the information they needed in a way they could understand and were compliant with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Care records contained information about people's communication preference and abilities. For instance, one person's care record documented the person used their body language to communicate. This was confirmed by the person's relative who informed us that staff were competent at understanding what their family member wanted. The registered manager told us where English was a second language for people, the service where possible, would try to match people with staff who spoke the same language. This meant people were enabled to communicate their needs in a range of ways and staff were able to respond to them appropriately.

Good

Is the service responsive?

Our findings

Some care reviews were held that involved people; their relatives where relevant and other professionals. Where people's needs had changed, the service had made appropriate referrals to other health and social care professionals for advice and support. However, we noted some people's scheduled care review dates were overdue. We found no records of alternative dates booked. We saw some care plans and risk assessments were not regularly reviewed and kept up to date. We brought this to the attention of the registered manager who was unable to provide an explanation as why these had not been addressed. This meant people could not always be confident the service would be able to respond appropriately to their changing care and support needs.

We recommend that the service seeks current guidance and best practice on how to schedule reviews of care and ensure people's care plans and identified risks are regularly reviewed and updated.

Staff were knowledgeable about how people preferred their care and support to be delivered. One staff member commented, "We read the care plan. This lists the client's needs and how they need to be supported. Most people's families are present when we attend and they also provide us with information." Another staff member commented, "Everything is set out in people's care plan which we have to read. Staff are aware of this and stick to the same routine."

Care plans were person-centred and included information about people's personal histories; individual preferences; interests and aspirations. For instance we read about how people liked to live their lives; their living arrangements; relationships; places and events that were important to them. This showed that people were enabled to make choices about how they wanted to be supported.

Staff knew and understood how to respond to each person's diverse cultural, gender and spiritual needs. For instance, one staff member commented, "Muslim families don't allow us to go into their homes with our shoes on. So we either remove our shoes or wear protective covers." This showed people were cared for by staff who responded appropriately to their spiritual; religious or cultural needs.

People and their relatives were aware of how to make a complaint and told us when they had to raise concerns it was dealt with to their satisfaction. Staff knew how to respond when complaints were received. They told us they would try and resolve the issue in the first instance but if this proved unsuccessful, they would report it to the office. We noted the service's complaints policy was available in people's care records kept in their homes. This outlined what people needed to do if they had concerns; how the service was to respond to concerns received and contact details for external agencies if people were still dissatisfied with the service's response.

Requires Improvement

Is the service well-led?

Our findings

There were no effective systems in place to assess; monitor and improve the quality of the service being provided. Risk management plans were not always in place when there were identifiable risks. Information contained in records were either incomplete; inaccurate or missing. For instance although reviews of care were carried out with people and their relatives, these did not occur consistently. Care records were not regularly reviewed for their effectiveness. For instance, we saw no signatures of the people or relatives who consented to care. The register manager explained they were in the process of making all their care records computerised and some people had electronically signed to give their agreement to care. However, we saw no printed copies of these electronically signed records in the paper care records office staff used. Spot check records were in place but we saw some were partially completed. The staff training matrix did not accurately reflect the dates staff had undertaken training. Where training certificates had expired, there were no documents to show if staff were booked on refresher training. This demonstrated records and data management systems were not robust.

There were no records of audits conducted on staff personnel files; care records and MAR charts; complaints; accidents and incidents. This meant there were systems to appropriately analyse or identify themes or demonstrate improvements in the provision of care.

The registered manager showed us a new computerised software package they had purchased which would ensure all the relevant quality assurance checks would be carried out. However, we saw no interim plans had been put in place to monitor the provision of service as this system was still not fully operational. This meant the service did not have systems in place to identify where quality and safety was being compromised.

At the time of our visit, the provider was not registered with the Information Commissioner's Office (ICO). The Data Protection Act 1998 requires every organisation that processes personal information to register with the ICO unless they are exempt. This meant people could not be confident the provider ensured their confidential personal information was handled with sensitivity and complied with the legislation.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The complaints register did not consistently document complaints received. For instance, we saw no records of the concerns people had told us they had raised. The registered manager told us they had responded to people's complaints but acknowledged these had not been recorded systematically on the complaints register.

This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and relatives were positive about the service. Comments included, "It's one of the best services I've

had. I was very impressed and would like to remain that way", "Yes, I think it's well-managed. Everything is going very well" and "I would definitely recommend this service."

Staff felt supported by management. Comments included, "Management listen to us and fix it if we have problems. If they don't support us, how do we work?", "I think it's good working here and I have no problems" and "I feel really good and I am happy working for them."

The service used a call monitoring system to check that people received timely care and support was delivered. This ensured calls were not missed and appropriate action was taken if staff were unable to visit people's homes as planned.

People and their relatives said the service continually sought their opinions. This was evident in the care records viewed and annual surveys completed which documented people's views. We saw all of the feedback given about the service was positive.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints The service did not maintain a record of all complaints, outcomes and actions taken in response to complaints.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There were no effective system in place to assess, monitor and improve the quality and safety of the services provided. There were no systems to appropriately analyse or identify themes or demonstrate improvements in the provision of care. Robust records and data management systems were not in place. The service did not consistently mitigate the risks relating to people's health, welfare and safety. The service did not have systems in place to identify when quality and safety was being compromised.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Satisfactory written explanations for gaps in new staff's employment histories and references from their previous employers were

not always obtained.

The registered manager did not update their training to ensure they worked in line current legislation and best practice which would have enabled them to manage the service effectively.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing People received care and support from staff who were not effectively supervised.