

Better Lives (Northants) Limited

Better Lives Northants

Inspection report

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Date of inspection visit:
03 March 2016
04 March 2016
09 March 2016
10 March 2016
19 April 2016

Date of publication:
20 June 2016

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

This announced inspection took place on 3, 4, 9, 10 March and 19 April 2016. This domiciliary care service provides support to adults aged between 18-65years with learning disabilities who live with their family or in their own home. At the time of our inspection there were seven people who had personal care needs.

There were two registered managers in post. 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.

The registered managers owned the business and as a provider they had clear vision and values that were person centred and focussed on people having the opportunity to gain their independence. All staff and managers demonstrated passion and commitment to providing a good service for people.

People had therapeutic relationships with staff. People commented on the positive impact staff had made on their lives and how they had changed for the better. People understood they could rely on staff to always be there for them and to provide guidance when needed during difficult times.

People were actively involved in decisions about their care and support needs. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005. People were empowered to make their own decisions and to take responsibility for them. Staff provided people with information to enable them to make an informed decision and encouraged people to make their own choices.

People's lives had improved as a result of using the service; people were enabled to become more independent by gaining everyday life skills and understanding how to care for their health and well-being.

People received safe care and support. Staff understood their role in safeguarding people and they knew how to report concerns. There were enough staff with the right skills and attitudes to meet people's needs. The provider included people in the in-depth recruitment and selection of new staff.

Staff had a full understanding of people's support needs and had the skills and knowledge to meet them. Training records were up to date and staff received regular supervisions and appraisals. Staff were clear about their roles and responsibilities in caring for people and received regular support from the provider.

There was a person centred and flexible approach to each person's nutritional needs and staff promoted healthy eating. Individuals were supported to realise the knowledge and understanding they needed to attain a healthy weight, plan and prepare meals and keep their food safely stored.

Care records contained risk assessments and risk management plans to protect people from identified risks

and helped to keep them safe but also enabled positive risk taking. They gave information for staff on the identified risk and informed staff on the measures required to minimise any risks. Staff were vigilant regarding people's changing health needs and sought guidance from relevant healthcare professionals

Staff protected people's privacy and dignity. All interactions between staff and people were caring and respectful; staff were consistently patient, kind and compassionate. Staff demonstrated affection and warmth in their contact with people, which was clearly reciprocated.

Staff were aware of the importance of managing complaints promptly and in line with the provider's policy. Staff and people were confident that if they had any concerns they would be listened to and any concerns would be addressed.

Systems were in place to monitor the quality and safety of the support people received. People and staff were encouraged to provide feedback about the service and it was used to drive continuous improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People received safe care and support. Staff were clear on their roles and responsibilities to safeguard them.

Staffing rotas were planned to ensure that people received care from staff that they knew and had a good relationship with.

Risk assessments were in place and were managed in a way which enabled people to be as independent as possible and receive safe support.

Appropriate recruitment practices were in place and staffing levels ensured that people's support needs were safely met.

Is the service effective?

Good ●

The service was effective.

People received personalised support that was based on their needs and wishes.

Staff were skilled in meeting people's needs and received on-going support from the registered managers to ensure they continued to deliver a good service.

Staff understood how to apply the Mental Capacity Act, 2005 (MCA) and to ensure people's rights were protected.

People were supported to manage their own health and nutritional needs.

Is the service caring?

Good ●

The service was caring.

The registered managers and staff were committed to a strong person centred culture which put people first.

People had positive relationships with staff that were based on respect and shared interests.

People were encouraged to make decisions about how their support was provided and they were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

The service was flexible and responded quickly to people's changing needs or wishes.

People received care that was based on their needs and preferences. They were involved in all aspects of their care and were supported to set goals to enable them to lead their lives in the way they wished to.

People's views and opinions were sought and listened to. Feedback from people receiving support was used to drive improvements.

Is the service well-led?

Good ●

The service was well led.

The registered managers promoted strong values and a person centred culture which was supported by a committed staff group. The registered managers ensured this was consistently maintained.

There was continual improvement driven by systems to monitor quality of the service.

The registered manager promoted an open and inclusive culture that encouraged continual feedback.

Better Lives Northants

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 was planned to check 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 took place on 3, 4, 9, 10 March and 19 April 2016 and was announced. We gave 48 hours' notice of the inspection because the service is small and the manager is often out of the office supporting staff or providing care and we needed to be sure they would be in. The inspection was completed by two inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). 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. The provider returned the PIR and we took this into account when we made judgements in this report.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with five people who used the service, six members of care staff and both of the registered managers. We looked at the care plans and documentation relating to five people, and two staff files. We were unable to speak with people's families or their representatives as by the nature of the service Better Lives provided, people using the service did not have people in their lives that could comment on the service that was being provided.

We visited the centre where people met for group activities. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Is the service safe?

Our findings

People were supported by a staff group that knew how to recognise when people were at risk of harm and what action they would need to take to keep people safe and to report concerns. Detailed policies were in place in relation to safeguarding and whistleblowing procedures which were accessible to all staff. The manager and staff demonstrated a good understanding of people's risks of abuse, one member of staff told us "I raised my concerns about someone's finances; they were a known risk as they were liable to give away money". The manager told us "We have made at least three referrals to safeguarding in the past year with regards to financial abuse; Better Lives have worked closely with these customers to eliminate abuse and have put measures in place to protect these customers within our care." Records showed and staff confirmed they had received training in safeguarding adults as part of their essential training and this was regularly updated.

The service was based around supporting people to become as independent as possible and the ethos of the service was reflected in people's individual risk assessments to encourage people to take reasonable risks with the appropriate support and knowledge to do so. For example riding a bike or using public transport. One person told us "[staff name] helps me to use the bus, I am getting more confident now." People's needs were reviewed by staff so that risks were identified and acted upon. One member of staff told us "we read and amend the risk assessments and care plans, they are updated regularly." Staff understood the varying risks for each person and took appropriate action. For example, people were identified as at risk of self-neglect, staff had put plans in place to support people to establish routines that would help them to maintain personal hygiene and store their food safely. Staff carried out risk assessments in all relevant environments, for example they identified that some people were at risk of harm as they were not aware of road safety and put appropriate measures in place to reduce the risks. People were aware of how to recognise the fire alarm in a work placement or in a public place and how they should evacuate the buildings. Staff also understood their responsibility to identify new risks, for example if people's behaviours or health changed. We saw evidence of staff raising their concerns with the office staff who requested further professional assistance when necessary.

The provider followed safe and robust recruitment and selection processes to ensure staff were safe and suitable to work with people. We looked at the files for two of the most recently employed staff. Appropriate checks were undertaken before staff started work. The staff files included evidence that pre-employment checks had been carried out, including written references, satisfactory Disclosure and Barring Service clearance (DBS), and evidence of the applicants' identity. As part of the staff recruitment process, people who used the service were given opportunity to meet and spend some time with applicants. People prepared interview questions and met with applicants without the interview panel, the most popular interview question asked by people was "have you any experience with adults with learning disabilities?" The way applicants related to people and how people responded was observed and considered before a decision to offer employment was made. This made sure people felt comfortable and safe with staff that would be supporting them.

Staff worked as a cohesive and flexible team, supporting people and one another willingly and cheerfully to

ensure the best outcomes for people. There were enough staff to keep people safe and to meet their needs. Staffing rotas were reviewed weekly to ensure people could receive the support they required, for example, with healthcare appointments. People told us they saw their key workers regularly and staff told us they were allocated to provide support to people depending on activity they had chosen. One person told us "I pick who I want to go shopping with, I choose [staff name] because she is kind, happy and she listens." Where staff provided one to one support they had travel time to ensure they had time to provide all of people's care. We saw that the rotas incorporated different staffing levels to allow enough staff to support celebrations such as people's birthdays or specific events like the Valentines disco.

The service was not commissioned to manage people's medicines except for prescribed creams. Staff understood the basics of managing medicines which had helped them to recognise when people had not been able to manage their own medicines. Staff had reported these concerns to the commissioners for re-assessment and to people's GPs to alert them to people's risks of not receiving their prescribed medicines.

Is the service effective?

Our findings

People received care from staff that had undertaken an induction and training to ensure they understood their role and how to meet people's needs. One member of staff that had over 20 years of previous experience told us that they had 'Quite a number of shadow sessions and got to know people' before they could provide care without close supervision. The manager said "It is very important that the service users know the person who is looking after them and staff understand their needs"; they told us that the induction period lasted for as long as was required and said "However many sessions it takes for service users to be comfortable with new staff."

Staff received training that provided them with the skills they required to meet individual people's needs, for example health and safety, food hygiene and the care of people with epilepsy. Staff told us they felt the training was good and prepared them to perform their role well. New staff received training in line with the Care Certificate which gave them the basis of understanding how to provide care that meets people's needs. People had the opportunity to undertake the same training as staff to learn skills such as first aid and understand infection control.

People benefited from staff who received regular supervision that provided them with opportunities to discuss their ideas on how to improve the service. Staff told us they felt supported, one member of staff said "The managers are really approachable, I really enjoy the job". All staff had an annual appraisal to review their performance and identify any further training needs. One of the registered managers told us "Supervisions and appraisals are an integral part of our management procedures, it's all about communication."

There were procedures and guidance available in relation to the Mental Capacity Act 2005 (MCA) which included steps that staff should take to comply with legal requirements. The provider had trained and prepared their staff in understanding the requirements of the Mental Capacity Act 2005 in general. Staff understood and had a good working knowledge of the key requirements of the Mental Capacity Act 2005. They put this into practice effectively, and ensured people's human and legal rights were respected.

People were involved as far as possible in all decisions about their care and treatment. Other agencies such as the local authority learning disability team and health care professionals were involved where appropriate, and people were supported by staff during best interest meetings. Staff recognised when people were capable of making their own decisions, even if this went against professional advice and explained that they provided encouragement and explanations so people understood the risks. Staff had been inventive in their use of stories and pictures to help people understand the consequences of their actions to help them understand the choices they made.

Both the registered managers had a good understanding of advocacy services and understood when there could be a need for people to receive support from an advocate. For example, if they had little family involvement or required support with making financial decisions. The registered manager had the names of advocacy services that could help if people needed them.

Staff demonstrated a person centred and flexible approach to each individual's nutritional needs and sought to understand what motivated people to choose what they ate. People had set goals to become healthier including learning how to buy, prepare and cook for themselves. Cooking played an important role in people's understanding what they needed to eat to maintain their health and well-being. Staff demonstrated how they had at first prepared people's meals and included people in choosing what they ate. We saw how people worked closely with staff to choose foods that would give them a balanced diet. Over time, using small incremental steps we saw that people had gone from having their meals prepared and cooked by staff to people becoming more independent and cooking their meals with assistance. Staff had helped people to plan their shopping and meal choices by supplying pictures of people's favourite meals with a list of the ingredients they required to prepare them.

People told us how their health had improved since receiving support from the staff at Better Lives. One person told us "I am so proud of losing weight; I am very pleased I have dropped a dress size I can go and buy some clothes" they also said "The staff taught me how to cook." Some people had been referred to the GP and dietitian for advice and guidance about their diet. One person had gained weight intentionally by staff supporting them to make choices that were recommended to them by the dietitian.

We saw that staff were vigilant to people's changing health needs and sought guidance from relevant healthcare professionals. For example when it was identified that one person's skin was deteriorating, staff worked with the GP and practice nurse to support the person to make healthy lifestyle choices and attend appointments. Staff had gone above and beyond what was expected of them where people needed help to attend frequent appointments, by liaising directly with the health organisations and providing staff and transportation and one to one support. All of the people in the service receiving personal care relied on staff to support them to make dental and health appointments and follow treatment plans from these appointments. Records showed that people had been helped to overcome their fears of attending a dentist and had treatment to maintain their oral health. One person had provided feedback that they were 'happy with their new teeth' and continued to receive support to maintain them.

Staff communicated effectively with each other as they discussed any changes to people's care needs or preferences at handover. The managers played a key part in ensuring that staff were up to date with people's needs and facilitated staff to be involved in supporting people to make changes to their plans and set new goals.

Is the service caring?

Our findings

People had developed therapeutic relationships with staff. This had been made possible by the same staff being present over a number of years and careful recruitment and integration of new staff. The management team demonstrated that their organisation put people first in all of their working practices, one manager told us "Our team has a caring approach which actively responds to the needs of our customers at all times."

People were cared for by staff that were kind and passionate about providing good care. People spoke extremely positively about the attitudes and characteristics of the staff that supported them. One person said "I am very happy, all my staff are brilliant." Staff spoke fondly and passionately about the people they supported. When staff spoke with people they ensured they were face to face and listened and acknowledged their responses.

Staff spoke very highly of people who used the service, for example one member of staff told us how they admired people's ability to learn new skills and become more independent, they said "[name] is an amazing chap."

People had a variety of backgrounds and most had experienced social isolation. We observed staff praising people for the progress they had made with their life skills and how well they got on with other people in the group. Staff told us positive feedback was essential, one said "Ensuring [name] understood they were well liked within the group had benefited their self- worth, self-esteem and sense of belonging." Records showed people's progress included learning to trust others and getting along with peers and staff. People had recently written about the service in relation to inclusion, one person had said "I mix better with people, I am happy with my key worker, he's funny."

Staff knew the people they supported well; they were able to tell us about people's interests; their previous life history and family dynamics. Staff said "Knowing people well helped them to understand their particular triggers for anxieties and helped to support people to maintain family relationships." For example one person was anxious about being in crowds or public spaces, staff helped them to plan their activities at quiet times and understood their fear of meeting new people. We saw how staff reassured people when they were anxious and took time to talk through their anxieties and fears to help them to reach a resolution.

Staff understood the impact of illness and new environments had on people. One person was admitted to hospital; staff helped them by visiting them in hospital to alleviate their anxieties and continued to provide their personal care as they could not cope with the hospital environment or unfamiliar staff.

People were supported to provide feedback every week about what they had done and what they enjoyed. From this staff told us they could see that friendships were formed naturally and they facilitated people who got on well together to do activities together. These groups had been very successful in helping to form bonds through joint interests and activities, for example a group of men enjoyed car washing and maintenance and other groups liked gardening. Staff were supportive of new relationships, one person told us "[staff name] supports me and my partner, and we are going out for a meal tonight."

Staff had provided support for people in times of personal crisis, for example supporting people to attend family funerals and helping to them to maintain their relationships with their families. Staff had continued to support people through bereavement counselling. Staff had provided guidance and compassion with people by helping them to learn new skills they needed now their family members could no longer support them.

Staff demonstrated their awareness of the need to maintain people's dignity and were able to provide examples of how they supported people in a dignified manner, such as using positive language to remind people to make choices about their clothes to suit the weather and the social environment. People were supported to maintain their personal hygiene even when there were not suitable facilities at their home by using facilities in sports centres and washing their clothes in laundrettes.

The managers encouraged people to meet all the staff and feel part of the organisation. We saw that people visited the office, we met one person who told us "I like coming to the office, everyone is lovely, the staff look after me, and we have a sing song in the car." People had a particularly good relationship with their care staff and saw that they had fed-back in their survey "I have a very good relationship with [staff name]." We also observed on a different day how staff worked with them to relieve their anxiety by helping to arrange delivery of furniture at a time when staff would be present.

Is the service responsive?

Our findings

People were assessed before they joined the service to establish whether the service could meet their needs. The provider's assessments put a great emphasis on getting to know the person and then working towards planning goals and incorporating their interests. People had the opportunity to have a 'taster' session with their support worker to try out a chosen activity and meet the staff team and other people who used the service. The manager told us "This allows them to meet new people and show how we encourage social inclusion and community access with full support."

Staff took time to establish good relationships with people new to the service in order that people could gain the confidence to work with staff and understand what was possible for them to achieve. People were helped to develop skills that would lead them to be more independent with their personal care; one person told us they had difficulty managing their hair, staff had supported them to learn how to clean and present their hair in an attractive way, they told us they were proud of their hair and "I am learning to do a lot more for myself."

We saw examples of people that going from being totally dependent on staff for personal care and preparation of their meals to planning to move to shared living and growing independence. Staff said "We aim to encourage people to take responsibility in their lives." Staff had achieved this by supporting people to set short term goals to gain their confidence. For example staff had made posters showing how to take a shower using soap a sponge and shampoo to help educate people in how to bathe. This had been used with good effect and people used this as a prompt to remind them how to shower. Some people required help with managing their oral health and picture prompts were used to remind people how to do brush their teeth effectively. Staff recognised that some people's ability to be independent changed when they were anxious or unwell and provided additional support at these times. Where people became demotivated staff had re-assessed their needs and helped people to set achievable goals and plan how they were going to achieve them.

Records showed that once people understood they could achieve their goals, they planned long term goals such learning life skills, for example planning their meals and learning how to cook. People's goals were person centred and were incorporated into their individual care plans; staff were able to demonstrate how they supported people to work towards them. Staff ensured that goal setting was balanced between encouraging people to become independent and maintain their own mental health and wellbeing, and understanding when people were not ready or well enough to progress to their next goal. Staff recognised when people required additional support and when they were ready to take the next step of their personal development.

A complaints procedure was in place which explained what people or their relatives could do if they were unhappy about any aspect of the care they received. People told us they were very happy with the service and the staff that looked after them, people spoke with the managers about their care at group sessions and when they visited the office. People had the opportunity to bring up any concerns during weekly feedback sessions to listen out for comments that indicated that the service was not meeting people's needs or that

people were unhappy about their care. Staff understood how they could support people to make a complaint. The weekly feedback was recorded and the key worker sessions showed that people had not made any suggestions that they were unhappy about their care. We saw that no complaints had been received within the last 12 months, but there had been many compliments.

People who used this service also used other services where they lived, such as a shared lives arrangement. The managers had set up relationships with these services to provide a continuity of care. People had consented to sharing their care plans from Better Lives with others to help them to achieve their goals of independence. Records showed that there had been meetings between Better Lives and other services to keep the person at the centre of all their planned care. For example, where one person required assistance to attend a health appointment, the manager had liaised with their shared lives provider to ensure that the person received their care. The manager had worked with the person to understand who they would be most comfortable with to attend the appointment; they had chosen a member of staff from Better Lives.

Some people had become independent and had moved to their own homes or from family homes to shared housing. Better Lives had continued to provide support to maintain their independence and social network and helped to ensure a smooth transition by putting the person at the centre of all the decisions they made. For example, they helped them to meet new providers of shared housing and get to know them before making the decision to use their services.

Is the service well-led?

Our findings

The two registered managers owned the business and as a provider they had clear vision and values that were person centred and focussed on people having the opportunity to be part of their local community and gain their independence. The service had a 'customer led' ethos which was demonstrated in all aspects of care as people were actively involved in the care planning and support they received.

Both of the registered managers worked very well together. They told us "We are passionate about delivering quality support that meets the needs of our customers, whilst respecting customer choice and actively promoting independence."

The registered managers demonstrated passion and commitment to providing an excellent service for people. These values were owned by staff who were equally committed and enthusiastic about fulfilling their roles and responsibilities in a way that delivered the best possible outcomes for people. All the staff told us that their person centred approach to achieving people's personal goals was a company expectation. One staff member told us "I am so proud of what we achieve, I really enjoy the job, and it's the best company I have ever worked for" another member of staff told us "I am proud of the team and what we achieve. I am impressed with the management, they are really approachable, if there are any problems they are immediately on to them, and they tackle issues straight away."

The management team took pride in their workforce: "We are very proud of our staff team here at Better Lives, all our staff are professional, motivated and enthusiastic within their approach. Very often our staff team exceed the remit of their role and go way above expectations." People had benefitted from the relationships they forged with staff as the bonds had facilitated them to achieve their goals; particularly supporting people in times of difficulty, for example where people required additional help to attend healthcare appointments or support people through bereavement.

The registered manager and staff were committed to understanding and helping people communicate their views. Staff used a pictorial survey with people and observed and recorded their responses. People were involved as far as possible in every aspect of the on-going development of the service. For example people were involved in the recruitment of staff by means of an interview panel, people were given time to prepare their questions and meet potential employees to help establish their suitability for employment as new staff.

Both of the registered managers had experience and had qualifications in leadership and management which gave them the skills to continually assess, evaluate and improve the service. They had developed good working relationships with the learning disabilities team to better understand the needs of their clients. They worked closely with healthcare centres where people required long term treatment so that they had appointments that would meet their needs.

There were systems in place to ensure that people were kept safe through good recruitment processes, training of staff and regular reviewing of people's needs.

Quality assurance systems were embedded into the service to review whether they were providing a good service to people who used it. The registered managers completed regular audits and made changes where improvements had been identified. All actions for improvement following the audits were recorded with timeframes for completion. We reviewed this and saw that timely action was taken to make any identified changes.

The service had policies and procedures in place which covered all aspects relevant to operating a domiciliary care service which included safeguarding and recruitment procedures. The policies and procedures were detailed and provided guidance for staff. Staff had access to the policies and procedures whenever they were required and staff were expected to read and understand them as part of their role. The registered managers understood their requirement to submit appropriate notifications to the CQC and was aware of how they could do this.