

## Barnet Carers Centre

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### Inspection report

Global House  
303 Ballards Lane, Finchley  
London  
N12 8NP

Tel: 02083439698  
Website: [www.barnetcarers.org](http://www.barnetcarers.org)

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service caring?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Barnet Carers Centre is a charity providing services for carers, the community and a home support service to people in their own homes. At the time of our inspection 50 people were receiving a personal care service.

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

People told us people they were extremely happy with the care and support they received because they felt safe and all their needs were met by kind and caring staff.

People had access to healthcare services and were involved in decisions about their care. Partnerships with other agencies and health professionals enabled effective outcomes for people. Staff supported people to take medicines safely.

Risks to people were assessed and regularly reviewed. Staff understood the actions needed to minimise the risk of avoidable harm including the prevention of avoidable infection. Staff had completed safeguarding training and understood their role in identifying and reporting any concerns of potential abuse or poor practice.

People and staff praised the managers of the service and agreed that they were approachable, knowledgeable, fair and did their job well. The staff team worked well together and supported the manager.

The staff team was committed to providing a high-quality service. They had undertaken training so that they were skilled and knowledgeable to effectively meet people's needs. Staff understood their responsibilities to report any concerns.

Staff encouraged people to be as independent as possible and respected people's privacy and dignity. Staff knew people well.

People were given choices about the way in which they were cared for. Staff listened to them and knew their needs well. Care plans contained information about each person's individual support needs and preferences in relation to their care and we found evidence of good outcomes for people. When people did not have the capacity to make their own decisions, staff maximised their involvement and made decisions in their best interests, in accordance with legislation.

Recruitment practices were safe and relevant checks had been completed before staff worked at the service.

People told us that staff were able to meet their needs and were respectful of their individual preferences. Relatives told us staff who supported their loved ones were regular staff and were very kind, respectful and caring.

People confirmed the service did not miss any care calls and that staff were usually on time.

People received care and support from a small group of staff, which provided consistency.

The managers of the service actively sought the views of people and their relatives about the running of the service and they dealt promptly with any concerns that people raised.

The provider had systems in place to monitor and improve the quality and safety of the service provided. There was a positive culture throughout the service. Staff told us they enjoyed working at the service and felt valued.

More information is in the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

Rating at last inspection

At the last inspection we rated this service Good. The report was published on 7 December 2017.

Why we inspected

We carried out a focused inspection of this service on 15 June 2021. This was a planned inspection based on the previous rating. This report only covers our findings in relation to the Key Questions safe, caring and well led as we were mindful of the impact and added pressures of Covid-19 pandemic on the service. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our 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?**

The service was safe.

Details are in our safe findings below.

**Good** ●

### **Is the service caring?**

The service was caring.

Details are in our caring findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led

Details are in our well-led section below.

**Good** ●

# Barnet Carers Centre

## 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 planned this inspection to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Barnet Carers Centre is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager who was registered with the Care Quality Commission. This means 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 carried out the inspection visit on 29 June 2021. It was announced. We gave the service short notice of the inspection as we were mindful of the impact and added pressures of the COVID-19 pandemic on the service. This meant we took account of the exceptional circumstances and requirements arising as a result of the COVID-19 pandemic.

#### What we did

Before our inspection, we reviewed the information we held about the home which included statutory notifications and safeguarding alerts and the Provider Information Return (PIR), which the provider completed before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we went to the service's office and spoke with the registered manager, the deputy

manager and four care staff. We looked at five care records and three staff records; we also looked at various documents relating to the management of the service. After the inspection visit, we spoke to 12 relatives and two people who used the service.

# 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 now remained the same.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe using the service. A relative told us. "My father is definitely, totally and utterly happy with the carers. They treat him very well, with respect and observing his dignity. He feels safe, they help him with medication. They always wear their PPE. If they are going to be slightly late, they ring and let us know. That's fine with me."
- The agency had systems in place to protect people from abuse and avoidable harm. Staff knew what to do and to whom to report if they had any concerns about people's safety.
- A member of staff told us "If we pick up any signs and if someone is withdrawn we report it straight away."
- The staff assessed all potential risks to people and put guidance in place so that the risks were minimised. Risk assessments were developed that maximised people's independence and ability to remain in control of their life.
- Environmental risks and potential hazards within people's homes had been identified and were managed appropriately

Staffing and recruitment

- The service followed a recruitment policy so that they were as sure as possible that people were suitable to work at this service. They carried out checks, such as criminal record checks and references.
- People were supported by enough staff to meet their needs. Staffing arrangements provided the flexibility to meet people's changing needs whilst ensuring consistent care. Everyone we spoke with confirmed that they had regular carers which gave them continuity in their care. People also recognised that some changes in staff were unavoidable due to sickness and holidays.
- Staff told us there were enough team members to provide the care visits required and they visited the same people on a regular basis and got to know them well.
- People described the staff as reliable and confirmed that they stayed for the agreed length of the visit and only left earlier if asked to do so.
- Comments included "My husband is very happy with the carers. The right number always attend, on time and stay until care is completed." and "My daughter is very well looked after by her carers."
- People and their relatives told us they knew the staff well and had built good working relationships with them. A person told us. "My three regular carers are very good; they always arrive on time and are good at their job. I feel safe. The carers wear full PPE."

Using medicines safely

- People received their medicines when they were needed and in ways that suited them. There were systems

in place to ensure this was done safely.

- People had their medicines administered by staff who had completed safe management of medicines training and had their competencies checked regularly.

Preventing and controlling infection

- The agency had systems in place to make sure that infection was controlled and prevented as far as possible.
- Staff had undertaken training and were fully aware of their responsibilities to take appropriate measures to protect people from the spread of infection.
- Staff had access to personal protective equipment, for example, gloves and aprons. This helped to minimise the risk of infections spreading, including COVID-19. A relative told us, "They always wear full PPE."
- This inspection took place during the Covid 19 pandemic. The registered manager reported that they had taken action to ensure staff followed appropriate infection control practices. This included ensuring there was a good stock of personal protective equipment known as PPE (gloves, masks, aprons) which was provided to them by the local authority.

Learning lessons when things go wrong

- The service had a system in place to monitor incidents and understood how to use them as learning opportunities to try and prevent future occurrences.
- The management team would review risk assessments and care plans following incidents to prevent re-occurrence.



# 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 now remained the same.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us that staff were kind and caring. Comments included "The staff are kind, caring and respectful observing his privacy and dignity." And "They treat him with dignity and respect, love and compassion."
- Staff we spoke with were knowledgeable about people's preferences, personalities and things that were important to them. This indicated staff had caring relationships with the people they looked after.
- People told us their individual needs and wishes in respect of their values, culture and religion were respected.
- The service also responded positively to requests for culturally appropriate care; at the time of our inspection we saw that the agency employed care workers who spoke a variety of languages in order to facilitate effective communication.
- A member of staff told us "I work with Muslim clients and as I am a Muslim myself and speak the language, I understand their needs very well."

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

- People and their representatives were regularly asked for their views on their care and their plans.
- Staff told us that they had enough time to engage with people to make sure that each person had everything they needed, and that travel time was kept to a minimum.
- People who used the service confirmed that they usually had their needs met by a small group of staff and that they always knew who was going to be visiting them
- Most staff had worked for the agency for many years, this meant there was consistency and continuity in care.

Respecting and promoting people's privacy, dignity and independence

- Respect for privacy and dignity was at the heart of the service's culture and values.
- People were supported to be as independent as possible. Care plans reflected what people were able to do for themselves and how to encourage them to do this.
- One person told us "The carers encourage me to do more and keep independent".
- A staff member told us "we let people do as much as they can for themselves for example, I encourage my client to make his own food"
- People's personal information was kept secure and staff understood the importance of maintaining secure documents and care records to ensure people's confidentiality was maintained.
- People had no concerns about the way staff treated them. Staff described ways they protected people's

privacy and dignity, such as knocking on doors and closing the curtains.

# 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 now remained the same.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and relatives expressed confidence that the service was well run. We received comments such as, "I think the service is well managed and responsive to e-mails. They did inform me that someone would be contacting me from CQC. They always respond and deal with any issues. I have no complaints," and "The service is well managed, responsive and very caring."
- The registered manager and staff were clear about their roles and responsibilities and felt well supported. People and staff said there was a clear management structure in place and that they were always responsive to any issues raised.
- The registered manager continually monitored the quality of the service provided to people. Surveys were completed by people via a review process on a regular basis, there was a system in place for 3 monthly telephone monitoring as well as unannounced spot checks on staff. This meant they were continually checking to ensure that people received the best possible care and support.
- Records of staff meetings, quality assurance and audits showed that when issues were identified, these were shared appropriately and action was taken to address any shortfalls.
- The registered manager was aware of their responsibilities under the duty of candour and around notifying the CQC. They had submitted all required notifications

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The management team and staff were motivated to provide the best possible person-centred care and support for people.
- People and staff told us the registered manager was very approachable and that they would have no hesitation in raising concerns or making suggestions.
- A person told us "I would recommend this service without reservation and feel the management really care and listen to the issues."
- Staff said they felt comfortable to put forward any ideas they may have to improve the care, support or wellbeing for people and were confident these would be acted upon.
- People, relatives and staff told us that they felt involved in changes and were provided with opportunities to

give feedback and offer suggestions for improvements.

#### Continuous learning and improving care

- There was a process of continual improvement and quality assurance in place. There was a variety of audits completed to ensure the quality of the provision was maintained.
- The number of missed calls were kept to a minimum by regular audits and an Electronic Call Monitoring system, everybody we spoke to told us they had not had any missed calls.
- There was evidence of learning from incidents. Investigations took place and appropriate changes took place and appropriate changes were implemented.
- Team and management meetings were used to share good practice ideas and problem solve.

#### Working in partnership with others

- The registered manager and staff worked closely with other professionals to promote positive outcomes for people. We saw examples of this in people's care plans and records.
- Staff gave us examples of working in partnership with a range of health and social care professionals.