Better Lives (Northants) Limited

Better Lives Northants

Inspection report

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29 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

'Better Lives' is a domiciliary care service that provides a wide range of community based support services for adults with learning disabilities who live with their family or alone in their own home. The aim of 'Better Lives' is to empower people to live rewarding lives and to enable them to participate in community activities and develop their independent living skills.

Not everyone using the service received the regulated activity related to domiciliary care; the Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; 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, six people were receiving personal care support.

At the last inspection in March 2016, the service was rated 'Good'. At this inspection we found the service remained 'Good'.

We found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a registered manager at the time of our inspection. A registered manager is a person who has registered with the CQC 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.

People felt cared for safely in their own home and when supported to access the community with staff. There were sufficient numbers of staff to support people safely; recruitment practises ensure that staff were suitable to work with people with learning disabilities. Risk management plans were in place to protect and promote people's safety.

People had personalised care plans that reflected their individual needs and aspirations. Staff had the information and guidance they needed to provide people with the care and support they needed. People's privacy and dignity was respected at all times; they had positive relationships with staff and received care in line with best practice. Staff consistently provided people with respectful and compassionate care.

The provider understood and acted upon their responsibility to comply with the Accessible Information Standard (AIS), which came into force in August 2016. The AIS is a framework that makes it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they were given.

People were encouraged to be involved in decisions about their care and support. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and they gained people's consent before providing personal care.

People were supported to have sufficient amounts to eat and drink and to maintain a balanced diet whenever this was part of their agreed care plan.

The service had a positive ethos and an open culture. The registered manager was a visible role model in the service. The provider continually monitored the quality of the service provided.

People knew how to raise a concern or make a complaint and the provider had implemented effective systems to manage any complaints received. Information was available in various formats to meet the communication needs of the individuals. Arrangements were in place for the service to reflect and learn from complaints and incidents to improve the quality of care across 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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

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 announced inspection by one inspector was carried out on 22, 23 and 29 November 2018.

We gave the provider 48hrs' notice of the inspection. We do this because in some community based domiciliary care agencies the registered manager is often out of the office supporting staff or, in some smaller agencies, providing care. We needed to ensure someone was available to facilitate the inspection.

Before our inspection, we reviewed information we held about the provider such as statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law. We sought feedback from commissioners who placed people and monitored the service.

The registered manager had 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.

During this inspection we visited the agency office in Northampton. We met and spoke with the registered manager. We also spoke with three staff involved in providing care and support. We looked at the care records for three people that used the service. With their prior agreement we visited three people at home, two of whom lived alone and one who lived with a relative, to find out about their experience of using the service.

We also looked at records related to the quality monitoring of the service and records related to the daily management of the service.

Good

Is the service safe?

Our findings

There were enough staff employed by the service to provide the care and support that had been agreed with each person. One person said, "I feel safe; they [staff] make sure I'm okay."

People were protected from harm arising from poor practice or ill treatment. They were safeguarded by staff recruitment policies and procedures against the risk of being cared for by unsuitable staff. All staff had undergone a 'Disclosure and Barring Service' (DBS) check and references were obtained before starting employment. The 'Disclosure and Barring Service' carry out criminal record and barring checks on individuals who intend to work with vulnerable adults, to help employers make safer recruitment decisions.

People's assessed needs were safely met. Risks to people had been assessed; care plans included a comprehensive assessment of their needs, including details of any associated risks to their safety that their assessment had highlighted. Whenever things went wrong the registered manager reviewed the circumstances and made improvements where necessary so that people were kept safe.

Care plans were individualised and the content agreed with each person. They provided staff with a description of any risks they needed to be aware of when providing care and support; there was clear guidance for staff on how to manage risk, such as the risk of a person falling or neglecting to eat or drink enough. Care plans had been reviewed on a regular basis to ensure that risk assessments were updated regularly.

The provider had a safeguarding procedure and staff knew what steps to take if they were concerned. We saw that where any issues around safeguarding had been raised that the provider had taken the appropriate steps to address the concerns. A staff member said, "Safeguarding is included in our induction; if I was worried I know what to do. It's important we know how to protect people and who to contact."

There were policies and procedures in place to safely support people to manage their own medicines when this was an agreed part of their care plan. Care plans and risk assessments were in place when people needed staff support to manage their medicines.

Staff said they received the equipment and training they needed to maintain good hygiene when handling food or drink and when assisting people with personal care.

Good

Is the service effective?

Our findings

People's care and support was delivered in line with current legislation, standards and evidence-based guidance to achieve effective outcomes. Their support needs were thoroughly assessed prior to taking up the service to ensure their needs could be fully met. People were actively involved in decisions about their care and support needs.

Staff had the appropriate knowledge they needed to do their job and work with people with a diverse range of needs. Staff knew what was expected of them. They had a good understanding of people's needs and people received appropriate and timely care to enable them to remain living at home. Cultural factors were considered regarding people's choices about how they preferred their care to be provided.

New staff had received a comprehensive induction that prepared them for their duties. This included, for example, practical moving and handling skills, safeguarding procedures, and daily record keeping. New staff also shadowed a more experienced staff member by accompanying them on home visits, prior to taking up their duties and working alone.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act. The procedures for this in community settings are called the Deprivation of Liberty Safeguards (DoLS) and are granted by the Court of Protection.

At the time of the inspection no applications had been made to the Court of Protection with regard to those people receiving the regulated activity at home.

People's capacity to consent to their care and support had been assessed by the provider, and relatives and other relevant professionals were involved where appropriate. Staff had received training and the guidance they needed to support people that may lack capacity to make some decisions whilst being supported to live in their own home in the community.

Staff sought people's consent daily when supporting them with their personal care needs. Care plans contained assessments of people's capacity to make decisions and consent to their care. The staff we spoke with understood the importance to always respect people's wishes for how they preferred to receive their care. Choices were promoted because staff engaged with the people they supported at home.

Staff took appropriate action in response to any deterioration in people's health. We saw there was guidance and information for staff in people's care plans that related to any healthcare needs that had to be considered when they received support.

Staff understood their responsibilities and received regular training updates to keep up to date with current good practice guidelines. They received support through regular contact with the registered manager and had formal 'one- to-one' supervision meetings where their ability to do their job was measured. The staff felt

able to voice any concerns or issues and felt their opinions were listened to.

Good

Is the service caring?

Our findings

People and their families were happy with the staff and the way in which they provided their care and support. One person said, "They [staff] are all really nice; I get on with them all." A relative said, "I'm happy with the way they work with [relative]; they [staff] have a good attitude."

People said that the staff were familiar with their routines and preferences for the way they liked to have their care provided. They were asked to share information that was relevant to how they preferred their care to be provided. If a person's ability to share their views had been compromised then significant others, such as family members, were consulted.

There was information available about advocacy for people. An advocate is an independent person who can help support people to express their views and understand their rights.

People had agreed to the package of care and support to be provided. They each received a package of information about their service and what to expect from staff. This information was provided verbally and in writing.

People received care from staff that were mindful of the sensitive nature of their work. Staff were aware of and acted upon their responsibilities related to preserving people's personal information and their legal duty to protect personal information they encountered during their work. Staff maintained confidentiality and policies and procedures reflected this with, for example, care records being securely stored in the agency office. They understood not to discuss issues in public or disclose information to people who did not need to know. Information was shared on a 'need to know' basis only and with people's consent.

Information held electronically was password protected and written documentation was stored securely. This assured people that their information was held in accordance with the data protection act.

Good

Is the service responsive?

Our findings

People's plans of care were reflective of their ongoing care and support needs. They received the care and support they needed, including when their needs changed and their care was adapted accordingly. Scheduled support visits were organised to fit in with people's daily routines.

The staff team looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). This is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. For example, the complaints procedure was available in large print as well as in an imaginative 'easy to read' pictorial format; this had recently been updated and the new version was being distributed to people using the service.

People, or their representatives, were provided with the verbal and written information they needed about what do, and who they could speak with, if they had a complaint. There were timescales in place for complaints to be dealt with in a timely way. There were no complaints being dealt with when we inspected. The registered manager said that if any complaints were made, then the complaints policy would be followed and the information would be recorded in detail, an investigation would take place, and a response given promptly.

Staff were aware of the potential impact of people's cultural needs and explained if they were to support anyone who had different cultural needs then this would be detailed and explained in the care plans. At the time of the inspection there was no one who had any specific cultural needs that had to be considered by staff.

The service supports older persons with learning disabilities but not specifically with 'end of life' care needs.

Good

Is the service well-led?

Our findings

There was a registered manager at the time of our inspection. A registered manager is a person who has registered with the CQC 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 manager had the knowledge and experience necessary to motivate staff to do a good job. People said they were supported to remain independent and felt involved in their care.

Care records accurately reflected people's needs and the service that had been agreed with them. Care plans had been regularly reviewed as necessary to include relevant details related to changing needs. Care records that were kept in people's homes accurately reflected the daily care they had received.

We saw that staffing levels were maintained and that staff were appropriately deployed to ensure that people's needs were consistently met by realistic scheduling of visits.

People were assured of receiving a domiciliary care service that was competently managed on a daily and longer-term basis. The people we spoke with were pleased with the quality of their care and how their service was managed.

People were assured that the quality of the service provided was appropriately monitored and improvements made when required. People's entitlement to a quality service was monitored by the audits regularly carried out by the registered manager. These audits included analysing satisfaction surveys and collating feedback from individuals to use as guidelines for improving the service where necessary.

Records relating to staff recruitment and training were appropriately maintained. They reflected the training staff had already received and training that was planned.

Staff were provided with the information they needed about the whistleblowing procedure if they needed to raise concerns with appropriate outside regulatory agencies, such as the Care Quality Commission (CQC).

The registered manager was aware of their responsibility to report incidents, such as alleged abuse or serious injuries to the CQC.

The registered manager was readily approachable and sought to promote a culture of openness within the developing staff team. Staff meetings took place to inform staff of any changes and for staff to contribute their views on how the service was being run. Policies and procedures to guide staff were in place and had been regularly reviewed and updated when required.

Systems were in place to report and investigate any accidents or incidents to minimise the risk of such events happening again. The service worked cooperatively with outside agencies. This included a range of

health and social care professionals.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The register manager knew that the rating arising from this inspection had to be prominently displayed, including on the website for the service. We saw that this had been done.