

Border Cottage Care Limited

Border Cottage Care

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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Border Cottage Care is a domiciliary care agency, providing personal care to 50 people in their own homes at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People felt safe and trusted the staff who cared for them. Staff understood how to keep people safe and risk management plans were detailed. Staff knew individual risks and felt confident to care for people safely.

Staff felt very well supported through regular training and supervision. People thought staff had the right approach and skills to care for their needs. There was clear communication and effective teamwork within the organisation.

People enjoyed consistent person-centred care from respectful, reliable, compassionate and caring staff.

Regular staff worked with individual people to provide person-centred care within secure professional relationships.

Staff were highly valued and cared about as individuals and there was an open friendly and transparent culture in the service. The service was well managed and the provider empowered and trusted staff to work to a very high standard of care, supporting people in individual and personalised ways. Systems and processes were in place to assess and monitor the quality of the service and the management team was responsive to feedback which enabled them to drive improvement.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Records demonstrated people's choice, although they needed to be strengthened around best interest decision making.

We made recommendations around the recording and auditing of medicines and the recording of decisions made in people's best interests.

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

Rating at last inspection

The last rating for this service was Good (report published 6 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Border Cottage 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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

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

This inspection was announced.

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 activity started on 31 May 2019 and ended on 6 June 2019. We visited the office location on both dates.

What we did before the 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

We reviewed a range of records. This included four people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including policies and procedures.

We spoke with the nominated individual who was also the registered manager, the operations manager, the care manager and six care staff. We spoke by telephone with three people who used the service and 10 relatives.

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. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were confident in the safeguarding and whistleblowing procedures and knew who to raise concerns with, both within and external to the organisation if need be. We discussed with the management team their understanding of matters which must be reported to the safeguarding team and CQC. The safeguarding policy and procedure were clear and the management team made sure staff had contact numbers for relevant authorities.
- People said they felt safe when care was provided and relatives described having 'complete trust' in the staff to provide safe care. One relative said, "My [family member] has got all their faculties, they'd tell me if they didn't feel safe" and another relative said, "Staff always consider the safety of my [family member] and I'm confident in the staff to keep them safe."

Assessing risk, safety monitoring and management

- Staff had a good understanding of how to ensure people's safety was maintained. Individual risks to people were very clearly recorded and known by staff. Staff told us if there were any changes to people's risks they would communicate this with one another and with the management team to make sure people received the safest care.
- Staff felt confident to use equipment for people where appropriate to support their care. They said they had been given clear and safe instruction to understand people's individual equipment.

Staffing and recruitment

- Recruitment processes were robustly followed to ensure staff were suitable to care for vulnerable people. Checks were made before staff could work with people and the provider told us they recruited to a high standard, to make sure all staff had the right approach and attitude to care.
- Staffing levels were well maintained. People were supported by consistent staff whose working pattern was wrapped around their needs. This enabled secure, consistent relationships for staff to know people's risks well and for people to develop trust in care staff. One person told us, "I get the same two staff who know me well and that makes me feel safe because they'd know if something was wrong."
- The registered manager told us in the event staff may be absent there was always another member of staff who would step in to make sure people received care when they needed it.

Using medicines safely

- People were supported with their medicines and staff were confident in the procedures to follow to ensure this was done safely. Staff understood which people needed which medicine and the reasons why. Consistent staff had continuity of caring for people. This meant they understood their needs fully, such as 'when required' medicines may be needed, although there was no written protocol in place for this. Staff's

competency in supporting people with medicines was regularly checked.

- Medicines were recorded clearly and medicines administration records (MARs) were routinely checked by the management team. The provider had highlighted the need for staff to improve the times paracetamol was given, to ensure a minimum of four hours between doses. Where MARs were handwritten they were only signed by one member of staff instead of two.
- We recommend the provider considers improving the records for medicines management in line with good practice guidelines, so that MARs are completed more thoroughly and PRN protocols are in place.

Preventing and controlling infection

- Staff understood how to prevent the risk of infection and when it was appropriate to use equipment such as gloves and aprons and they regularly collected supplies from the office. One member of staff said, "We always use these and there are always plenty; we stock up when we come to the office."

Learning lessons when things go wrong

- Accidents and incidents were recorded and there were systems in place to ensure these were reviewed frequently. The care manager told us they checked all documentation and highlighted where lessons could be identified and shared with staff. For example, if incidents highlighted a training need this was addressed.
- The management team told us they reflected on practice and continuously considered how things could be made better for people receiving the service.

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. 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

- People's individual needs were central to how the service was delivered. Assessments were thorough and the management team said they only agreed care if they were certain they could meet the needs of each individual.
- People's choices and wishes were fully considered in how they wanted their care to be supported and care planning showed people's individual likes, dislikes and preferences for care.
- Staff skills were matched to people's individual needs and consistent care staff were assigned to each person. This meant staff were fully aware of when people's needs changed.

Staff support: induction, training, skills and experience

- Staff were very well supported through training and supervision. Staff said training was lively, interactive, meaningful and fun, which made sure they remembered what they learned. Staff knowledge was tested out, such as through quizzes to reinforce aspects of the training they had done. Team meetings also included interactive sessions, quizzes and word-searches.
- There was a clear training matrix which identified completed training and further training needs. Staff had training to meet the needs of the people they supported and the management team said they would always ensure specialist training was completed before agreeing care for people with specialist needs. Where more than one member of staff worked together, the management team said they assessed how their skills may complement each others, and if staff covered for absence they worked with a colleague who knew the person well.
- People and the relatives we spoke with said staff were 'very capable'. One relative said staff were skilled in caring for their family member and understood particular needs around dementia care. The management team said staff had dementia care training and they would consider ways to develop this further.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were known by staff and appropriate support was in place where people needed this. Staff we spoke with told us they understood the importance of supporting people with their dietary needs, but recognised their rights to make choices for themselves.
- One relative told us, "The staff are so good, they encourage [my family member] to eat and the portions are good." Another relative said, "They [staff] always make sure drinks are made and they know just how [my family member] likes it."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Where people needed additional healthcare support, their needs were well met through close liaison with other professionals and there was evidence of shared input in people's care to support their needs.
- One relative said, "They [staff] are quick on the ball regarding [my family member's] health. If anything needs checking out they deal with it."
- Some people's complex health was more closely monitored by staff as part of their care and support. For example, one person's care records showed details of regular health observations, although there were no details about what the person's usual baseline should be. The care manager told us the person had this key information displayed on a noticeboard in their home and sent us photographs. We saw the information clearly guided staff to know what was expected and what would give cause for concern, as well as what action to take to ensure the person's health needs were met.
- Staff said they were alert to changes in people's needs and where there were complex health issues they knew who to contact if they had any concerns. Staff said they would not hesitate to contact healthcare professionals to support people's care, either routinely or in an emergency.

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

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA.

- Staff demonstrated clear understanding of people's rights and how to ensure people's consent to care and support was obtained. People and relatives told us staff always sought consent before any support was offered.
- Where decisions were made in people's best interests, this was not always clearly recorded in care plans. We recommend the provider considers ways to include more detailed recording of decision-making processes.

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 improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People enjoyed consistent person-centred care from respectful, reliable, compassionate and caring staff. Relatives praised staff's approach to the work and their patience. One relative said, "I wish every nurse in the NHS was like the staff in this service. They are the pride of Britain." Another relative said, "My [family member]'s face just lights up when [they] see the care staff, the recognition is instant even though they may not remember staff's names. It's the little things that mean so much; like helping [my family member] see their reflection and saying how beautiful they are."
- Staff told us they felt very cared about as individuals and this enabled them to care for people with the same regard, whatever their diverse needs may be. Staff felt they mattered, which positively impacted upon their approach to caring for people and they were highly motivated to do this well.
- Staff demonstrated a highly compassionate and caring approach to supporting people. Care was holistic rather than focused on supporting people's physical needs. For example, one relative told us staff always considered how the care they provided impacted on a person's well being and made recommendations to change and adapt care to enhance the person's quality of life. For example, they said staff constantly monitored whether the times of care delivery were in keeping with the person's needs and they adapted meals when they noticed the person's appetite fluctuated at different times of day. Staff exchanged information and observations at handovers regarding people's overall well being, including emotional as well as physical needs. One member of staff said, "The care we provide here is nothing like care I have ever done before and I have worked for other care companies. The main difference is, this company is all about the people we support; they absolutely come first."
- Staff clearly knew each person they supported and they had good relationships with them, whilst maintaining respectful boundaries. One relative told us, "The staff are so professional; they strike the right balance of being like family, but they don't lose the professionalism. They are truly caring carers". The relative said, "I have total peace of mind and the service goes above and beyond what they need to. Once, my [family member] was not well and the carer stayed with her until I came, even though this meant she went into her own time to be with [my family member]."
- Staff told us they regarded each person as a unique individual and cared for them with the same standard as they would their own family members. One member of staff said, "People do get good care here, good enough for my relatives. The best bit is the continuity of staff because it helps people build trust."

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

- People and relatives told us their views were highly valued and they felt fully informed about the service

and their care or the care of their family members. One relative told us, "This service is head and shoulders above the rest, I'm delighted we have such dedicated care and support." Another relative said, "If my [family member] was a family member of the care staff, they could not treat them with any greater care."

- Staff and the management team told us people were at the heart of the way the service was run and people's views were continuously sought. This was unanimously confirmed by people we spoke with and their relatives. Staff told us their close and consistent relationships with people meant they could anticipate their needs and were alert to even the smallest changes affecting a person's wellbeing.
- Care records showed people had been consulted in planning and reviewing their care to ensure it remained fully focused on their needs and preferences.
- The provider gave very high priority to ensuring communication was tailored individually to suit people's differing needs. Where people had difficulty communicating verbally, the provider supported them in an extensive range of methods. For example, from observing and interpreting body language and the use of sign language and gestures, to technology such as electronic tablets and eye gaze technology according to people's individual abilities and communication needs. The provider told us staff's close and consistent relationship with each person meant they were acutely aware of any deterioration in communication abilities and able to respond and adapt ways of supporting them to achieve the best possible outcomes.

Respecting and promoting people's privacy, dignity and independence

- Staff understood how to ensure people's privacy and dignity when supporting them with their care and gave us examples of this. One relative told us, "Staff always ensure [my family member's] dignity and privacy, they are superb. They coordinate my [family member's] clothes so [they] always look elegant." The relative compared care at Border Cottage with their previous experiences of care and told us, "We've had the worst and now we've got the best; there is no comparison." Another relative said, "Staff truly understand how my [family member] was as a person before they were ill and they uphold that, maintaining standards for [them] exactly as [they] would want them." They gave examples of the person being particular about wearing a complete change of clothing every day and liking to wear their favourite perfume."
- One person told us, "The carers are so respectful. It's difficult to have to have help with your personal care, but they really care about my dignity. Another person said, "I cannot put into words how wonderful the service and the staff are. My honest opinion is they are second to none."
- Daily notes within people's care records showed people's privacy, dignity and independence was promoted continuously.

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. This meant people's needs were met through good organisation and delivery.

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

- Staff worked in small teams to ensure care was delivered by staff members who knew their individual preferences and who people knew and trusted. People and relatives said this was the main feature of the service because it helped them to get to know staff. One relative said, "It was important for [my family member] to see the same faces and the same two staff come every time." Staff said this helped them build a deeper understanding of people's needs and alert them to the small changes in people's health or well-being. One member of staff said, "Because we go every day, we know how a person might be the day before and we know what is typical for them. That way, if anything is different we'd be the first to spot it and take any action."
- Care was personalised, and people told us care staff always offered them choice in how they wanted to be supported. One person said, "They always ask me, even though they know what I like, they don't assume it's the same for me every day."
- Care records had a one page profile which was written in the first person, 'all about me', with individual key information, such as people's social history, likes and dislikes. There were clear details to guide staff as to how to provide care and support at each call.

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.

- The provider was aware of their responsibilities with regard to the AIS.
- Care records demonstrated how each person was able to communicate. Staff we spoke with gave examples of how they used other cues, such as people's appearance, facial expressions and other non-verbal signs to help them understand what a person may be saying or feeling.

End of life care and support

- Information in people's care records was sensitive and holistic and people's wishes were recorded and discussed with them.

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.

- Staff had a good understanding of what was important to each person they supported and who were the

key people in people's lives. Staff told us their knowledge of people's individual situation and their family circumstances helped them to understand and support key relationships and identify social isolation. The service had a day centre which offered a range of activities available to people who used the regulated service.

- One relative told us the contact their family member had with care staff was very important for their well-being and helped prevented them feeling lonely. They said, "I'd be lost without them and [my family member] would be lost without them."

Improving care quality in response to complaints or concerns

- Complaints were recorded and responded to appropriately. People and relatives told us they had no concerns but were very confident if they did, they would be dealt with immediately. One relative said, "I have no complaints because communication is excellent. There is ongoing sharing of information between the staff, my [family member] and myself and there is a real partnership which supports the care."

- Compliments were recorded and shared with the team. There were numerous compliments received and these referred to 'dedication and compassion of staff', care which 'surpassed expectations' and 'excellent quality'.

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 Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a very open, friendly and transparent culture in the service and the leadership team empowered staff to do their best work, support each person individually and with a high standard of care.
- Staff were trusted and felt valued in the organisation; there was respect for staff at all roles. Staff said there was recognition for their need for work-life balance as well as their skills in the role. Staff told us they received praise for their work and incentives and gestures were offered by the management team. One member of staff said, "They [management] say thank you for just doing the job we do, they gave me a voucher are we are really valued. I've worked for other companies and never been even thanked before." Another member of staff said, "We are trusted for our opinion, that means a lot."

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

- Staff had a clear understanding of their roles and who they were accountable to and there was a clear line management structure in place. Staff understood the systems and processes in place to quality assure their work, such as spot checks and audits, and they knew where to go to for guidance and support.
- The provider understood their responsibility within the duty of candour.
- Quality was assured through the care manager being actively involved in the oversight of care delivery. Audits were regularly carried out although the medicines audit needed to be strengthened. Regular checks were in place of staff practice and documentation to ensure risks were identified and quality of care was maintained.

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

- People, relatives and staff felt informed, involved and included in how the service was run.
- Communication was highly effective throughout the organisation, so each member of staff understood their part in ensuring care was delivered according to people's individual needs.
- Feedback was proactively sought and acted upon in order to drive improvement. One relative said, "They don't think they know best, they always ask, check and communicate."

Continuous learning and improving care; Working in partnership with others

- The management team was keen to drive improvement and ensure standards of care did not fall below

individual expectations.

- The provider worked with the local Clinical Commissioning Group (CCG) as well as other professionals involved in people's care and support. Feedback from other professionals highlighted good working relationships with the service to meet people's needs.