

Baxter Life Care Limited

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Inspection report

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Date of inspection visit:
22 June 2021

Date of publication:
13 September 2021

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 provides personal care to people in their own homes, in and around the Blackpool area. Not everyone who used the service received personal care. CQC only inspects where people receive a regulated activity. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection 21 people were receiving personal care.

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

We received mixed feedback about staffing and the organisation of staff. We made a recommendation around consistent risk management. Policies and systems were in place to help make sure medicines were managed safely. We recommend further developing these to ensure medicines records and audits are accurate and comprehensive. The provider learnt from incidents and shared learning to improve the safety of the service. However, we found some incidents had not been acted upon in a timely manner. People felt safe and were protected against the risk of abuse. The provider had robust infection prevention and control procedures to protect people from cross infection. Staff were recruited safely and there were enough of them to meet people's needs.

The service was not consistently well-led. We found shortfalls in the provider's systems to assess, monitor and improve the service. The accuracy and quality of records was inconsistent. This could have compromised the safety and quality of the service.

The provider and new manager were receptive and keen to make improvements. Following our inspection, they acted immediately to address the shortfalls in standards we identified.

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

Rating at last inspection

The last rating for this service was good (published 19 December 2018).

Why we inspected

We received concerns in relation to staffing and governance of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

You can see what action we have asked the provider to take at the end of this full report.

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to good governance and records at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 ●

Baxter Life Care Limited

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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector and a member of the medicines team, who visited the office. The inspection was supported by an Expert by Experience and another inspector who made calls to people and staff. 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.

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. The registered manager was not available to assist during the inspection process. A new manager was appointed during our inspection.

Notice of inspection

The inspection was unannounced.

Inspection activity started on 22 June 2021 and ended on 13 August 2021. We visited the office location on 22 June 2021. We reviewed documentation and contacted people who used the service, relatives of people and care staff by telephone to gather their views between 28 June and 12 August 2021.

What we did before the inspection

We reviewed the information we held about the service including feedback from the local authority and notifications of significant events the provider had sent to us. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

At the office we spoke with the nominated individual, care coordinator, and another provider's representative. We reviewed three staff files in relation to recruitment, training and supervision. We also looked at a range of records related to the management of the service. We spoke with six people who used the service and six people's relatives to gather their views. We also contacted seven care staff to gather their views of the service. We reviewed care records, risk assessments and care notes for six people and reviewed a range of records related to the management of the service. We reviewed five people's records that were receiving support with their medicines and spoke with a care manager and the provider about medicines management.

After the inspection

We continued to seek clarification from the provider to validate the evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to 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

- Risks to people's health and safety were not always assessed and managed consistently. Staff carried out an initial assessment with people, to ensure their needs and preferences could be met safely. The provider used an electronic care planning system which provided staff with information about people and their needs and enabled the management team to monitor care delivery in real time. However, we reviewed records for six people and found they were not always accurate, up to date and reflective of people's current circumstances.
- We found important elements of people's care were not always recorded to guide staff on how to deliver care safely. We found staff were assisting people with support that was not recorded, or where it was not clear from care plans and guidance what support people required or how it should be delivered. For example, staff were assisting one person with a continence product that was not planned for. Another person's care plan simply said staff should 'assist' the person with tasks, but did not include what assistance they required, or how staff should support the person safely. Additionally, we found reference in assessments to aspects of people's care, for example, the use of barrier cream, which were not included in written plans of care.
- In contrast, we also found some good examples of risk management and detailed guidance for staff. For example, a very good level of detail was recorded to guide staff on the use of a hoist and sling for several people, exactly how to position wheelchairs for transfers and administration of medicines for one person who required them in a specific way. Additionally, staff who supported people with more complex tasks, received training with the person and the equipment they used, helping to ensure their needs were met safely.
- We discussed our findings with the provider and the new manager, who took action immediately to review and amend people's records to provide guidance for staff to improve the safety of the service. There was no evidence anyone had come to any harm as a result of the shortfalls we identified with records.

We recommend the provider reviews their risk management systems to ensure documentation accurately reflects the support people require for the safe delivery of care.

Learning lessons when things go wrong

- The provider had systems to identify and learn from any incidents. Staff were supposed to record any accidents, incidents and near misses, which the registered manager should have analysed for any learning. Any learning from untoward incidents was shared with the staff team, to help improve the safety of the service. However, we found this was not always the case.
- Incidents were not always responded to appropriately to reduce risk. We reviewed accident and incident

records. We saw in some cases staff had followed procedure and there was a record of action taken in response to incidents to try to reduce the risk of them happening again. However, we also found incidents where there was no record of action having been taken at the time of the incident. These had since been investigated by the provider and action taken to reduce risk. We found no evidence people were harmed.

- We discussed our findings with the provider and new manager. They explained the registered manager should have had oversight of these events and actions taken to learn from events. However, the provider's systems to monitor this had not been operated effectively. In response, the new manager had implemented a new system for a weekly review of all operational matters, including any learning from untoward events, which would be shared with the staff team to reduce risks.

Staffing and recruitment

- We received mixed feedback about staffing and the organisation of staff. No one we spoke with had any missed visits and people told us someone would let them know if carers were running significantly late.

- People told us that there had been a lot of inconsistency with carers who came to support them.

Comments included, "The main thing is they alter the carers. I get my rota printed from Monday to Friday. I have crossed sixteen off the list, as they are different carers who arrive that are not the rota. There is no consistency, we have raised this with them." And, "I would like more of the same staff." Another person told us, "He has got used to them. We have a lot of different people coming, men and woman and mainly young ones."

- Staff we spoke with confirmed there had been lots of issues with rotas and organisation of staff. Examples from staff included last minute changes to rotas, not enough travel time between calls in different areas, staff being told to attend two-carer calls on their own, and a lack of response and support from office staff regarding rotas and changes to rotas.

- We discussed our concerns with the provider and new manager. They explained they had spoken with staff, reviewed rotas and were in the process of contacting all service users for feedback about rotas and consistency of staffing. The provider confirmed they had made some changes to rotas in response to their findings. We spoke with staff at the very end of our inspection to check what progress had been made. Staff confirmed things had improved. They felt rotas were better managed and had a better level of support from office staff if any changes needed to be made.

- Staff were recruited safely. The provider carried out checks to ensure staff were of good character before they were employed. This included checks on criminal records and references from previous employers. Staff had to complete a probationary period at the start of their employment to show they were able to carry out their role satisfactorily.

Using medicines safely

- A comprehensive set of policies and procedures were in place to support the safe handling of medicines.

- People had a medicines risk assessment when entering the service to determine how much medicines support they required.

- Systems were in place for the recording of people's medicines. During the inspection a new audit process was developed to monitor recording accuracy, this should be reviewed regularly to make sure it is effective.

- Staff had completed medicines training and had their competency assessed to make sure they had the necessary skills and knowledge.

- A policy was in place for managing people's 'when required' medicines but audits should be carried out to ensure it is always followed.

- One person was prescribed creams but these were not recorded on the medicines records; during the inspection this was corrected.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People told us they felt safe with staff who provided care and support to them. Comments from people and their relatives included, "Yes safe, they make sure he is up, and someone is there when he has a shower. I know they make sure he had his pendant on. I don't have to worry. It is nice to know every day they are there." And, "I feel safe because I feel very very reassured how [staff member] handles the wheelchair when I go out shopping with them."
- Staff were trained to identify and report abuse. They told us they would report any concerns to a member of the management team and were confident action would be taken to protect people. Staff knew how to report concerns to external agencies if necessary.

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 throughout the COVID-19 pandemic. People told us staff used PPE when delivering care.

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service was not consistently well-led. There had been shortfalls in leadership and oversight of the service from the registered manager and the provider. Systems to assess, monitor and improve the quality of the service had not been operated effectively. We found there was no systematic approach to quality assurance. The provider used satisfaction surveys and monitoring calls to monitor the quality of the service. However, they could not evidence that everyone who received a service had been asked for their opinions. The provider's systems had not identified and addressed the issues highlighted in this report.
- We identified inconsistencies with documentation. Documents related to the care and support some people needed, were of a good standard. However, we also found records of assessments and the support some people needed were not always accurate and did not always provide a good level of guidance for staff to support people safely.

We found no evidence people had been harmed. However, 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.

- The provider and new manager began making improvements during our inspection. The provider accepted that there had clearly been shortfalls in their oversight of how the service was performing. They, with the new manager, had begun to review their systems to ensure the service was meeting fundamental standards and not falling short of legal requirements. The new manager provided examples of measures they had implemented, including a weekly meeting to discuss operational matters and the quality of the service. They had plans for ensuring service users were approached for feedback regularly.

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

- The provider had developed a positive culture which put people at the heart of the service. Staff told us they were all committed to making a difference to people and enjoyed working for the company. They explained there had recently been some issues with staffing, organisation of staff and support from management. However, staff we spoke with at the end of our inspection told us things had improved.

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 provider and staff team understood their responsibilities under the duty of candour. The provider had notified us of significant events, as required. The notifications showed the provider had been open and honest and shared information about incidents with relevant people.

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

- The provider used systems to gather people's views about the service. They asked people to complete a satisfaction survey to share their views of the service they received. People were also asked for feedback during review meetings and over the telephone by office staff. However, we found people were not all routinely asked for feedback.
- Staff felt engaged and able to share their views of the service. Staff told us they could approach the manager or provider with any views or suggestions to improve the service. They explained engagement with staff had improved since the start of our inspection, with the provider taking a more hands-on approach.
- The COVID-19 pandemic had caused some difficulty in engaging with the public. However, the provider was in the process of planning events to engage with the public and raise the profile of the service.

Working in partnership with others

- The service worked with other appropriate agencies to ensure people received the care they needed. Staff liaised effectively with other services, such as community professionals and social workers, to ensure people received the support they needed.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not operated effectively systems designed to assess, monitor and improve the quality of the service. 17(1)(2)(a)</p> <p>The provider had not maintained securely an accurate, complete and contemporaneous record in respect of each service user. 17(1)(2)(c)</p>