

Baxter Life Care Limited

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Inspection report

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26 June 2023

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Baxter Life Care Limited is a domiciliary care agency providing personal care to people in their own homes. At the time of our inspection there were 45 people using the service. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

The service was not always safe. We found care records were not always accurate. Where risks to people were identified recorded documentation to lessen the risk was, at times, conflicting. We found concerns with medicine records and the management of people's medicines. We found there was not a structured, systematic, effective approach to assess and monitor the service to identify shortfalls and drive improvements.

We have made recommendation about oversight of feedback from people who use the service.

The provider followed safe systems for staff recruitment. We received consistent feedback from people who felt safe with the care staff. One person told us, "The company gives me good support and we have a laugh and a joke." People told us they received visits from care staff who they were familiar with.

People we spoke with were complimentary about the service. There was a positive staff culture at the service and staff were happy in their roles. One staff member told us, "This is the best community care company I have worked for."

We found the management team receptive to feedback and keen to improve the service. The registered manager and provider worked with us in a positive manner and the information we requested were received in a timely manner.

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

The last rating for this service was requires improvement (published 14 September 2021). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

At our last inspection we recommended that the provider reviewed their risk management systems and documentation. At this inspection we found this recommendation had not been completed. We found care

documentation did not include all the information staff required to lesson risks to people.

Why we inspected

We carried out an unannounced focussed inspection of this service on 14 September 2021. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained Requires Improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Baxter Life Care Limited on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified a continued breach in relation to good governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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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 1 inspector and 1 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

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced. Inspection activity started on 26 June 2023 and ended on 11 July 2023. We visited the location's office on 26 June 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 with 5 people who used the service and 2 relatives about their experience of the care provided. We spoke with 6 members of staff including the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed multiple medicine administration records, 3 people's care records and looked at 4 staff files in relation to recruitment. We looked at a variety of records relating to the management of the service, including policies and procedures.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

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

At the last inspection we made a recommendation to the provider around risk management systems and documentation. At this inspection we found improvements had not been made.

- Risks to people's health, safety and wellbeing had not been consistently assessed and managed.
- Documentation did not include all the information to guide staff around how to provide safe care and treatment. Care records did not always reflect accurate information relating to people. We viewed 3 people's care records which held inconsistencies. One care plan stated the person could transfer and use a wheelchair; this person was immobile. Another care plan did not include known risks around suicide ideation for the person and there was limited information for staff to follow to reduce the risk.
- Medicines were not always well managed. Medicine administration records did not always contain the correct information for staff to follow. Medicines records were at times contradictory and confusing. Staff were not always recording the amount of medication, or the times medicines were administered.
- A policy was in place for managing people's 'when required' medicines however we found not everyone had these in place. One person was using paracetamol for pain relief, it wasn't clear if the paracetamol were prescribed or not. The registered manager took immediate action and staff were advised not to administer the medication.
- Accident and incident records did not have enough information to look for themes and prevent the events from happening again in the future. Where incidents had taken place, we found the care documentation had not been updated.

There was no evidence anyone had come to any harm as a result of the shortfalls we identified with records. Records in respect of each person using the service and the care provided did not include all the relevant information. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. Steps were taken to update the records.

- A comprehensive set of policies and procedures were in place to support the safe handling of medicines.
- Staff had completed medicines training and had their competency assessed to make sure they had the necessary skills and knowledge.

Systems and processes to safeguard people from the risk of abuse

- The provider had policies to guide staff on how to report concerns of neglect or abuse. Staff had received training in safeguarding awareness.
- We received consistent feedback from people who felt safe with the care staff.

Staffing and recruitment

- The provider followed safe systems for staff recruitment. Staff told us they were recruited safely, and mandatory checks such as Disclosure and Barring Service (DBS) checks were completed prior to them starting work at the home. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People told us they received visits from care staff who they were familiar with. There were times when care staff were late to calls and people told us they do not always get notified. We saw quality monitoring information which also confirmed this. We could not see what action had been taken to address these concerns. We raised this during the inspection feedback and the provider agreed to include follow up information on the monitoring forms to allow for an audit trail of the actions taken.
- Staff received induction prior to starting the role and staff told us they could request additional training if they wanted it.

Preventing and controlling infection

- People were protected from the risk of infection. Staff were trained in preventing infection and using Personal Protective Equipment (PPE) effectively to reduce the risk of infection. They had completed training in how to put on, take off and dispose of PPE safely. Staff told us the provider had ensured they had appropriate protective equipment, such as face masks, disposable gloves, and aprons.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. At our last inspection we rated this key question requires improvement. The rating for this key question has remained 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

At our last inspection the governance system was ineffective. Systems were not robust enough to demonstrate leadership and quality assurance were effectively managed. Records were not always accurate and reflective of people's circumstances. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The service was not consistently well-led. We found there was not a structured, systematic, effective approach to assess and monitor the service to identify shortfalls and drive improvements. For example, audits had not identified and resolved the shortfalls we had identified on inspection in relation to care records and medicines administration concerns.

The governance system was ineffective. Areas of concern on inspection had not been noted and fully addressed. This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Quality monitoring calls did take place and records were viewed, however there is no effective system in place to allow the registered manager to have an oversight of people's feedback.

We recommend the provider ensures everybody who uses the service is given the opportunity to feedback and this is used to improve the service in line with the regulations.

- Equality and diversity training was provided for staff.
- Records and discussion showed the service worked in partnership with a variety of health and social care professionals to ensure people received the support they needed.
- Management meetings took place regularly and there were open forums for information to be shared. Staff members told us they use a secure communication application to share information which works well

for them.

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

- There was a positive staff culture at the service and staff were happy in their roles. One staff member told us, "I like it how it is at the moment."
- People we spoke with were complimentary about the service. One person said, "I can always get through to the office if I need to and who ever answers the phone is always very helpful." Another said, "I have real faith in the company there are a lot more positives than negatives."

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 registered manager understood their duty of candour responsibilities. Good relationships had been developed between management, staff, people using the service and their family members.
- The registered manager had been open with people when things went wrong. Any incidents were discussed with staff during meetings or in one-to-one support sessions.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to have established and effective systems in place to assess, monitor and improve the quality and safety of the service. The provider had failed to maintain accurate, complete and up to date records for people and the management of the service.</p> <p>(1)(2)(a)(b)(c)(d)(f)</p>

The enforcement action we took:

Warning notice