

Border Care Ltd

Border Care Ltd

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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Border Care Ltd is a care agency that provides a care service for people in their own homes. The care agency can provide care to people who may have dementia, mental health, physical disability, sensory impairment. There were five people receiving personal care at the time we inspected.

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 received safe care and support by staff that were trained, experienced and understood how to keep people safe from harm. Relatives told us their family members felt safe with staff in their homes, saying they were all trustworthy. The provider followed safe recruitment processes when employing new staff.

People received their medicines safely, they were supported to take their medicines as prescribed. Staff were regularly assessed and had their competency checked. The risk of infection was reduced as staff used equipment provided and worked in line with guidance. The registered manager reviewed any accidents and incidents ensuring any lessons learnt were acted on.

People's care continued to be reviewed with them and where appropriate their relatives ensuring care and support needs continued to be met. Relatives said their family members healthcare needs were being met. People, where required, were supported to have nutritional needs met and were encouraged to remain as independent as possible.

People's relatives spoke highly of the staff team, and staff spoke passionately about their roles and the people they provided care and support to. People's social and physical needs were incorporated into the plan of care and used to promote and maintain people's abilities and independence. Staff worked with health community professionals to ensure people's end of life care needs were met.

The registered manager completed regular checks to make sure people receive high quality care.

People and relatives were asked for feedback on the service they received. People knew how to complain and were confident they would be listened to if any concerns were made.

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. The last report was published 13 October 2017.

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.

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 findings below.

Border Care Ltd

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 team was one inspector.

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 [who was also the provider]. This means that they 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 activity started on 24 February 2020 and ended on 26 February 2020. We visited the office location on 24 February 2020.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

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 all of this information to plan our inspection.

During the inspection

We spoke with the registered manager.

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

After the inspection

We continued to gather information from other sources. We spoke with three people's family members who spoke to us on their behalf about their experience of the care provided. We did this because some people who used the service had difficulties speaking with us by using the telephone. We spoke with three members of staff.

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

- Relatives said their family members felt safe with staff in their homes, all commented on the benefits of the staff team being small, and consistent. One relative said, "we completely trust them all" another said "only a handful of staff, know them all, know whose coming, lovely team."
- Staff had received training in safeguarding and understood how to keep people safe, staff knew how to report if they had any concerns, and who they needed to speak with if they felt their concerns weren't being listened to or acted on. There was an accessible safeguarding and whistleblowing policy in place.

Assessing risk, safety monitoring and management

- People's needs were assessed; care planning was personalised to meet individual's needs. Care files reflected this.
- People's health needs had been identified and guidance was in place for staff, so people received safe care and treatment.
- Risks were assessed, monitored and regularly reviewed and updated as and when people's needs change. Guidance was in place, so staff could support people safely.

Staffing and recruitment

- People received support from a small team of staff which included the register manager working 'hands on'.
- Relatives said the staff team were skilled and experienced to work with their family member.
- Records showed safe processes were followed for recruitment. All checks were carried out before staff started employment such as DBS checks. A DBS check refers to the disclosure and barring services. These checks help providers make safer decisions with potential staff and suitability to work with vulnerable people.

Using medicines safely

- Some people needed support with their medicines. People received this support from staff who were trained and had their competency regularly assessed by the registered manager to make sure they were managing people's medicines in a safe way.
- Relatives said their family member received their medicines as prescribed. For example, correct dose and at the right time.
- Records included information for medicines that were required 'as and when' and information leaflets about potential side effects for staff to monitor.

Preventing and controlling infection

- Staff said they were provided with personal protective equipment such as gloves, aprons and hand washes to minimise any potential risk of spreading infection.
- The registered manager regularly checked staff were following safe practice in line with infection control through observations and spot checks. For example, checking staff were wearing gloves when supporting with personal care.

Learning lessons when things go wrong

- Relatives said communication between them and the registered manager was excellent, they were always kept informed of any accidents and incidents.
- Staff understood how to record and report any accidents and incidents.
- Records showed accidents and incidents were recorded. This included any falls that had happened to people when they were on their own in their homes. These were reviewed and signed by the registered manager, enabling them to take action to prevent any reoccurrence and to make any referrals to other health care services as necessary.

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 needs were assessed before they received a service. The registered manager told us the assessment stage helped them to make an informed decision as to whether they could meet people's needs.
- Relatives said their family members were involved throughout the assessment, one relative said "[person] was asked what they wanted to be called, what support was needed, and how they wanted that support to be given."
- Records showed information gathered from assessments formed people's care planning.

Staff support: induction, training, skills and experience

- Relatives told us their family members were cared for by skilled and experienced staff.
- The registered manager explained the induction process involved eLearning and classroom training. New starters shadow more experienced staff, then they [registered manager] carry out an observation to ensure they were competent and confident to work on their own. The registered manager also told us that any new staff new to care start would also undertake the Care Certificate. The Care Certificate is an agreed set of national standards that sets out the knowledge, skills and behaviours expected of health and social care.
- Staff told us the training was appropriate and relevant to their roles, they received ongoing support, and regular supervisions with the registered manager.

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

- People were independent with meal preparation, were they did require some support, staff supported them in the right way.
- Relatives told us staff understood people's dietary preferences and continued to assist people with this aspect.
- Staff understood who required support with the meal preparation, and promoted people's independence with this while maintaining their safety.

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

- One relative told us they were working together with specialist nurses, social workers, the registered manager and other professionals to support their family member health needs.
- Relatives said "the service is excellent, [registered manager] is very experienced and skilled and has links with other healthcare professionals."

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- We checked whether the service was working within the principles of the MCA. Records showed people's capacity was assessed and where they were able to, people signed to consent to the care they received. The registered manager was aware of their legal responsibilities under the Act.
- Relatives confirmed staff always sought their family members consent before they provided personal care. A relative said "[staff] always ask for permission before doing something, [staff] will always check if everything is ok, and [person's name] is happy with what [staff] were doing."

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. 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 spoke positively about the care and support their family member received from staff. Comments included, "cannot praise [registered manager] and staff highly enough." "They [staff] are kind and caring." And, "I look forward to seeing them [staff] and having a laugh and joke."
- One relative said, "they [staff] go over, above and beyond what is expected." Another relative said "nothing is too much trouble, I don't know what we would do without them."
- Staff told us they enjoyed their roles and spoke passionately about the people they supported. They knew people's likes, preferences and things important to them. For example, their favourite food.

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

- People's relatives said they, with their family member where possible, were involved in all decisions about their care.
- One relative told us "[person's name] is happy and relaxed which has taken weight of my shoulders."
- Staff explained the importance of always giving people choice. For example, with personal care routines such as offering a bath or shower.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One relative said "[person's name] was very tentative at the start of receiving a service but has now got used to the support and built good relationships with all the staff."
- Relatives said "[staff] are courteous, they always knock before entering the home, they [staff] ask before carrying out any tasks, give choices such as, what they would like to eat or drink, what they want to watch on TV."
- Staff explained the importance of supporting people to remain as independent as possible, so they can live safely in their own homes.
- Care files promoted people's rights and independence, highlighting what people were able to do for themselves.

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

- People had care plans in place which reflected personalised care and support. Care files included one-page profiles, help and support required, staff support and routines.
- Relatives said staff were flexible to their family member's needs and acted upon any concerns they made.

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.

- People's communication needs had been assessed and staff knew how to communicate with them.
- The registered manager told us they would make information accessible to people in their preferred method such as large font or pictures, where necessary.

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

- Care records gave details of important relationships and how best to support the person to maintain these.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. Relatives said they were confident if they were to raise any concerns with the registered manager they felt confident they would be dealt with and used to improve practices. There had been no complaints received since our last inspection.

End of life care and support

- Records showed people's choices and preferences for end of life had been discussed with the person and were documented. The registered manager explained 'a message in a bottle' scheme being in place for a person. This meant if medical or emergency service were called to the person's house they would have instant access to important information such as current medicine, medical history, allergies, do not attempt resuscitation/ cardiopulmonary resuscitation [DNACPR] forms and wishes. All of this was written up in the person's notes and care plan.

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

- Relatives told us the service is well managed, with one saying, "it's like a small family."
- Staff spoke positively about the manager. They told us they were listened to and [registered manager] was supportive. Comments from staff included, "it's run like clockwork, team work together," "[registered manager] is amazing, never had a boss like it."

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

- Relatives told us they were informed of any accidents and incidents. This was done in line with people's consent for their family member to be made aware, and communication with the registered manager was open and honest.
- The registered manager was aware of their legal responsibilities to notify external agencies and the CQC of certain events and their legal obligation of being open and honest with people who used the service.
- The provider was displaying their last inspection rating on their website and in the office.
- Staff understood their roles and responsibilities. The registered manager monitored staff performance through supervisions and spot checks on their practice.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives were asked for feedback on the service they received and anything which could be improved on.
- People's relatives told us they benefitted from the registered manager being a qualified nurse who can liaise with other health professionals.

Continuous learning and improving care

- The registered manager told us their professional learning and development was undertaken through the NHS, they keep up to date by receiving legislative updates, and working with other agencies.
- Audits were in place which meant any shortfalls were identified and used to drive improvements. The registered manager told us these were being reviewed and updated to include additional checks. For example, visual checks on equipment, such as standing hoist.

