

Carers for You Limited

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Inspection report

Healthaid House
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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:

Carers for You Limited is a domiciliary care agency. The service is also known as Caremark (Harrow). The agency provides personal care to people living in their own homes in the community. There were approximately 55 people using the service at the time of our inspection. The provision of personal care is regulated by the Care Quality Commission.

People's experience of using this service:

People and their relatives told us they were satisfied with the care they received. They stated that staff were well trained, did their jobs well and people felt safe when cared for by staff.

Risks to people's health and wellbeing had been assessed and this included risks of falling, pressure sores and certain medical conditions people had. Risk assessments contained guidance for minimising risks to people.

The service had a safeguarding policy and procedure. Staff had received training on how to safeguard people and were aware of the procedure to follow if they suspected that people were subject to, or at risk of abuse.

Staff had received medicines administration training and knew how to administer medicines safely. Regular checks and audits of medicines administration records (MARs) were carried out to ensure that errors were identified and promptly responded to.

Staff were safely recruited, and essential pre-employment checks had been carried out. There were enough staff to attend to people's needs.

The healthcare needs of people had been assessed and staff worked closely with healthcare professionals to meet the needs of people.

Staff encouraged people to have a healthy diet where this was part of their contracted responsibilities. They were aware that if there were significant fluctuations in people's weight, they should alert their manager, relatives and professionals involved.

Staff had received appropriate training and they had the knowledge and skills to support people. The registered manager and senior staff carried out regular supervision, annual appraisals and random spot checks to ensure that staff were able to carry out their duties.

Staff understood their obligations regarding the Mental Capacity Act 2005 (MCA). People were supported to

have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Staff were caring and treated people with dignity and respect. They had received training on ensuring equality and valuing diversity and respecting the human rights of people. Feedback from people and their relatives indicated that staff formed positive relationships with people.

People's care needs had been fully assessed and staff were knowledgeable regarding people's needs. The service provided people with person-centred care and support that met their individual needs and choices. People said their preferences and choices had been responded to.

The service had a complaints procedure and people and relatives were aware of who to complain to. The service took complaints seriously. Complaints recorded had been promptly responded to.

The service was well managed. Morale among staff was good. Management monitored the quality of the services provided via regular checks and audits. The results of a recent satisfaction surveys indicated that people and their representatives were satisfied with the care and services provided. Suggestions made for improving the service had been responded to.

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 the service was Good (published on 15 March 2017).

Why we inspected:

This was a scheduled planned comprehensive inspection.

Follow up:

We will continue to monitor the service through the information we receive.

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.

Good ●

Is the service effective?

The service was effective.

Good ●

Is the service caring?

The service was caring.

Good ●

Is the service responsive?

The service was responsive.

Good ●

Is the service well-led?

The service was well-led

Good ●

Carers for You Limited

Detailed findings

Background to this 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 adult social care inspector.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older adults and some younger adults.

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 we needed to be sure that the provider or registered manager would be in the office to support the inspection.

We visited the office location on 3 July 2019 to see the registered manager and office staff and to review care records, policies and procedures and other records associated with the running of the service.

What we did before the inspection:

We reviewed information we held about the service such as statutory notifications. A statutory notification is information about important events, which the provider is required to send us by law. We used this information as part of our planning.

During the inspection:

We spoke with the care co-ordinator, the recruitment and marketing officer, the registered manager and the nominated individual of the service. The nominated individual has responsibility for supervising the

management of the regulated activity and may be employed as a director, manager or secretary of the organisation. We looked at six care records, six staff records training, policies and procedures and other records needed for the running of the service.

After the inspection

We spoke with seven people who used the service, two relatives of people who used the service and eight care staff. We received feedback from two care professionals.

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 remained Good. People were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service had policies and procedures to safeguard people from abuse. Staff had received training and were aware of action to take if they suspected people were subject to, or at risk of abuse.
- People and relatives told us that people were safe when cared for by staff. One person said, "I am happy with the service. The carers are very good. I feel safe with them." A relative said, "My relative is safe with them. They do a proper job."

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing had been identified and documented. There was guidance for staff on how these risks could be minimised.
- The risk assessments we saw related to people's physical and mental health and the environment they lived in. These included risks assessments for moving and handling, risk of falls, pressure sores and risks related to individual medical conditions such as diabetes.
- Staff we spoke with told us they had been informed of people's care needs prior to visiting them. They were aware of potential risks to people and action to take such as contacting their senior staff or the emergency services if needed.

Staffing and recruitment

- Staff were safely recruited to ensure they were suitable to work with vulnerable people. They had the appropriate checks prior to being employed. Staff records contained evidence of Disclosure and Barring Service checks (DBS), references, evidence of identity and permission to work in the United Kingdom.
- The service had adequate staffing levels to meet the needs of people. Staff told us they had enough travel time between visits. People and relatives told us that staff were usually on time.

Using medicines safely

- Medicines were managed safely. Staff had received training in the administration of medicines. Medicine administration records (MAR) indicated that people received their medicines as prescribed. There were no unexplained gaps in the six MAR charts we examined.
- Monthly audits of MARs had been carried out to ensure that medicine administration procedures were followed, and improvements made when found to be needed. Medicine charts were also checked when spot checks were carried out on staff to ensure they were carrying out their tasks properly.

Preventing and controlling infection

- The service had an infection control policy to provide staff with guidance on how to minimise the risk of

infection.

- Staff had received Infection control training and were aware of infection control measures. The service had a stock of personal protection equipment (PPE) such as shoe covers, gloves and aprons kept in the office for use by staff. Staff told us that they used PPE and this was also confirmed by people we spoke with.
- People using the service and their relatives told us that staff observed hygienic practices when attending to people who used the service.

Learning lessons when things go wrong

- There was a process in place for reporting incidents and accidents. Accidents and incidents had been recorded. Where appropriate, action had been taken to prevent re-occurrences. For example, after a staff member on duty sustained a minor injury she was advised by senior staff on how to prevent a re-occurrence in the future.

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 remained Good. 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

- The feedback we received indicated that people's needs had been assessed and met. On person said, "The staff know what they are doing. Do a good job!" Another person said, " They are very thorough. They have checked things with me. They do their work properly."
- The service assessed people before their care was provided by the service. This ensured their needs could be met. Assessments covered people's environmental, physical, mental health and social care needs.
- People's cultural, religious or other special needs and preferences were identified so staff could understand and meet these.

Staff support: induction, training, skills and experience

- People were supported by skilled and competent staff. They had received a comprehensive induction. New staff had completed the Care Certificate and this was evidenced in their training records. The Care Certificate includes a set of standards that staff should abide by in their daily working life when providing care and support to people.
- Care workers confirmed they had completed a wide range of essential training including the Care Certificate, safeguarding of adults, moving and handling, health and safety, food hygiene, first aid and the Mental Capacity Act 2005.
- Staff were well supported by management. There was documented evidence of regular supervision and an appraisal of their performance. Staff told us that their managers were approachable and supportive.

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

- Staff had been provided with training on the importance of nutrition and hydration. Where support with meals was required, they had recorded individual food preferences as well as people's cultural, religious or health needs within their care plans.
- Care plans had guidance for staff on their responsibilities in preparing meals for people. People informed us that staff prepared the meals according to their preferences.

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

- The service worked closely with local authority service purchasers, health and social care professionals. We note that when people's health needed special attention, they had contacted relevant professionals to ensure that people received appropriate care.
- One care professional told us that the service worked well with them to ensure that people were well cared for.

Supporting people to live healthier lives, access healthcare services and support

- Most people arranged their own healthcare appointments or had family who supported them in making appointments.
- Care workers also monitored people's wellbeing. They were aware that if there were any deterioration in people's health, they should inform people's relatives or contact the registered manager so that if needed, the appropriate care professionals can be informed.

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.

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.

- Care plans included detailed information about people's capacity to make decisions.
- Staff had received MCA training. They were aware that when a person lacked the capacity to make a specific decision, their representatives including relatives and professionals would be involved in making a decision in the person's best interests.
- There was documented evidence in care records that people or their representative's consent to care were sought and agreed before care was provided.

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 remained Good. 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

- People and their relatives told us that people were treated with respect and dignity. One person said, "They treat me very nicely, with respect and dignity." Another person said, "They are careful and gentle. I am very happy with them."
- The service had a policy on ensuring equality and valuing diversity. Staff we spoke with had a good understanding of equality and diversity and respecting people's human rights, their individual beliefs, culture and background. They knew what was expected when entering the homes of people from other cultures. Feedback we received from people and their relatives indicated that staff were respectful of people's culture, religion and any special needs they may have.
- One person said staff spoke the same language. Another person stated that staff could cook food they liked. A third person with an impairment said that staff understood their condition and were careful to walk alongside them and if needed, to gently guide them.
- The care co-ordinator regularly met with people to seek their views and ensure they remained satisfied with the services provided. This was confirmed by people we spoke with.

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

- People and their relatives were involved in the planning of people's care. The information obtained from them were used in preparing people's care plans. The plans contained information on what they liked, how they wanted to be cared for and their preferred times of calls.
- The service employed some staff who spoke the same language as some people they supported. This enabled staff to communicate more effectively with people who could not speak in English.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us that staff were friendly and respected people's privacy and dignity.
- Staff were aware of protecting people's privacy. One staff said, "I protect people's privacy. When providing personal care I close the curtains and make sure they are not exposed. I also make sure they are comfortable"
- Staff told us they were aware that all people should be treated with respect and dignity. One staff said, "I always treat my clients with respect dignity."

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 remained Good. People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care and support. They had been assessed prior to services being provided. Care plans were then prepared with guidance for staff on how to support people's individual needs. People and their relatives told us they were satisfied with the care provided. One person said, "I am satisfied overall with the care provided. They treat me nicely. I could not wish for better care."
- We discussed the care of people with diabetes with staff. They had been provided with training and were knowledgeable regarding the needs of people with diabetes. They knew of the signs and symptoms to look for if people were unwell.
- People's care had been regularly reviewed with them and their representatives. This was done in reviews of care carried out. People and their relatives confirmed that this happened in practice.
- Care workers completed daily records which included personal care given, information if medicines had been given and any difficulties experienced by people.

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 service had an Accessible Information Policy. The registered manager stated that the service employed a mix of staff to meet the language, and the cultural needs of people. Care workers could be matched with people who spoke the same language so that communication with people could be improved. For example, this included matching people who spoke Gujarati or Hindi with care workers from the same cultural background.
- Some policies and procedures were produced in large print so that they can be easily read by people. This included the complaints procedure.

Improving care quality in response to complaints or concerns

- The service had a formal complaints procedure. We looked at concerns and complaints recorded. These had been promptly responded to.
- People and relatives knew how to make a complaint. Feedback from them indicated that where concerns and complaints had been raised, these were promptly dealt with. One person told us that when they had complained, the service had responded to their concerns.

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 remained Good. 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

- Staff told us they were well managed and supported by the management of the service. They informed us that there was good communication and they worked well together. Three monthly staff meetings had been held where staff could express their views and receive updates regarding the care of people.
- People and their relatives spoke positively about the way the service was run. One person said, "Happy with the service. They do a good job. The supervisor has been and I can talk with her if I have any problem." Another person said, "It all works very well. Communication with them is good. I am happy with the service. The respond to my preferences."

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager was aware of the importance of being open, honest and transparent in relation to the running of the service and of taking responsibility when things go wrong. She knew when she needed to report notifiable incidents to us.
- People and relatives told us that people were well cared for and they were involved in decisions to do with people's care. They stated that senior staff had visited them regularly to discuss the quality of care provided. The care records contained documented evidence of regular communication with people and their relatives.
- Care documentation and records related to the management of the service were well maintained and up to date.

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

- There was a wide range of policies and procedures available to provide guidance for staff on how to meet fulfil their roles and responsibilities. These had been subject to regular reviews.
- Registered providers are required to inform the Care Quality Commission (CQC) of certain incidents and events that happen whilst providing its service. The registered manager and senior staff were aware of this responsibility and had submitted notifications when required.

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

- There were systems in place to gather feedback about the quality of service from people who used the

service and their relatives. It also sought feedback from staff.

- An action plan was in place following their service users' satisfaction survey carried out in 2018.
- The service fully considered and met people's equality and diversity needs. For example, some people requested care workers who came from the same cultural background. This request had been responded to and it was confirmed by people we spoke with. A person with sensory impairment told us that staff understood their special needs and were able to care effectively for them.

Continuous learning and improving care

- Quality assurance systems were in place and used effectively to monitor the quality and safety of the service and make improvements. Regular spot checks were carried out by the care co-ordinators to assess staff performance and ensure that people's needs were met.
- Regular audits carried out included audits of care plans, care logging sheets and MAR charts.
- Where areas for improvement were identified, the registered manager took corrective action and this included ensuring that risk assessments and care plans were updated.
- The registered manager had attended various seminars and meetings held by the local authority and the CQC in order to update her knowledge and understanding of changes affecting her area of work. She had been involved in undertaking care tasks at intervals so that she is aware of issues affecting the care of people and her staff.

Working in partnership with others

- The service maintained good working relationships with partner agencies. This included working with other health and social care professionals, such as community nurses, GPs and social workers. Feedback we received from two care professionals indicated that the service co-operated and worked well with them to meet the needs of people.
- The service alerted health and social care professionals when they noted that the skin condition of a person was deteriorating. This ensured that the person can receive the required care.