

## Baxter Life Care Limited

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### Inspection report

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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?

Requires Improvement 

Is the service well-led?

Good 

### Overall summary

The inspection visit at Baxter Life was undertaken on 08 April 2015 and was announced. 48 hours' notice of the inspection was given because the service is small and the manager is often out of the office supporting staff or providing care.

Baxter Life provides personal care services for people who live in their own homes. At the time of our inspection five people were receiving a personal care service.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (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.

Baxter Life was registered with the Care Quality Commission to provide personal care services for people on 20 June 2014. This was the first inspection of the service.

During this inspection, a relative told us they felt one person was safe whilst being supported in their own

# Summary of findings

home. Staff demonstrated they had a good understanding of the requirements of the individuals they supported. Staff explained good practices in relation to safeguarding people against potential abuse.

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. Although Baxter Life had no responsibility to support people with certain medical conditions, care plans did not inform staff about how these affected the individual's other, agreed support requirements. For example, care plans did not always reflect details in response to people's changing health needs.

A relative told us staff were responsive to the needs of one person who received support. This person said, "When they call they encourage and help to lift me. This means I've had less need for respite due to the support I'm getting. I feel that I have been looked after as well."

We found there was a welcoming and friendly atmosphere in the service's office. Staff and a relative told

us the registered manager was visible and promoted an open working culture. People were supported to comment about the support they received, such as through home visits by the management team and satisfaction surveys. A relative told us, "If I need to make changes they are flexible. When they have done the care, before they go they will ask if they can do stuff."

We were informed that people and their representatives were involved in their care and had discussed and consented to their care packages. We found staff had a good understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

The provider ensured staff were sufficiently trained and skilled to undertake their role and responsibilities. Regular updated information and guidance had been given to staff and bespoke training was delivered to meet people's changing or new requirements. This included safe use of medications and equipment. We saw evidence that the registered manager had recruited new employees in a safe and effective manner.

We have made a recommendation about the management of care records.

# Summary of findings

## 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.

Staff had a good understanding of how to protect people against unsafe care and how to report concerns if they arose.

We found the management team had assessed and checked staffing numbers and skill mixes to ensure people's requirements were met. People received their support on time and suitable arrangements were in place to maintain appointments during staff sickness and leave.

People were protected against unsafe recruitment processes.

Good



### Is the service effective?

The service was effective.

People were supported by effectively trained and knowledgeable staff.

There were policies in place in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards. Care files showed people or their representatives had consented to receiving support in their own homes.

Good



### Is the service caring?

The service was caring.

A relative told us staff were caring and sensitive to their requirements. Care records evidenced how staff promoted people's dignity and supported their independence.

Care files contained documented evidence that people and their representatives were involved in their care planning.

Good



### Is the service responsive?

The service was not always responsive.

Although Baxter Life had no responsibility to support people with certain medical conditions, care plans did not inform staff about how these affected the individual's other, agreed support requirements.

We found staff had a good understanding of how to respond to people's changing needs. A relative told us they experienced staff improving a service user's quality of life.

Up-to-date information had been made available to people about how to complain if they chose to.

Requires Improvement



### Is the service well-led?

The service was well-led.

Good



# Summary of findings

People and staff told us the registered manager was supportive and promoted an open working culture.

A number of systems were in place to support people to comment about the quality of the service they received. The registered manager acted upon identified issues.

# Baxter Life Care Limited

## 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.

The inspection team consisted of two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience for the inspection at Baxter Life had experience of community services.

Prior to our unannounced inspection on 24 March 2015 we reviewed the information we held about Baxter Life. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who received support. We checked safeguarding alerts, comments and concerns received about the service. At the time of our inspection there were no safeguarding concerns being investigated by the local authority in relation to people's safety whilst accessing Baxter Life.

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. We were told that Baxter Life planned to continue to develop its comprehensive training programme and further grow the new service.

We spoke with a range of people about this service. They included the registered manager, the training provider who supplied guidance for Baxter Life employees, three staff members and a relative of one person who received support. We were unable to speak with anyone who experienced personal care because some people were could not communicate with us and we were unable to contact other individuals. We also spoke with the commissioning department at the local authority who told us they had no ongoing concerns about the service. We did this to gain an overview of what people experienced whilst receiving personal care services.

We also spent time looking at records. We checked documents in relation to all five people who had received support from Baxter Life and three staff files. We reviewed records about staff training and support, as well as those related to the management and safety of the service.

# Is the service safe?

## Our findings

When we discussed peoples' safety whilst receiving support, a relative told us, "They are good, but that means they have had to be good enough to assure me or they would not be here."

When we discussed the principals of safeguarding people who accessed the service with staff, they demonstrated a good understanding. One staff member told us, "I would go into the office or ring them. I can get advice from [the management team]. I am one hundred per cent confident that they would do something about it." Another staff member said, "I would raise any concerns straight away with [the registered manager], who would report it to the local authority." We saw staff identity badges contained the contact details of the local authority. This meant the registered manager had provided staff with immediate guidance about who they should report any concerns to.

All the care records we reviewed held an assessment of people's needs and a document that referred to the management of potential risks associated with receiving care. These related to potential risks of harm or injury and actions to manage risk. Assessments covered risks associated with, for example, self-administration of medication, financial responsibility, health and safety, substance misuse and infection control.

We noted risk assessments were brief and held limited information to guide staff about protecting people against unsafe care. Not all risk assessments had been fully completed because some sections were blank. We discussed this with the registered manager who told us this was a new system established when the service registered with CQC. We were assured that risk assessment documentation would be reviewed, audited and developed further.

We checked how staff recorded and responded to accidents and incidents that occurred when people received support. Accidents were recorded in people's records and separate documentation had been completed to evidence action taken by the management team to reduce the risk of re-occurrence. The registered manager told us there had been an incident related to a medication error. She told us, "We provided additional training and supervision." The registered manager had put systems in

place to minimise the risk to people of receiving unsafe care. A relative said, "They've had no falls or slips when they have done [my relative's] personal care and they've had no accidents with his hoisting or moving."

There were sufficient numbers of staff to support people and keep them safe. Staffing levels had been assessed by the management team, in discussion with people and the commissioning authority, and were determined by the needs of the individual. We discussed whether staffing levels and skill mixes met people's needs with a relative. They told us, "When they call there are always two staff and they use a hoist. So far it's been good time keeping."

The management team monitored how staff managed visits to people in their own home and kept to agreed appointment times/length of visits to ensure their requirements were always met. A relative told us, "Reliability? It's been good." We additionally checked how the registered manager managed sickness and leave to provide continuity of care for people. We were told the service had not had any missed appointments. A relative said, "If they have staff go off they let me know and they will fit someone in. We've not been let down."

There were suitable recruitment procedures in place and required checks were undertaken before staff began to work for the service. Records we reviewed demonstrated the registered manager had processes to evidence staff were checked and risk assessed to protect people against the employment of unsuitable staff. Another staff member told us, "I immediately met the company directors and my recruitment was very easy." They confirmed that all their relevant reference and criminal record checks had been completed prior to them commencing in post.

Staff had been safely inducted prior to working with people. Following their successful recruitment, a staff member told us, "I was put on a course straight away to give me a bit of confidence." This staff member explained their induction and recruitment was very thorough. They said, "I had to do a lot of training before I could start, which was good." A relative told us, "Some staff are really good. Some have had to learn, but they've not learned by making any bad mistakes, nothing dangerous. I would recommend them." An external professional told us, "I don't think there is a better employer than Baxter Life in Blackpool. They're the best for employing people." This showed people were protected against the unsafe recruitment of unsuitable staff.

## Is the service safe?

The registered manager protected people who lived in their own homes when they were supported to take their medication. A staff member told us, “I had a medicines administration course and for some of my clients their own carer gives it.” The registered manager had an up-to-date policy, which reflected national guidance and regulation. Records we reviewed were correctly completed and staff

had followed the policy that was in place. Training records we looked at demonstrated staff had received training to guide them when supporting people with medicines administration. Another staff member said, “I have had medication training. It’s really helpful in giving me confidence in having a basic understanding of giving medicines safely.”

# Is the service effective?

## Our findings

We discussed the effectiveness of the support people received with a relative, who told us they felt staff were very helpful in meeting their relative's needs. This person said, "The staff are very good and they seem to know what they are doing."

Staff told us they had the tools necessary to undertake their duties because the registered manager had ensured they were sufficiently trained and supported. A staff member said, "I have worked for three other companies and never had so much detailed training. It is really good, face to face training and they always check that you are understanding everything." Another staff member stated, "I am doing level 2 NVQ [National Vocational Qualification]. There's always training to go on. The managers are always encouraging us to access training."

The provider had ensured staff received training appropriate to their role by working with an external training agency. The trainer told us they had provided training for Baxter Life staff that included manual handling, health and safety, medication and first aid. We were also informed that training was given to staff up to level 3 in the Qualifications and Credit Framework (QCF). The QCF is nationally recognised guidance for staff related to health and social care. An external training provider said, "[The management team] constantly update their staff and provide training."

Staff told us they received regular supervision and appraisal to support them to carry out their duties. Supervision was a one-to-one support meeting between individual staff and a senior staff member to review their role and responsibilities. Records confirmed staff had the opportunity to reflect on their strengths, achievements and future/ongoing training needs. A staff member explained, "We have supervisions every six months. It's very helpful."

Additionally, we were told staff were provided with further guidance to help them understand how best to meet people's changing needs. An external training provider said, "I am often asked to provide bespoke training as new care needs are identified. For example, I have recently taught staff about care of intravenous lines and management of special medicines." A relative stated, "The staff are very good and they know what to do. For example, my husband had a seizure and the staff knew what to do."

We checked how the registered manager worked with other providers in managing people's changing health needs. We saw evidence that people who lived in their own homes were supported to access GPs, social workers and the local Clinical Commissioning Group who funded people's care. A staff member told us, "If we had concerns about someone's health we would contact line managers and the GP, if need be." A relative said, "Up to a few weeks ago [my relative] still had pressure sores from a stay at [a hospital] and the local nurses were coming out to help get them removed." This showed people's continuity of care was maintained because, where applicable, they were assisted to access other services.

The registered manager worked with people who received support in their own homes to match staff to their needs and to ensure there was consistency of staff undertaking care visits. A relative told us, "I stressed that because [my relative] has so many problems I needed to have regulars and we just get regulars."

We were told an effective communication system was in place at Baxter Life, which the management team frequently reviewed. The registered manager said, "I am looking at practical training to improve effective communication skills whilst providing care." A relative told us, "Each visit they make very good notes, such as the times and everything. They also share and send notes to check with each other." This meant the registered manager had established communication systems to protect people against inappropriate care.

Policies and procedures were in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). CQC is required by law to monitor the operation of DoLS. We discussed the requirements of the MCA and the associated DoLS with the registered manager. The MCA is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. DoLS are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

A staff member told us, "The Mental Capacity Act is about assessing people's capacity to make risky decisions. If they don't have capacity then it's about getting proper authorisation to support people, without depriving them unnecessarily." Care records we checked contained



## Is the service effective?

documented evidence of people's consent to their care and support. Documents included an outline of how people chose to be supported. For example, preferences about staff access to the individual's home were recorded.

Where applicable, people were supported to meet their nutritional needs to prevent the risk of malnutrition and

dehydration. This included staff preparing meals for people in their own homes. Where concerns arose, staff told us they would monitor this closely. One staff member said, "We keep an eye on people's weights, if required, such as completing bowel and fluid charts."

# Is the service caring?

## Our findings

A relative told us, “The staff are always polite, respectful and friendly. This also helps me cope.” We checked with this relative about their experiences of staff support provided within their own home. They said, “It’s very good and if I didn’t think so I wouldn’t use them. I’ve looked after [my relative] a lot of years and it had to be right.”

Staff demonstrated a good understanding of what caring meant when working with people they supported. One staff member told us, “The most important thing is being caring. All the other skills you can be trained on, but you need to have a basic caring nature.” Another staff member said, “Good care is about enabling people to live their lives.” A third staff member explained, “It’s a good laugh working with the service users. It is so important for them and for me to enjoy our time together.”

We checked how the management team established and developed partnership working between staff, people and their representatives. We were told initial contact was made with people in their own homes, where support needs were discussed and a plan of care was agreed and commenced. A relative said, “Someone from their office came to see me. We had a talk and when they agreed times and stuff with me I was just willing to try it.” This showed the registered manager communicated about and agreed care plans with service users to protect them against inappropriate care.

Care files we checked contained records of people’s preferences about how they wished to be supported. This included, for example, preferred means of address and meal options. We found evidence that individuals and their representatives were involved in their care planning. A relative told us, “I’ve been kept involved and feel fully informed.”

We checked how people were respected and were assisted to maintain their dignity when they were being supported in their own home. Care records included documented evidence about helping people to maintain their self-esteem and independence. For example, reference was made to staff about knocking on doors to people’s personal spaces and ensuring they were properly dressed prior to being assisted to walk.

Relatives told us the support people received met their needs. One relative said staff helped them to be involved, whilst giving space and time to themselves to get on with their own lives. This relative stated, “They help get [my relative] washed and dressed, and this helps me get things done while they are helping out.” The relative added, “I can still do a lot like the meals and I do the medication.” This showed the provider was making a difference to people’s lives and helped relatives to take an active part in their care, where they wished to be involved.

# Is the service responsive?

## Our findings

A relative told us staff were responsive to their needs and those of the person who received support. The relative said, “It was all set out in the care plan so times were good and agreed because they work for [my relative] and for me. For example, the morning times are more suitable for me so I can get things ready for [my relative] to enjoy being up and about for a few hours.”

However, we found concerns with how people’s care was recorded and support plans did not always demonstrate how the management team responded to their changing needs. We saw one document, related to an incident, which identified an individual had diabetes. Although Baxter Life had no responsibility to support this person with the management of this condition, it was not documented as part of their care plan. This meant staff may not understand approaches to the individual’s other, agreed care needs, such as general monitoring of health, nutrition and mobility.

Another person had been identified as having pressure sores that were being managed by the district nursing team. However, this had not been care planned to assist staff to support the individual with their other, related requirements.

Information on records we checked was brief and not all documents had been fully completed. For example, some sections of risk assessments were blank and care plans held limited information about how to support people. One care file stated ‘[Service user will] need assistance with their personal care’, but there were no details to help staff understand how to meet this particular requirement.

All the staff we spoke with had a good understanding of people’s planned care and how best to meet people’s individual needs. One staff member told us, “We get to see the care plans and I understand people’s needs really well.” Another staff member stated, “I always check people’s care plans to understand what their needs might be. If I’m unsure I’ll check with the manager.” A third staff member said, “Some people’s behaviour challenges us. I have to respond to their needs in that moment and not expect

someone to behave in a certain way just because they normally do.” A relative told us, “If they see things when giving him a wash or otherwise they let me know and this helps nip problems in the bud.”

We discussed our concerns related to people’s care plans informing staff about how to respond to their individual needs with the registered manager. We recognised Baxter Life was a new and developing service and we were reassured the management team would review and further improve related processes.

We checked how staff supported people in their own homes to maintain their social requirements, where this was applicable. The registered manager told us, “We worked with one person who told us they really needed support with their social needs. So we set up an activity plan based around their preferences.” A relative told us that because of the support provided by the service, their relative’s quality of life had improved. The relative explained, “In this way we can do at least some things like getting in the garden if it’s nice and this means he still has a quality of life for him.”

We found the complaints policy the registered manager had in place was current and had been made available to people who received support. This contained information about the various stages of a complaint and how people could expect their concerns to be addressed. The registered manager had ensured people were enabled to comment about the service they received by placing the complaints procedure in information packs.

At the time of our inspection there had been no formal complaints. Care files we checked held information about informal concerns raised by people or their representatives. This included details about how the management team responded to identified issues and people’s satisfaction at improvements made. A relative told us, “I’ve had no complaints, but can sort things out with them and they do what they say they will. This means there are no problems.”

**We recommend that the registered manager seeks advice and guidance from a reputable source about the management of care records and processes associated with care planning and other related documentation.**

# Is the service well-led?

## Our findings

A relative told us they felt the support one person received in their own home was well managed. This relative said, “I met the manager of Baxters and they were very understanding.”

The management team worked very hard to check people’s views about the support they received. There were a number of good systems in place to encourage people to feed back about their care packages. For example, opportunities for people to comment included satisfaction questionnaires, home visits by the management team and regular telephone surveys. Copies of responses were contained in people’s care files and we noted feedback was positive. A relative told us, “They are on the phone if I need them at any time and they let me know if there are any changes. They also come out and check how things are being done whilst they are at it.”

We observed the registered manager had dealt well with issues raised by people or their representatives. For example, we saw one person who expressed difficulty working with one staff member. The management team handled this sensitively and to the satisfaction of the person involved. This showed the registered manager listened to feedback from service users and introduced change to improve their quality of care.

There were a number of audits in place to check the quality of the service and to ensure staff, visitors’ and people’s safety was maintained. For example, we saw office environmental checks had been recorded and carried out every three or four months. Any identified issues had been acted on. This meant individuals who accessed the service office were protected against unsafe premises. Another

audit related to unannounced spot checks of staff undertaking care visits and recorded feedback from people being supported about the staff member’s provision of care.

Regular team meetings were held to keep staff up-to-date with information or changes and to enable staff to feed back any concerns. Minutes from the last meeting included discussions about health and safety within people’s own homes, care delivery, office issues and care standards. A staff member told us, “[The directors] are good. We work as a team and have regular meetings.”

We checked the working culture within the service and how the registered manager supported staff. The registered manager told us, “I value being open and transparent in my working practices and feel that I support my staff to do so.” A staff member said, “The managers are fantastic. I love [the registered manager] she is so supportive. I can go to any of the managers any time.” Another staff member added, “All the managers are very approachable and I get a sense that it is team work.” A third staff member told us, “No, I can speak to anyone here; this is the best company I have ever worked for.”

The registered manager gave us examples of how the management team worked in partnership with other providers to improve the service. This included a training provider and the local Clinical Commissioning Group. We saw evidence that Baxter Life had been recently nominated for a national award for investing in staff training.

The registered manager told us, “We are focusing on working with children in the future once procedures, training and our information and guidance is geared up to working with children. For example, we are reviewing our guidance so that we can ensure young people can understand them.” This demonstrated the management team had considered ongoing and future approaches to care to develop the quality of the service people received.