

Baxter Life Care Limited

# Baxter Life Care Limited

## Inspection report

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21 June 2017

28 June 2017

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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?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

Baxter Life Care Limited is a domiciliary care agency that supports people to remain independent in the comfort of their own home. The services are designed around people they support and people have the freedom to choose who provides their care, and when they want it. Care is planned around people's personal needs. At the time of our inspection 44 people were receiving a personal care service.

The last inspection of this service took place over two days on 08 and 09 April 2015. The service was awarded a rating of 'Good' and we identified no concerns at this inspection.

This inspection visit at Baxter Life was undertaken on 20, 21 & 28 June 2017 and was announced. The service was given 24 hours' notice prior to the inspection so we could be sure someone would be available to provide us with the information we required.

The registered manager of the service was present throughout our inspection. 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 2008 and associated Regulations about how the service is run.

During our last inspection we found concerns with how people's care packages and risk assessments were recorded. We looked at risk assessments during this inspection and found risk assessments were not always completed on an individual basis and did not always contain adequate information. There was not always information on how to mitigate risks and there was missing information to help guide staff if the said risk occurred. We looked at nine people's care plans and found gaps in information regarding the administration of medicines. For example, we saw no support plans to guide staff when giving medicines, which could have put people at risk of medication mismanagement.

We also saw missing signatures on Medicine Administration Records (MARs) for one person however; we could not easily see what action was taken from this. The risk management and medicines management issues identified amounted to a breach of Regulation 12 safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how the service gained people's consent to care and treatment in line with the MCA. We found the principles of the MCA were not consistently embedded in practice. The service does provide a service to people who may have an impairment of the mind or brain, such as dementia. We found people's capacity to consent to care had not always been assessed. In addition the information in relation to consent was at times conflicting. This failure to follow the code of practice amounted to a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Need for consent).

We found care plans did not always have enough detail considering the complex needs of the adult cared

for. Information was not always available, in four of the files, there was minimal information. These shortfalls in maintaining accurate and complete records amounted to a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good governance).

We asked the registered manager to tell us how they monitored and reviewed the service to make sure people received safe, effective and appropriate care. Systems were in place to demonstrate regular checks had been undertaken looking at care files and daily records. However, checks were not always robust and effective. The provider had not ensured the processes they had to monitor quality and identify areas for improvement were effectively implemented. We found examples of audits which had been completed in April 2017 however the actions documented had not yet been acted on. We found three examples where the audit had identified missing care documentation in people's files. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

We have made a recommendation about the auditing of accidents and incidents.

We have made a recommendation around involving people in the care planning process.

We have made a recommendation with regards to ensuring care files are completed and up to date with regards to people nutrition and hydration needs.

The service had a complaints procedure which was made available to people they supported and their family members. People we spoke with told us they had raised some concerns but these were not always addressed. The registered manager informed us a system for recording and managing informal concerns would be put in place.

We looked at staffing levels, geographical rotas and how staff are deployed. People we spoke with did tell us that sometimes there were timing issues with calls. A new rota system had recently been introduced to help with the travel time for carers. However, we did see that some calls were back to back which meant carers did not always have time to travel. This allocation of time impacted on staff as they were not always able to travel between calls which resulted in them being late. The registered manager told us this would now be reconsidered.

We reviewed how the service continued to ensure people were safeguarded from abuse during this inspection. We found people were protected from the risk of abuse because staff understood how to identify and report it.

Staff we spoke with said the training was very good and was ongoing throughout the year. People we spoke with told us staff were well trained. Comments included, "They are very attentive and have a good knowledge." And, "I think they are very competent, they are really good carers."

Staff told us they felt well supported by management and we saw evidence regular supervisions were being held.

We observed positive interactions during the inspection. Staff approached people in a caring, kind and friendly manner. We observed staff speaking with people who used the service in a respectful and dignified manner.

We received consistent positive feedback about staff and about the care people received. Everyone we spoke with who received care and support, told us they were treated with kindness by the care staff who

supported them.

People were supported and encouraged to take part in activities of their choice. We saw evidence of people who had been supported to access their favourite shops and local eating and drinking establishments.

We found the management team receptive to feedback and keen to improve the service. The managers worked with us in a positive manner and provided all the information we requested.

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.

We found not all assessed risks had a completed risk assessment as per the service's own policy and procedures.

Staff were asked to undertake checks prior to their employment with the service to ensure they were not a risk to people who may be vulnerable.

Staff were aware of the providers safeguarding policy and how to report any potential allegations of abuse or concerns.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

People's rights were not always protected, in accordance with the Mental Capacity Act 2005.

Staff were skilled and received training to ensure they could meet the majority of people's needs.

There was evidence of staff supervisions and appraisals on staff files we reviewed.

### Is the service caring?

**Good** ●

The service was caring.

Staff knew people well and responded to their needs appropriately.

People and their relatives were very pleased with the staff who supported them and the care they received.

People told us staff respected their privacy and dignity in a caring and compassionate way.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive to people's needs.

We found there was an assessment process; however this was not always completed fully.

Care plans were not always in place and the standard was inconsistent.

We found regular reviews of care documentation were completed however current needs were not always identified.

**Is the service well-led?**

The service was not always well led.

A range of quality audits and risk assessments had been conducted by the registered manager but they were not robust and effective.

Action plans devised following audits were not checked and followed up on to ensure the actions had been completed.

Staff enjoyed their work and told us the management were always available for guidance and support demonstrating there was a positive culture.

**Requires Improvement** 

# Baxter Life Care Limited

## Detailed findings

### Background to this inspection

We carried out this comprehensive 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 inspection visit took place across three dates, 20, 21 and 28 June 2017 and was announced.

The inspection team consisted of one adult social care inspectors and an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience had a domiciliary care background.

We spoke with a range of people about Baxter Life Care Limited. They included seven people who used the service, three relatives, the registered manager, the manager, a care manager and five staff members. Prior to our inspection visit we contacted the commissioning department at Lancashire County Council. In addition we contacted Healthwatch Lancashire. Healthwatch Lancashire is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced accessing the service.

The provider returned the completed Provider Information Return (PIR), within the requested timeframes. A PIR is a form which asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We reviewed this information as part of the inspection.

We looked at care records of nine people, staff training records, medication documentation and records related to the management of the service. We looked at recruitment procedures and checked staffing levels.

# Is the service safe?

## Our findings

People we spoke with said, "I feel safe enough when they are here." And, "Yes I think my relative is safe they look after them very well".

During our last inspection we found concerns with how people's care packages and risk assessments were recorded. There were gaps in related documents and care plans and assessments were brief and not always informative to enable staff to support people.

We looked at assessments for nine people before the service agreed to provide their domiciliary care package during this inspection. We found the risk assessments were not always completed and did not always contain adequate information. There was not always information on how to mitigate risks and there was missing information to help guide staff if the said risk occurred. For example, one person was at risk due to diabetes but there was no information about how to support this person, any signs for staff to be aware of and nothing to say what staff are to do if the person was presenting ill effects due to this.

A second person was at risk due to the use of a catheter and incontinence pads. There was a risk assessment, however it did not cover the risks associated with the use of a catheter and incontinence pads and had no directions for staff to follow to prevent the risk. There is a risk of damage to skin integrity or infection if incontinence pads are not used correctly. There was no information about what staff should do if any risks occurred.

We looked at nine people's care plans and found gaps in information regarding the administration of their medicines. We saw no support plans to guide staff when giving medicines, which could have put people at risk of medication mismanagement.

We also found missed signatures had been highlighted on MARs for one person however, we could not easily see what action was taken from this. We could not find information to explain if these were missed signatures or missed medicines. We spoke with the registered manager who informed us the staff member had been on further training. However when we looked at the training records for the staff member it transpired the member of staff did not attend. No follow up action had been taken to further monitor the MARs records.

We looked at the medicines policy and found this did not reflect current national guidance and regulation. New guidelines were published by National Institute for Health and Care Excellence, in March 2017, Managing medicines for adults receiving social care in the community.

The risk management and medicines management issues identified amounted to a breach of Regulation 12 safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff files did not include staff competency assessments for the administration of medicines. Appropriate training, support and competency assessment for managing medicines is essential to ensure the safety,



quality and consistency of care. When social care providers are responsible for medicines support, they should have robust processes for medicines-related training and competency assessment for care workers. Staff we spoke with all informed us they were trained in medicines and felt confident to support people with them.

There was no central record being used for accident and incidents. Therefore the information could not be pulled together in order to monitor this for trends and patterns or to highlight any areas for improvement. We spoke to the registered manager about this and they informed us that they would need to look through the files to find the incidents.

We recommend the service has a log of all incidents and accidents to have a more robust oversight.

We spoke with one staff member who told us they were not always given enough time for travelling and some visits to people overlap. People told us the service was not consistently reliable. People we spoke with said, "We have a lot of problems with timing"; "The carers are given jobs for the same time." And, "Apart from once or twice they are usually on time."

We discussed this with the registered manager and viewed some examples of staff rotas. A new rota system had recently been introduced to help with the travel time for carers. However, we did see that some calls were back to back which meant carers did not always have time to travel. This allocation of time impacted on staff as they were not always able to travel between calls which resulted in them being late. The registered manager told us this would now be reconsidered. We saw that the service had enough staff for the service delivered.

People were protected by suitable procedures for the recruitment of staff. We saw records which showed the provider had undertaken checks to ensure staff had the required knowledge and skills, and were of good character before they were employed at the service. The checks included written references from previous employers. Checks on new care workers had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

We looked at how people were protected from bullying, harassment, avoidable harm and abuse. We found the service followed safeguarding reporting systems as outlined in its policies and procedures.

We spoke with four staff members who told us they knew how to report safeguarding concerns and felt confident in doing so. The service had a whistleblowing procedure. We spoke with staff who told us they were aware of the procedure. They said they would not hesitate to use this if they had any concerns about their colleagues' care practice or conduct. We felt reassured by the level of staff understanding regarding abuse and their confidence in reporting concerns.

We looked at how the service minimised the risk of infections. We found staff had undertaken training in infection control. People and staff confirmed staff wore gloves and aprons when providing personal care.

## Is the service effective?

### Our findings

People and their relatives told us staff were aware of their needs. Comments included, "Yes they know my relatives needs very well." And, "I have one who knows my routine well but new ones catch on quickly."

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA).

The 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We looked at how the service gained people's consent to care and treatment in line with the MCA. We found the principles of the MCA were not consistently embedded in practice. The service provided a service to people who may have an impairment of the mind or brain, such as dementia.

We found people's capacity to consent to care had not always been assessed and information was at times conflicting. For example, in two people's care file their next of kin had signed for the consent to the service where the person's mental capacity had not been considered. The MCA stipulates that if a person lacks capacity to consent to a decision then a best interest process needs to be undertaken. Therefore the correct processes had not been followed.

Another example was where a person's consent had not been signed at all. We spoke with the care manager who stated they were due to see the person's solicitor who had legal power of attorney. However, there was no question over the person's capacity to consent to the care and treatment and no consideration had been given to alternative ways to record the persons consent. The legal power of attorney did not need to be consulted in this case as the person did not lack capacity at the time that the decision was being made.

This failure to follow the code of practice amounted to a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Need for consent).

People had a choice of what they wanted to eat. However care files did not always adequately document people's preferences. We observed staff supporting one person with their meal. The staff member told us there was an identified need for this person to support them with nutritional needs. However this was not documented in the persons care file at the time of the first inspection visit. This had been updated upon our return visit.

We recommend the service ensures all care files are completed and up to date with people's nutrition and hydration needs.

We saw the service had a detailed induction programme for all new staff and staff were required to complete the induction prior to working unsupervised. This programme covered important health and safety areas,

such as moving and handling In addition there were courses on working in a person centred way and safeguarding.

We found the service promoted staff development and had a rolling programme to ensure staff received training appropriate to their role and responsibilities. We asked staff if they received training to help them understand their role and responsibilities. One staff member told us: "Training is brilliant it is always on offer and we are supported to do it."

People we spoke with told us staff were well trained. Comments included, "They are very attentive and have a good knowledge." And, "I think they are very competent, they are really good carers."

Staff told us they felt well supported by management and we saw evidence regular supervisions were being held. Supervision notes confirmed people had the opportunity to discuss their work performance, achievements, strengths, weaknesses and training needs.

We found examples across the care records we looked at of people being referred for external health and social care support and professional advice being followed. The service maintained good working relationships with health professionals and sought guidance when needed.

We saw evidence in care files the service was making the required referrals and seeking support on how best to meet people's needs. We found evidence of the service engaging with other agencies to facilitate joint working. Visits with other professionals were recorded in the care files. These arrangements helped to ensure people consistently received the care they needed.

## Is the service caring?

### Our findings

People and their relatives told us, "The staff are very respectful towards my relative. They are very kind and attentive." And, "The staff are very caring and helpful."

We received consistent positive feedback about staff and about the care people received. Everyone we spoke with who received care and support, told us they were treated with kindness by the care staff who supported them. People told us that positive relationships had been developed. People felt that the staff knew them well.

People's beliefs, likes and wishes were not always explored within care records and guidance was not always available about their preferences. We did not see a consistent approach to involving people in the care planning process. It was unclear if each person had been consulted regarding the care they received. Involving people in care planning evidences shared decision-making working with people who use the service towards their own goals. All care plans should clearly detail how the person and, where appropriate their designated representative had been involved (or not) in the care planning and review process.

We recommend the service ensures that people are consistently consulted during the implementation and review process for care planning.

People were supported by staff with activities to minimise the risk of becoming socially isolated. One staff member told us how there was always enough staff on to support with one to one hours, so the person they supported could take part in their chosen activity. An example was seen in one person's care file where the person was being supported to play darts and go shopping.

We observed staff as they went about their duties and provided care and support during this inspection visit. We observed staff speaking with people who used the service in a respectful and dignified manner. For example, we observed staff members speaking to people at their level and ensuring they were in a good position so they had good eye contact.

Staff understood how to respect people's privacy, dignity and rights and received training in this area. Staff described how they would ensure people had their privacy protected when undertaking personal care tasks.

The registered manager was knowledgeable about local advocacy services which could be contacted to support people or to raise concerns on their behalf. Advocates are people who are independent of the service and who can represent people or support individuals to express their views.

## Is the service responsive?

### Our findings

We asked people who used the service if staff were responsive to their needs. People we spoke with told us, "They know my needs well and staff are good at what they do." And, "The staff know what needs doing, I feel very confident with the support."

During our last inspection we made a recommendation around care plans. This was because we found concerns with how people's care was recorded. We also found support plans did not always demonstrate how the management team responded to people's changing needs.

At this inspection visit we found regular reviews of care documentation was completed however current needs were not always identified. For example, we viewed the file for one person and the needs documented was out of date for the person. The file stated the person could eat independently. However we observed the person required assistance.

Another example was where a person was receiving full support with medicines and MARs were being completed following staff administering medicines. However the care plan stated the person was to receive verbal prompts for medicines. We could not see when or why this change had been implemented. We asked the registered manager if they could provide us with an explanation, which they were unable to do.

We found care plans did not always have enough detail considering the complex needs of the adult cared for.

We found there was an assessment process; however in the nine care files we viewed this was not always completed fully. The information contained within the assessment did not always ensure staff had a good understanding of people's needs before they started to support them. For example, one person had been assessed as needing support with preparing food and drinks. There was no documented evidence about how staff were to support with this. A second person required staff to change their night bag due to continence needs. There was no information to guide staff in how to do this.

These shortfalls in maintaining accurate and complete records amounted to a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good governance).

The service had a complaints procedure which was made available to people they supported and their family members. We spoke with people who used the service and their relatives who told us, "I have complained about the carers but nothing changes really." And, "I have repeatedly complained to people in the office, but nothing changes." We spoke with the registered manager about the comments. The registered manager did not have any evidence these complaints had been received. It was discussed that as the complaints were not formal and written these had not been recorded. The registered manager informed us a system for recording and managing complaints and informal concerns would be put in place. We saw evidence of formal complaints and information was available to demonstrate how those complaints had

been reviewed, investigated and responded to.

We saw evidence in care files the service was making necessary referrals and seeking support on how best to meet people's needs. We found evidence of the service engaging with other agencies to facilitate joint working. These arrangements helped to ensure people consistently received the care they needed.

## Is the service well-led?

### Our findings

We found all the staff members we spoke with reported a positive staff culture, and staff told us they felt supported by management. Staff told us, "There have been recent changes to management and that's better." And, "The management team are approachable."

We asked the registered manager to tell us how they monitored and reviewed the service to make sure people received safe, effective and appropriate care. Systems were in place to demonstrate regular checks had been undertaken looking at care files and daily records. The registered manager provided us with evidence of some of the checks that had been carried out on a daily, weekly and monthly basis.

However checks were not always robust and effective. For example, audits of MARs had been undertaken for each individual who was supported with medicines. The information was not held collectively to allow it to be analysed for trends and patterns. In addition, it was not always clear what actions had arisen and if they had been completed.

For example the omissions which had been highlighted during the MAR audit for one person who was supported with medicines. However, we could not see what action was taken from this. Upon further investigation we found the action had not been completed and further follow up was not taken.

We found examples of audits which had been completed in April 2017 however the actions documented had not yet been acted on. We found three examples where the audit had identified missing care documentation in people's files. When we checked the files this information was still missing.

The lack of consistencies we found across the service also demonstrates the lack of oversight from the registered manager. This highlighted the need for oversight and monitoring that is robust to ensure the response is appropriate and without delay.

These shortfalls in quality assurance amounted to a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good governance).

We looked at policies and procedures related to the running of the service such as, safeguarding, whistleblowing and medicines management. These were in place and reviewed annually. However, we found the medicines policy had not been reviewed to include the most up to date NICE guidance for medicine in a community setting. Therefore staff did not always have access to up to date information and guidance.

We viewed evidence which demonstrated the views of people who use the service and staff had been sought and acted on for the purposes of continually evaluating and improving the service.

Providers of health and social care services are required to inform the Care Quality Commission, (CQC), of important events that happen in their services. The registered manager of the home had informed CQC of

significant events as required. This meant we could check appropriate action had been taken.

We found the management team receptive to feedback and keen to improve the service. They worked with us in a positive manner and provided all the information we requested.

The service had on display in the reception area their last CQC rating, where people who visited the home could see it. This is a legal requirement from 01 April 2015.



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 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider did not have suitable arrangements to ensure the treatment of service users was provided with the consent of the relevant person in accordance with the Mental Capacity Act 2005.</p> <p>Regulation 11(1) (2) (3)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not have suitable risk management arrangements to make sure that care and treatment was provided in a safe way for all service users.</p> <p>Regulation 12 (1)(2) (a) (b)</p> <p>The provider did not have suitable arrangements to ensure medicines were managed in a safe way.</p> <p>Regulation 12 (1)(2) (g)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured the processes they had to monitor quality and identify areas for improvement were always effectively implemented.</p>

Regulation 17 (1) (2) (a) (b) (c) (f).