

Border Care Ltd

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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?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This was an announced inspection carried out on the 14 September 2017.

Border Care Ltd is an agency that provides a domiciliary service to people in their own homes, who live in North in Herefordshire and Powys. At the time of our inspection visit, there were nine people using the 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.

The provider had first registered with the Care Quality Commission in January 2017, and had therefore not been previously inspected.

People told us they felt safe with the way staff supported them in their home. They also felt safe with staff coming into their own homes, who they described as completely trustworthy.

People told us there was sufficient numbers of staff to meet their needs safely and reliably.

Risks to people's safety and well-being had been assessed and guidance was in place for staff to follow to minimise any risks.

People told us they were happy with the support they received with their medicines. Where people received medicines, they told us they received them on time and when they should be taken.

People told us they felt care staff had the skills required to support them effectively. Staff told us the training they received was relevant to their roles in supporting people. Staff told us they received regular supervision and support, which also involved one to one sessions with the registered manager.

People were supported by staff who respected their privacy and dignity. Staff understood the importance of helping people to be as independent as possible, so that they could live safely in their own homes.

People told us they were involved in their own care. They felt listened to by staff on how they wanted their care and support provided. People told us they received care and support from staff that met their needs and personal preferences.

People told us the service was well-run and reliable and found the provider and staff team approachable and ready to listen. The provider had clear visions and values that were person-centred and that ensured people, including staff, were at the heart of everything they did.

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.

People were supported by sufficient numbers of staff who were trained to recognise and protect people from harm and abuse.

Where risks to people's safety were identified plans were in place to help reduce these risks.

People received their medicines safely.

The provider carried out appropriate checks when recruiting new staff.

Is the service effective?

Good ●

The service was effective.

Staff received training to give them the skills and knowledge to meet people's needs.

Staff respected people's right to make decisions and supported them to do so.

People were supported to access healthcare from other professionals.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and respect.

Staff respected people's privacy and dignity when they supported them.

People were encouraged to live independent lives.

Is the service responsive?

Good ●

The service was responsive.

People's care and support needs were planned in full consultation with them.

Staff were knowledgeable about the people they supported.

The provider had systems in place to routinely listen to people's experiences, concerns and complaints.

Is the service well-led?

The service was well-led.

The provider had clear visions and values that were person-centred and that ensured people, including staff, were at the heart of everything they did.

Staff told us the service was well-led and that they felt valued by a provider.

The provider undertook a range of checks to monitor the quality of service delivery.

Good ●

Border Care Ltd

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 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.

This inspection took place on 14 September 2017 and was announced. We provided 48 hours' notice of the inspection to ensure management were available at their office to facilitate our inspection. The inspection was carried out by one inspector.

Before the inspection visit, we reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events, which the provider is required to send us by law. We also contacted the local authority, and Healthwatch for any information they had, which would aid our inspection. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care services.

We spent time visiting four people in their own homes and together with two relatives who were present, asked them what they thought about the care they received. We also undertook telephone interviews and spoke with a further five people who used the service and 10 relatives.

At the office, we reviewed a range of records about people's care and how the domiciliary care agency was managed. These included four care records, one staff recruitment file and training records, and one medicine administration record (MAR) sheet.

The provider, who was also the registered manager, employed 2 members of staff at the time of our visit. As part of the inspection, we spoke with the registered manager, the care coordinator and the care assistant.

Is the service safe?

Our findings

People told us they felt safe with the way staff supported them in their home. They also felt safe with staff coming into their own homes, who they described as completely trustworthy. One person told us, "I do feel safe with them coming into my home." Another person said, "I always feel safe when they hoist me out of bed. It's all done very efficiently." One relative told us, "We feel very safe and secure with staff who come here. You can trust them and feel relaxed and safe with them." Another relative said, "I'm totally confident with them and have complete faith in them and in what they do."

Staff knew how to protect people from harm and abuse. Staff were able to describe signs of potential abuse and understood how to report any concerns. They also understood their responsibility to 'whistle blow' if they witnessed anything of concern or poor practice. The registered manager understood their responsibilities in reporting any potential concerns in line with local safeguarding procedures. One member of staff told us, "With any concern, I would report to my manager, who I'm confident would always take the appropriate action. If not, I would contact CQC independently. I wouldn't hesitate to report any concerns as it's so important to keep people safe."

Both staff and the registered manager told us and we saw that safe recruitment procedures were followed. They told us new staff did not start work until the provider had checked their previous employment history, their identity and obtained work and character references. We saw Disclosure and Barring Service (DBS) and references were completed for new staff prior to starting work with people. A background check called a DBS check is a legal requirement and is a criminal records check on a potential employee's background. These checks help to ensure that potential new staff are suitable to work with people in their own homes.

People told us there was sufficient numbers of staff to meet their needs safely and reliably. One person said, "They come the same time every week, never late and never in a rush. Often they [staff] stay 10 minutes more to finish. Excellent at time keeping." Another person told us, "Their time keeping is excellent. Always spot on." A third person said, "They always come when they say they will come, early if anything." Staff told us calls were well scheduled, which took account of their personal commitments. They also said that with the current numbers of people who used the service, they had enough staff to effectively meet people's needs.

Risks to people's safety and well-being had been assessed and guidance was in place for staff to follow to minimise any risks. Staff told us they followed risk assessments that were in people's care files. These included the physical environment, moving and handling, skin integrity, mobility and oxygen usage. The registered manager told us any accidents or incidents, such as falls or unexplained bruises were recorded and monitored by management. This enabled them to take any action to prevent them from reoccurring and make suitable referrals to other health care services.

People told us they were happy with the support they received with their medicines. Where people received medicines, they told us they received them on time and when they should be taken. One person said, "I get my medicines when I'm supposed to have them." One relative said, "There are never any issues with my

relative's medication. My relative gets them when they need them." Some people were prescribed creams and ointments. Information was available for staff describing how, and where, these preparations should be used and appropriate records kept. Staff confirmed they had received training in the safe administration of medicines. The registered manager confirmed their intention to undertake regular competency checks of staff to ensure medicines were administered safely.

Is the service effective?

Our findings

People told us they felt staff had the skills required to support them effectively. One relative told us, "They strike me as being very professional and well trained. I'm really grateful for what they do." Another relative said, "Staff are all competent and well trained in what they do."

Staff told us the training they received was relevant to their roles in supporting people. All staff employed by the provider had all previously worked within adult social care. Training they had received since commencing work at Border Care LTD, included First Aid, moving and handling, safeguarding, medication, fire awareness, Mental Capacity Act (MCA) and infection control. This consisted of a combination of e-learning and classroom based training provided by an external agency. Staff had also previously undertaken training in nationally recognised qualifications in adult social care. The registered manager told us all new staff received an induction, followed by a period of shadowing experienced staff. Staff who had not worked in adult social care were required to complete the care certificate. The Care Certificate is a nationally recognised award that provides staff with knowledge of the standards of care required of them in their role.

Staff told us they received regular supervision and support, which also involved one to one sessions with the registered manager. One member of staff said, "I feel completely supported and valued by the registered manager. It's a good place to work. It's still early days for us as a company, but we are all singing from same hymn sheet." Staff told us the registered manager was very flexible and was always checking to make sure they were safe and okay.

The registered manager, who was also a part-time registered nurse, told us that they maintained their own professional development and training through the NHS.

People told us that staff never assumed consent and would always seek their permission before undertaking any tasks. One relative told us, "They always seek my relative's consent before doing anything." Another relative said, "They don't assume anything, never. They talk to my relative and ask for their permission even though they have limited communication."

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 and relatives told us they would manage their own health appointments, but the registered manager would support them with this if they asked. The registered manager told us that when needed they would liaise with district nurses or doctors to arrange appointments or seek advice. One person told us that staff had noticed an infection of their toe and advised them to seek medical advice immediately. They stated that had they not obtained immediate medical advice, they were told by medical staff that the consequences could have been serious.

Most people did not receive support with their nutrition or hydration. One relative told us that they left prepared meals for staff to heat up together with drinks, which required 'thickeners' to assist with swallowing. One person said, "They prepare my food and will always give me a choice of what is available. When they leave they will leave out cold drinks and a flask with something hot in it."

Is the service caring?

Our findings

People spoke positively about the care and support they received and the relationships they had developed with staff. One person said, "They are very kind, more like friends. Always helpful and they can't do enough for you." Another person told us, "They are very kind and helpful, I look forward to seeing them." One relative said, "They are very kind and understanding and really care about people. I can't say more than that." Another relative told us, "We have an excellent relationship with the staff. They can't do enough for you. We are very impressed with them."

People were supported by staff who respected their privacy and dignity. One person said, "I'm never made to feel embarrassed, they are very respectful of my privacy and personal dignity." Another person told us, "They [staff] are so respectful and thoughtful about my privacy when having a shower. I feel relaxed with them. We have the same staff, which is nice and I know them all very well." A third person said, "They are very mindful of my dignity and will keep the doors and curtains closed."

Staff understood the importance of helping people to be as independent as possible, so that they could live safely in their own homes. One person said, "They [staff] have been encouraging me to do as much as I can for myself, so that I can continue to stay at home." One person told us, "It's made a big difference to my life and improved my well-being. It enables me to live independently at home." One relative said, "My relative wouldn't be here without them [staff], they could never survive on their own. They have built up their confidence as they are very vulnerable." One member of staff told us, they always encouraged people to have a go and do as much as they could. Otherwise, they took away their ability to do things for themselves; all it required was some gentle encouragement.

People told us they were involved in their own care and felt listened to by staff on how they wanted their care and support provided. They were provided with copies of risk assessments and their care plans. They told us staff talked with them about their needs and were always looking at way to do things better. One person said, "I'm very happy, I couldn't wish for better. I'm able to make my own choices about care and they will always respect my wishes and preferences." One relative told us, "We have been fully involved in deciding the care our relative needs. We are consulted about everything."

Is the service responsive?

Our findings

People told us they received care and support from staff that met their needs and personal preferences. People also told us that the provider was responsive to their needs and acted upon any concerns they raised. One relative told us, "They are mindful of our wishes, they are interested in us. They are flexible and always helpful." Another relative said, "They are very flexible to my relative's needs. For example, call times have recently been changed. Any issues they will always let us know." A third relative said, "They are very responsive to our needs and have reorganised calls at short notice. They have even collected dressings and prescriptions for us."

Staff we spoke with knew each of the people they supported and were able to tell us about their individual needs. People told us that they had been involved in deciding what care they or their relative required, which was fully documented in their care plans. Initial assessments were undertaken to identify people's needs and care plans were agreed to meet each person's needs. We found that care planning was person centred and met their specific preferences and provided clear guidance for staff on the level of care and support required. Care plans were located at each person's home with duplicates held at the office.

The provider carried out unannounced spot checks with staff to confirm that they were consistently following the guidance provided in addressing people's needs. This also enabled people to provide feedback on the quality of care provided and whether any changes were required. The registered manager told us care plans were reviewed after an initial six weeks, then six monthly or as required. They said that people were consulted on whether changes were required.

People and relatives knew how to raise a complaint if they had any concerns and felt comfortable doing so. They said they were happy raising issues with staff and were confident matters would be resolved to their satisfaction. One person told us, "If I have an issue, I just speak to them [staff] about it. I know they will do their best to resolve it." One relative said, "We have never had cause to make a complaint. Each time we have raised an issues, they address it straight away and efficiently. We are very happy and pleased with the responsive nature of the services they provide."

The provider told us, that in addition to the regular contact they had with people, they intended to introduce an annual questionnaire. This was in order to ask people for their views and opinions about the service through questionnaires, and specifically how services could be improved.

Is the service well-led?

Our findings

People told us the service was well-run and reliable and found the provider and staff team approachable and ready to listen. The provider had clear visions and values that were person-centred and that ensured people, including staff, were at the heart of the everything they did. One person said, "I would recommend them, can't fault them in any way. It is also well-managed." One relative told us, "As a family, we are absolutely delighted with them." Another relative told us, "They are a small but very effective group of people. It's clearly well-managed and organised. We are really pleased with the service we get."

Staff we spoke with told us they felt well-led and valued and that the service was open and transparent. One member of staff said, "This is a good place to work, we focus on people as our priority and the registered manager is brilliant." Another member staff explained that they were very proud with what the registered manager had achieved. The registered manager told us it was their intention was expand, but this would only take place when they had the right staff and were ready for the additional work. The registered manager was currently recruiting new staff to meet an emerging demand for their services.

Staff told us they felt well supported, and had a sense of working towards a shared goal of supporting the local community by providing good quality care in people's home. Staff felt they could approach the provider with any issues, and had confidence these would be addressed. They [staff] were confident about challenging working practices within the service, or decisions taken by the provider. The provider described how they maintained their own personal development through their employment with the NHS. They were also well placed to maintain professional and effective relationships with local health care professionals.

We found that regular reviews of care plans and risk assessments were undertaken. The service undertook unannounced 'spots checks' and 'observations' of staff practice to ensure they remained competent to deliver services. Staff received regular supervision and support. MAR sheets were checked to ensure people had received their medication as prescribed. This helped to ensure that the quality of the service was monitored and reviewed by the provider.

Providers are required by law to notify CQC of certain events in the service such as serious injuries and deaths. Records we looked at confirmed that CQC had received all the required notifications in a timely way from the provider.