Better Life Care Ltd

Better Life Care

Inspection report

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11 March 2020

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service:
Better Life Care provides personal care to children, younger adults and older people with complex health needs. The service covers Slough and the surrounding areas. At the time of our visit it was providing personal care to nine people.

People's experience of using this service and what we found:
Relatives acting on behalf of people, spoke about the caring nature of the service. A relative commented, "The registered manager is very caring. When I was in hospital, they made sure (person's) care was sorted so I could just focus on getting better."

People were kept safe from abuse. Staff were aware of their responsibilities to keep people safe and had attended the relevant training. Risk management plans were in place in mitigate risks to peoples' health and welfare. There were enough suitable staff to meet people's care and support needs. There were safe management of medicines and staff's care practices ensured people were protected from the risk of infection.

People were supported to have maximum choice and control of their lives and staff did support them in the least restrictive way possible and in their best interests; as the policies and systems in the service did support this practice. We found the service acted in accordance with the Mental Capacity Act 2015.

Peoples' care and support needs were fully assessed before they joined the service. This ensured the service could provide effective care. Staff were appropriately inducted, trained and supervised. Consent was obtained before people received care. Staff had a good knowledge and understanding of peoples' dietary needs. There was collaborative work between the service and other health and social care professionals. This made sure people achieved good health outcomes.

Assessments of peoples' care and support needs focused on peoples' specific needs and preferences. However, peoples' preferences for end of life care were not captured. We have made a recommendation about this.

The service met the requirements of the Accessible Information Standard (AIS). This meant people with disabilities or sensory impairment were given information in ways that met their communication needs. The service supported people to participate in social activities they enjoy. Relatives acting on peoples' behalf told us they knew how to raise complaints. Appropriate actions were taken by the service in response to complaints received and this was used to promote learning.

Relatives acting on people's behalf gave positive feedback about the service. A relative commented, "I am over happy. I would not change them (the service) for anything." Quality assurance systems were robust. This was continually monitored and reviewed. The registered manager continued to work in partnership

with community stakeholders and local authorities to ensure people's care and support needs were met.

Rating at last inspection and update: The last rating for this service was requires improvement (published 10 January 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities).

Why we inspected:
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led safe findings below.

Better Life Care

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team
This was an announced inspection which was carried out by an adult social care inspector and took place on 10 and 11 March 2020.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection site visit activity started on 10 March 2020 and ended on 11 March 2020. We undertook home visits and made a telephone call to a relative on 10 March 2020. We attended the office on 11 March to see the registered manager and office staff; to review care records; policies and procedures and records relating to the management of the service.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
During our inspection we visited the homes of two people (who were unable to speak with us due to their disabilities) and spoke with their relatives. Another relative provided feedback about the service to us via telephone. We spoke with two care workers, a consultant providing support to the provider and the registered manager. We reviewed four care records, two staff records and records relating to the management of the service.

We requested additional evidence to be sent to us after our inspection. This was received, and the information was used to in this report.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same - good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse.

- Relatives acting on peoples' behalf felt their family members were kept safe from abuse. Comments received included, "I think (person) is safe from harm. If I had any concerns, I would report it to the office and social services", "I feel (person) is very safe. I don't worry about (person) when she's in their care" and "Carers come in twice a day and we believe (person) is safe."
- Staff were aware of their responsibilities and had received the relevant training. A care staff commented, "We have to inform the office (of any allegations of abuse) but if it is not responded to then we can go higher. For example, to our supervisor, then manager or social worker." Training records confirmed staff had received and were up to date with the relevant training.
- A safeguarding policy was in place which reflected up to date guidance. This was accessible to all staff. The registered manager was aware of their responsibility to alert the local authority and other relevant agencies if they became aware of any allegations of abuse.

Assessing risk, safety monitoring and management.

- Assessments of peoples' care needs identified any risks to their health and welfare and management plans were put in place to support staff to reduce or mitigate those risks.
- For instance, a person was at risk of having seizures due to a medical condition. Their care record gave staff detailed information about the medical condition and what action to take if should a seizure happen. We noted staff had received training which related to the person's medical condition.
- Staff said they had read people's risk management plans and demonstrated a good understanding of those risks and what they had to do to mitigate them. What they told us was confirmed in the risk management plans viewed.
- Environmental risk assessments focused on potential risks around people's homes, both internally and externally. This covered areas such as people's kitchens, sockets and switches, heating and lighting, and any trip hazards. The level of risk was also documented. We saw appropriate measures was taken to ensure the safety of people and the care staff that supported them.
- Spot checks were undertaken on equipment used to support people to make sure they were safe. A relative commented, "They (staff) use the hoist safely."

Staffing and recruitment.

- There were sufficient staff to meet people's care and support needs. Relatives told us, "There are no issues at all" and "I have never had (person) there without a carer." Another relative told us staff attended calls promptly. They commented, "In spite of bad weather they (staff) still turned up on time." Rotas confirmed there were enough staff available to meet peoples' care needs.

● Safe recruitment practices made sure people were protected from unsuitable staff. Checks carried out included employment histories, references and Disclosure and Barring Service checks (DBS). A DBS is a criminal record check.

Using medicines safely.

● Medicines were administered safely. Relatives acting on peoples' behalf told us medicines were administered promptly and they were confident in staff's ability to perform this task.

● A medicines policy was in place that followed best practice and guidance. Staff explained the procedures they had to follow when administering medicines which was in line with the policy. Medicine administration records (MAR) showed the medicines that had been administered. MARs viewed were fully completed and signed by staff.

● Medicine support plans showed what medicines people were prescribed and how they were to be administered and the frequency. Where people received support with medicines it documented what support was required, any identified medicine risks and control measures.

● Staff training records showed they had received training on how to safely administer medicines and their competency to carry out this task was regularly assessed.

Preventing and controlling infection.

● Safe infection control practices were in place. Relatives told us, "They (staff) wash their hands and change gloves" and "We have observed staff wearing gloves and aprons and we have put shoe covers at the door for them to put on." Staff told us they always wore personal protection equipment (PPE) when attending calls. Training records confirmed they had attended and were up to date with the relevant training. An infection control policy was in place and provided staff with detailed information to prevent infection.

Lesson Learnt

● Staff were aware of their responsibilities to report concerns and near misses.

● Lessons are learned and communicated widely to support improvements. For instance, we viewed the minutes of a management meeting held on 3 March 2020. This showed further improvements had been made to MAR records due to concerns found with care staff work practices.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same - good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.
- Peoples' care and support needs were fully assessed before they joined the service. This enabled the service to determine whether they could meet their needs.
- Assessments of people's care needs captured their physical, mental and social needs and how they liked care to be delivered.
- Scheduled visit days and times were documented, and relatives confirmed staff attended at the agreed times.
- The registered manager told us staff were introduced to people before packages of care started. This was confirmed by relatives and care staff were spoke with.

Staff support: induction, training, skills and experience.
- People received care and support from staff who were appropriately inducted, trained and supervised. Relatives' comments included, "Staff are very well trained and are aware of the (person's) daily routines" and "They (staff) know what they're doing."
- Staff we spoke with had worked for the service for a number of years. A view of their staff records showed they had attended a programme of induction. They spoke positively about the training received. A care staff commented, "We have done a lot of training and it is getting better. I am in the process of doing my Level 2 Diploma (in Health and Social Care)."
- Refresher training covered all essential areas such as safeguarding adults and children, handling medicines, moving and handling, food safety, equality and diversity, dignity and respect and first aid. This made sure staff's care practice followed latest guidance and current legislation.
- Where people had specific medical conditions, the registered manager made sure staff received the appropriate training to support them. For instance, staff had received training in epilepsy and administration of Buccal Midazolam (a medicine used to treat seizures), pressure ulcer and prevention, and enteral feeding tube training (this is where food or fluid is fed through a tube that goes directly into the stomach).
- Quarterly peer support meetings were regularly undertaken. Minutes of meetings showed staff were instructed about their roles and responsibilities, their training needs and any concerns they had were also discussed. Staff said they were supported. A staff member commented, "[Name of supervisor] carries out unannounced visits but they would also visit just to see how we are getting on." Supervision and appraisal records showed staff were appropriately supported.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications to deprive a person who is supported in their own home need to be made to the Court of Protection (COP). We checked whether the service was working within the principles of the MCA.

Ensuring consent to care and treatment in line with law and guidance.

- The service worked in line with the MCA and its codes of practice. Relatives acting on peoples' behalf said staff had obtained consent before care was provided. Care records confirmed this. Signatures of those who represented people were noted giving consent to care. Care records showed the signatures of those who represented people providing permission for peoples' personal information to be shared relevant agencies, as outlined by the law.
- Staff understood how to apply the MCA to their work practice and told us they would explain to people before carrying out any care tasks and involve people as much as possible in decision making.
- The registered manager was aware of their responsibilities under the MCA. Where people lacked capacity to make specific decisions, mental capacity assessments and best interest meetings were undertaken and clearly documented. Care records also documented whether representatives had legal powers to act on people's behalf and if so, what those legal powers related to.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support.

- Peoples' nutrition and hydration needs were met. For instance, staff supported a person who required to be fed via a percutaneous endoscopic gastrostomy (PEG) tube. This is when a feeding tube is placed through the abdominal wall and into the stomach to allow nutrition, fluids and medicines to be put into the stomach. The person's relative said they felt confident as carried out this procedure correctly.
- Care records detailed what support people required to ensure their nutritional needs were met. This included if they had any food allergies, their cultural and religious needs and what staff needed to do to ensure their dietary needs were met.
- Staff spoke to us about people's nutritional and hydration requirements and preferences and felt they had enough time to ensure peoples' these needs were met. Care records confirmed what staff had told us and showed staff had a good knowledge and understanding of people's dietary needs.

Staff working with other agencies to provide consistent, effective, timely care.

- The service worked with other health and social care professionals to ensure people received effective care and support.
- For instance, care staff had alerted the office when they suspected a person was developing a pressure ulcer. Office staff contacted the GP and the community nurse to advise them of the concern. With intervention from the community nurse, the pressure ulcer was not able to develop further. This showed the service worked to get good health outcomes for people.
- The service ensured peoples' oral health was assessed. Information gathered was used to develop a care plan which ensured staff were aware of how to support people with oral hygiene.
- Relatives told us they were responsible for their family's health needs however, the service would always to assist to contact health professionals on their behalf if they required assistance. Care records documented all the social and health care professional involved in people's care.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same - good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Relatives provided positive feedback about the caring nature of management and staff. Comments included, "The registered manager is very caring. When I was in hospital, they made sure (person's) care was sorted so I could just focus on getting better" and "The bosses call me to see how I am doing. They always put [name of person] first. They are not doing this job just for the money."
- Staff demonstrated a good understanding of people's care needs and life histories. Relatives described how staff showed care for their family members. A relative commented, "They (staff) read to (person) and talk to her. Everything is about (person), they (staff) give her a good foot massage" and "Staff speak to [name of person] like a human being."
- Staff had the right skills to provide people with compassionate care. Training records confirmed they had attended relevant training in dignity, privacy and respect.
- Staff knew told us they had enough time to provide care as well as get to know people's life histories. A staff member when talking about a person they supported commented, "(Person) likes listening to music or any sound. We use sounds to stimulate her." The person's care records confirmed this.
- People received care from staff who treated them fairly. A staff member commented, "We have attended training which taught us how not to discriminate against anyone. I have respect for all my clients. It does not matter if they are a man, woman or the colour of their skin." Training records confirmed staff had attended relevant training.

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

- Relatives acting on peoples' behalf felt the service involved them in making decisions about care. This happened on a daily basis when care staff delivered care to their family members, office staff contacted them to gather their views on various aspects of care received and meetings held with management to review their family members' care needs. Relatives said they were happy with the level of involvement and felt listened to.
- The service made sure staff were provided with detailed information to enable them to provide people with compassionate and person-centred care. Care records were written from people's perspective in regard to how they liked their care to be delivered and the things and people that were important to them.

Respecting and promoting people's privacy, dignity and independence

- Relatives told us their family member's dignity and privacy was maintained. For instance, they explained personal care was always carried out in people's bedrooms with doors shut and curtains closed. This was confirmed by staff we spoke with.

● Due to peoples' complex health needs some were not able to do things independently for themselves. However, relatives said staff always involved people by telling them what they were doing before and during care tasks. Care records documented people's level of independence and the support they required.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same - good. This meant people's needs were met through good organisation and delivery.

End of life care and support

● No one was receiving end of life care at the time of visit. However, although staff had received relevant training, there was no documented information in care records about peoples' wishes and preferences in regard to end of life care. This meant the personalised care provided did not take into consideration peoples' preferences in regard to their whole lives.

It is recommended the provider seek current guidance and best practice regarding the recording of people's preferences and choices as it relates to end of life care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● Relatives acting on peoples' behalf said people received care and support that was personalised and met their specific needs. They felt this was mainly due to the thorough initial assessment that was undertaken by staff before they joined the service. A relative commented, "It was a thorough assessment, [name of staff] asked a lot of questions."

● Assessments of needs were comprehensive and helped staff to understand the things that were important to people. This included their medical histories, life histories, social activities, daily routines, how they liked care to be delivered and their cultural and religious needs.

● Relatives gave examples where the service was responsive to their family members' needs. For instance a relative commented, "My mum prefers to have female carers. This was made clear before the care package started and they (the service) made sure only female carers attend." Another relative told us due to their religious belief they had to participate in a certain religious festivity. The relative was aware that some of their family member's care workers practiced the same religion and did not think they would be able to attend to their family member's care needs on a particular day. However, they told us they were pleasantly surprised when care workers still attended the call.

● Peoples' care and support needs were regularly reviewed. This was confirmed in our discussions with relatives and supported by what we saw in care records. A relative commented, "[Name of staff) came and carried out a review. They asked a lot of questions and listened to what I had to say. I found it helpful."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● An Accessible Information Standard (AIS) policy was in place. This provided staff with the relevant

information to ensure they worked in line with the legislation.
● Staff were knowledgeable about people's communication needs, what they told us was confirmed by what was documented in care records and our conversations with relatives.
For instance, a care staff told us a person would sigh when there was too much noise and become agitated. The person's relative confirmed this and stated staff would then stop making noise, which calmed them down.
● We noted the service provided staff who were assigned to care for the person with a communication card that was specific to their communications needs. For instance, because the person was non-verbal, staff were given a list of expressions and noises the person would make with an explanation of what they meant.
● Care records clearly documented how staff should support people who had disabilities or sensory impairment. This showed the service identified, recorded, flagged and shared information in order to meet peoples' communication needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
● Where appropriate people were supported to attend activities outside of their homes. For instance care staff supported and accompanied two people to attend day care centres. This enabled people to be socially stimulated and participate in the activities they enjoyed.
● Care records documented people's interests and hobbies and how they wanted to be supported.

Improving care quality in response to complaints or concerns
● Relatives acting on peoples' behalf said they were aware of how to raise a complaint with the service. Comments included, "I would call the manager but, I have never had to (complain)" and "I would write a direct email to management."
● A complaints policy and procedure was in place and staff had attended training on how to handle complaints. We looked at the complaint register which documented concerns received. We saw appropriate actions had been taken in response and peer support meetings were held with staff. This showed management had shared complaints that had been received with staff to promote learning.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection we found management and leadership was inconsistent. Leaders did not always support the delivery of high quality, person-centred care. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider genuinely welcomed feedback, even when it was critical. In response to the feedback given at our last visit on 1 December 2018, changes in management were made. The former registered manager of the service re-applied to become the registered manager. They were clear about their role and the expectations of them as the legally accountable person for the safety and quality of all people's care.
- The provider commissioned a consultant to help them address the concerns found at our last visit. An improvement and action plan was developed on 2 January 2019 which identified the areas that required improvements and required actions. This was regularly reviewed by the registered manager and consultant to ensure progress was made.
- During this visit, we found the required improvement had been made. For instance, minutes of meetings showed the registered manager had regular meetings with staff. We saw information the service received (whether positive or negative) was shared with staff during these meetings. The service's staff training matrix was reviewed by the registered manager. It showed information documented was up to date and accurate.
- There were effective systems to make sure the registered manager was able to identify where quality and safety was being comprised. This was because regular audits were undertaken of peoples' care plans, complaints, accident and incidents and MAR records. Any identified areas of concern were documented and signed off by the registered manager once they were addressed.
- Staff were aware of their roles and responsibilities. A care staff commented, "We have team meetings where we discuss our responsibilities and what we are required to do." A relative commented, "The (registered) manager is caring and checks to see that carers are doing their job correctly."
- The service had a contingency in place in response to the Corona Virus pandemic. This was to ensure people's safety and the actions staff were required to take in the event that the outbreak affects the running of the service. We noted this had been shared with the local authority and other relevant agencies.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

● Relatives felt the service was well managed and told us the management team were easily accessible, flexible and supportive. A relative commented, "I was unsure of the service when it first started. However, when they started to ask more questions about (person), I mean really as a means to getting to know who she is, conducted reviews and updated her care plan, I realised they really cared and wanted what was best for her. They (management and staff) have been very flexible and helpful." Another relative commented, "I am over happy. I would not change them (the service) for anything."

● Staff said the registered manager and management team were approachable, supportive and they were treated fairly. They told us good working relationships had been developed amongst the team and management. A care staff commented, "A lot of the staff have children and the hours are flexible. We work well as a team and work well to ensure all calls are responded to."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● The service had a duty of candour policy (DoC) in place.

● Management were familiar with the requirements of the DoC. However, at the time of our visit there were no incidents that required the DoC to be applied.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● The service sought the views of people who used the service. This was confirmed by our view of the service's quality survey and its analysis, dated February 2020. This showed people were happy with all aspects of care and support delivered. We noted further improvements was identified by the registered manager to promote positive experiences for people and those who represented them. For instance, an identified action was to create a care and support worker profile to give to people when joining the service. This would ensure people are matched with staff who have the right skills and interests to support people.

● Care staff had access to the equality and diversity policy and received appropriate training. Spot checked showed staff were observed to ensure amongst others, they respected peoples' human rights. Service user hand books explained to people that," You have the right to practice your beliefs, religion or culture without constraint by restrictive or discriminatory practice. "

Continuous learning and improving care; Working in partnership with others

● Quality assurance systems in place were robust and were continually monitored and reviewed to ensure their effectiveness.

● The registered manager worked in partnership with community stakeholders and local authorities to ensure people's care and support needs were met. Care records and correspondence viewed confirmed this.