

Baxter Life Care Limited

# Baxter Life Care Limited

## Inspection report

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31 October 2018  
02 November 2018  
05 November 2018  
06 November 2018  
07 November 2018

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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: Baxter Life Care Ltd is a domiciliary care service that was providing personal care to 11 people in their own homes at the time of the inspection.

People's experience of using this service:

The service had systems to ensure risks were managed and people were kept safe. People received effective care from a well-supported and trained staff team. Staff understood the importance of providing person-centred care and treated everyone as individuals, respecting their abilities and promoting independence. Staff had built positive caring relationships with people they supported and their families. People received personalised care that was responsive to their needs and preferences. Staff liaised with other health care professionals to ensure people's safety and meet their health needs. Where staff noted a concern they quickly involved healthcare professionals, to achieve positive outcomes for people and reduce any risks. We received consistently positive feedback about how the service was managed.

More information is in the full report.

Rating at last inspection: This was the first time the service had been inspected since registering as a new location.

Why we inspected: This was a scheduled inspection to assess the quality of the service during their first year operating from the new location.

Follow up: The next scheduled inspection will be in keeping with the overall rating. We will continue to monitor information we receive from and about the service.

## 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 ●

# 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 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.

**Inspection team:** The inspection was carried out by one adult social care inspector.

**Service and service type:** Baxter Life Care Ltd is a domiciliary care service. Staff deliver personal care support to people living in their own homes. Services are provided to younger and older people who have learning or physical disabilities, who are living with dementia, have sensory impairments and or related mental health conditions.

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:** The inspection was unannounced. Inspection site visit activity started on 31 October 2018 and ended on 7 November 2018. It included visits to people in their own homes, telephone calls with people who used the service, their relatives and staff members. We visited the office location on 31 October 2018 and 07 November 2018 to see the registered manager and office staff; and to review care records and policies and procedures.

**What we did:** Before the inspection we checked information that we already had about the service and completed our planning tool. We looked at notifications from the provider and sought feedback from the commissioning department at the local authority. Notifications are specific events that the provider is required to tell us by law.

During the inspection we spoke with four people who used the service and four people's relatives. We spoke with five care staff, the registered manager, registered provider and company director. We reviewed two staff recruitment and supervision records, staff training records, five people's care records and records related to the management of the service.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

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

### Systems and processes

- The provider had a system of assessing and regularly reviewing people's needs, their care plans and provided regular supervisions and spot checks for staff.
- The service had effective safeguarding policies in place. People were supported by staff who understood safeguarding, what to look for and how to report concerns.
- The registered manager was aware of their responsibility to report concerns to the relevant external agencies.

### Staffing levels

- There were sufficient numbers of staff to meet people's needs. The provider ensured consistency in staffing for people. One person told us, "They always come on time and stay as long as they should." Another person said, "I have a consistent staff team, sometimes different ones at weekends, all very good, very pleasant people."
- Disclosure and Barring Service (DBS) checks been completed and references sought from previous employers. This helped to make sure staff were fit for the role. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

### Assessing risk, safety monitoring and management

- The service assessed risks to people's safety and well-being. Plans were put in place to lessen risks. This included risks associated with health conditions, mobility and nutrition, for example.
- Staff worked with the same people so they were familiar with their needs and plans to manage risk.
- The service had a system to record and analyse any accidents or incidents. This helped to identify and trends or themes. The registered manager referred people to external agencies for guidance and support when required.

### Using medicines safely

- The service supported three people with medicines. People and their relatives told us they were happy with how their medicines were managed.
- Staff were trained and administered medicines safely. Staff practice was observed during spot checks to ensure they were competent.
- Medicines records were accurately maintained.

### Preventing and controlling infection

- Staff had received training in infection control and had access to protective personal equipment such as disposable gloves and aprons.
- We observed and people told us staff practiced good infection control measures.

### Learning lessons when things go wrong

- The registered manager reviewed accidents and incidents and, once investigated, put actions in place to minimise future occurrences.
- Discussions took place to make improvements and ensure the service learnt from any incidents that occurred.

# Is the service effective?

## Our findings

Effective – this means 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 needs were assessed before the service commenced supporting them. This assessment was used to form a basic care plan which was updated as the provider learnt more about the person.
- Care plans were person-centred. Care was planned and delivered in line with people's individual assessments, which were reviewed regularly or when their needs changed.

Staff skills, knowledge and experience

- People were supported by staff that had received training relevant to their roles. Staff told us they had access to a range of training which fully equipped them for their role. The provider monitored staff training to ensure it was up to date and effective. People we spoke with told us staff were skilled and competent. One person told us, "They know what to do and they do it very well."
- Staff told us they felt well-supported. They received regular supervision which included feedback about their performance and enabled them to discuss any concerns, training and development. Spot checks were carried out to ensure staff provided effective care in a positive and person-centred manner.

Supporting people to eat and drink enough with choice in a balanced diet

- People's dietary needs and preferences were recorded in their care plans.
- People were supported by staff to maintain good nutrition and hydration.

Staff providing consistent, effective, timely care within and across organisations

- Staff worked well with external professionals to ensure people were supported to access health services and had their health care needs met. The registered manager told us how they referred people to external professionals for support, for example to help reduce the risk of falls.

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 were supported by staff that knew the principles of The Mental Capacity Act 2005. They knew what they needed to do to make sure decisions were made in people's best interests. Staff told us how people's family members were involved, where appropriate.
- People and their relatives told us they were involved in planning the care delivered to them and were in control of what care was provided. They told us staff always sought consent before care was provided.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- We received consistently positive feedback about the approach of staff and the care and support delivered to people. Comments we received from people included, "They are very helpful, very lovely, friendly people." And, "[Name removed] gets superb care. They're brilliant."

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

- Staff recognised what was important to people and ensured they supported them to express their views and maintain their independence. People told us they were able to influence every aspect of the care provided to them. One person told us, "They do work alongside us as a family and take our views into account very well."
- People told us staff had taken time to get to know them well. People's communication needs had been assessed and staff supported people to make decisions where required.

Respecting and promoting people's privacy, dignity and independence

- The provider recognised people's diversity, they had policies in place that highlighted the importance of treating everyone as individuals. People's diverse needs, such as their cultural or religious needs were reflected in their care planning.
- People's confidentiality was respected and people's care records were kept securely.
- Staff told us how they ensured people received the support they needed whilst maintaining their dignity and privacy. For example, making sure doors and curtains were closed before providing personal care. One person commented, "I feel very comfortable with them. They are respectful and respect my dignity when they're helping me wash and dress. Very aware of dignity."

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs  
People's needs were met through good organisation and delivery.

### Personalised care

- People were empowered to have as much control and independence as possible, including in developing care plans. One person commented, "If needed to change anything or raise any concerns could just pick up the phone."
- Care plans were personalised and reflected people's individual needs and preferences. This included step by step guidance for staff about tasks they needed to complete at each visit and how people liked things to be done.
- Staff had built positive, caring relationships with people and knew them well, including their likes, dislikes and preferences.
- A relative we spoke with told us, "They try to match the right person [staff] to [family member] because she likes to chat. [Staff member] reads books to her. We could use tapes but her attention span doesn't last. She really enjoys someone reading."

### Improving care quality in response to complaints or concerns

- People and their families knew how to make complaints. They felt confident that these would be listened to and acted upon in an open and transparent way, as an opportunity to improve the service. One person told us, "[Registered manager] takes things seriously and resolves any issues." The service had received two complaints which we saw had been investigated and resolved satisfactorily.
- People knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this. This included regular reviews of their care and satisfaction surveys. We saw the results of the most recent survey were positive.

### End of life care and support

- At the time of our inspection the service was not providing end of life care to anyone. The provider had a policy and procedure for managing end of life care and enabling people to have a dignified, pain-free death. When providing end of life care, the provider worked with other professionals such as district nurses and GPs.

# Is the service well-led?

## Our findings

Well-Led – this means 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.

### Leadership and management

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- The provider's systems ensured people received person-centred care which met their needs and reflected their preferences.
- Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The service was well organised and there was a clear staffing structure.
- The provider had robust auditing systems for every aspect of the service to ensure they met legal requirements.
- Staff understood their roles and responsibilities and had confidence in the registered manager.
- There was a good communication maintained between the registered manager, director and staff.
- Staff felt valued and well-supported by the management team.
- People spoke positively about how the service was managed.

Engaging and involving people using the service, the public and staff

- People told us they were encouraged to comment on their care plans and feedback to the management team through regular review meetings. People told us they could simply pick up the phone or speak with care staff in between meetings if there was something they wanted to discuss or change. One relative told us, "They are always on the end of the phone if we have problems. If I've rung up they've acted instantly."
- The provider also used satisfaction questionnaires to gain people's views on their experiences of the service. We saw the results of the most recent survey were all positive.
- Staff spoke positively about the support they received from the management team. They told us senior staff were approachable and available for advice and support.

Continuous learning and improving care

- The management team were keen to ensure a culture of continuous learning and improvement. They had started to explore systems to help them in the overall monitoring of the service quality and safety as they recognised this may be needed as the service begins to grow.
- The registered manager used a range of resources to ensure the service kept up to date with best practice

guidance.

Working in partnership with others

- The service worked in partnership and collaboration with other key organisations to support care provision and joined-up care. This included people who used the service, their families and representatives, GPs, community nursing teams and other health professionals.