

## Barnet Carers Centre

# Barnet Carers Centre

### 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?

Outstanding 

#### Overall summary

This inspection took place on the 13 October 2015 and was announced. At our last inspection in October 2013 the service was meeting the regulations inspected.

Barnet Carers Centre is a charity providing services for carers, the Community and Home Support Service provide a range of domiciliary care services. On the day of our inspection there were 103 people using this service, the majority of these were adults.

The service had a registered manager who had been in post since 2014. A registered manager is a person who has registered with the Care Quality Commission 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.

People’s needs were assessed and care plans were developed to identify what care and support people required. People said they were involved in their care planning and were happy to express their views or raise concerns. When people’s needs changed, this was quickly identified and prompt, appropriate action was taken to ensure people’s well-being was protected. People had a copy of their care plan in their home.

# Summary of findings

People felt safe. Staff understood how to recognise the signs and symptoms of potential abuse and told us they would report any concerns they may have to their manager. Assessments were undertaken to assess any risks to the people using the service and the staff supporting them. This included environmental risks and any risks due to people's health and support needs. The risk assessments we viewed included information about action to be taken to minimise these risks.

Staff were highly motivated and proud to work for the service; as a result staff turnover was kept to a minimum ensuring that continuity of care was in place for most people who used the service.

Staff were respectful of people's privacy and maintained their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care, asking people how they would like things done and making enquiries as to their well-being to ensure people were comfortable.

Care staff received regular supervision and appraisal from their manager. These processes gave staff an opportunity to discuss their performance and identify any further training they required. Care workers we spoke with placed a high value on their supervision.

We saw that regular visits and phone calls had been made by the office staff to people using the service and their relatives in order to obtain feedback about the staff and the care provided.

People were supported to eat and drink. Staff supported people to take their medicines when required and attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs

The service had a complaints policy. People who used the service and their relatives told us they knew how to make a complaint if needed.

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# Summary of findings

## 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. People were protected from harm. Risks to the health, safety or well-being of people who used the service were understood and addressed in their care plans.

Staff had the knowledge, skills and time to care for people in a safe manner.

There were safe recruitment procedures to help ensure that people received their support from staff of suitable character.

People were supported to take their own medicines by staff that had been trained to administer medicines safely.

Good



### Is the service effective?

The service was effective. The service ensured that people received effective care that met their needs and wishes. People experienced very positive outcomes as a result of the service they received and gave us outstanding feedback about their care and support.

Staff were provided with effective training and support to ensure they had the necessary skills and knowledge to meet people's needs effectively. They were aware of the requirements of the Mental Capacity Act 2005.

People were supported with their health and dietary needs.

Good



### Is the service caring?

The service was caring. Managers and staff were committed to a strong person centred culture.

People who used the service valued the relationships they had with staff and were very satisfied with the care they received.

People felt staff always treated them with kindness and respect.

Good



### Is the service responsive?

The service was responsive. Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a person centred service.

The service responded quickly to people's changing needs and appropriate action was taken to ensure people's wellbeing was protected.

People were involved in their care planning, decision making and reviews. Staff were approachable and there were regular opportunities to feedback about the service received.

Good



### Is the service well-led?

The service was very well-led. The service promoted strong values and a person centred culture. Staff were supported to understand the values of the organisation.

Outstanding



# Summary of findings

There was strong emphasis on retaining staff and ensuring continuity of care.

There were effective systems to assure quality and identify any potential improvements to the service.

# Barnet Carers Centre

## 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 was planned to check 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.

The inspection of Barnet Carers Centre took place on 13 October 2015 and was announced. We told the provider two days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available at their office.

The inspection team consisted of two inspectors and an 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.

Before the inspection visit we reviewed the information we held about the service. This included notifications and incidents that the provider had sent us and how they had been managed.

During our inspection we went to the service's office and spoke with the registered manager, the senior care coordinator and four care workers. We looked at eight care records and six staff records; we also looked at various records relating to the management of the service. After the inspection visit we undertook phone calls to nineteen people that used the service, and spoke to another five care workers.

# Is the service safe?

## Our findings

People said they felt safe and that staff understood their needs. Comments from people included,

“I always feel safe.” The carers are really well trained and I trust them” and “I have had the same carer for several years she takes good care of me.”

Staff we spoke with demonstrated a good understanding of people’s needs and the support required to promote their safety and wellbeing. Care workers were able to discuss risks individual people faced and speak confidently about how they maintained their safety. Several staff members we spoke with commented that they had time to develop relationships with people who used the service and got to know them well. They were able to quickly identify any concerns.

Staff had received training in safeguarding adults. A safeguarding policy was available and staff were required to read it as part of their induction. Staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. The manager told us how “we make sure we discuss safeguarding as part of supervision and remind people to record everything.” We subsequently saw such discussions in supervision notes for specific people about who there were safeguarding concerns.

Staff we spoke with demonstrated an understanding of safeguarding adults and told us the signs they looked out for when they supported a person. One care worker told us how they recognised possible signs of abuse. For example, “if the mood of the person was different or, if they were withdrawn or they felt they could not talk to anyone.” Another told us, “we get very close to the people we work with and notice things. They would speak to me about worries.” They also said “abuse comes from all different areas so we must be vigilant.” Staff we spoke with told us they knew about the whistle blowing policy and they “would never hesitate to use it.”

Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them. We saw comprehensive ‘environmental, personal health and safety and home working’ risk assessments which included information about action to be taken in order to minimise the chance of harm occurring. We also saw a moving and handling risk assessment which was recently

updated in response to a person’s changed needs post hospital discharge. This included training from an occupational therapist to ensure staff were fully aware of how to support the person safely. We saw from the daily log that this guidance was closely followed and a care worker demonstrated their knowledge of this guidance.

Staff we spoke with demonstrated a good understanding of people’s needs and the support required to promote their safety and wellbeing. Care staff were able to discuss risks individual people faced and spoke confidently about how they maintained their safety. They emphasised the level of training they had to support people safely, including regularly refreshed moving and handling training.

We saw in the accident and incident log that in most cases, staff followed the reporting process for any accidents or incidents which occurred when they were providing care. However, we saw in one person’s care record where a suspected incident had been written up in the daily log, this was not reported as an incident to the office. We spoke with the registered manager who acknowledged this should have been reported and said, “this is a lesson to us to be more vigilant when reviewing daily logs.”

The registered manager told us there were sufficient numbers of staff available to keep people safe and said, “I never take on new packages if we have not got sufficient staff to cover.” “She went on to tell us she was recruiting regularly but it was sometimes difficult to find suitable people, “we need staff but they have to be good staff.” A senior staff member told us “staff sickness and absence happens and we can always cover. We have a good reputation in the borough and want to keep it that way.” They also told us how effective planning, built in travel time between calls and clustered calls allowed for short travel times and decreased the risk of staff not being able to make the agreed appointment times. Whilst most staff we spoke with told us there were enough staff “to go around,” some said “I have been called on a lot lately to do cover work, but I know they are trying to recruit new staff.” Another told us, “I occasionally have to work my day off to cover a shortfall, but we all muck in and do our bit.” They went on to say that the office did not put them under any undue pressure to work extra hours.

Thorough recruitment checks were carried out before staff started working with people. We looked at staff records and saw there was a safe and robust recruitment process in place. We saw completed application forms which included

## Is the service safe?

references to their previous health and social care experience, their qualifications, their employment history and explanations for any breaks in employment. Each record had two employment references, where there had been a delay in references being returned, we saw evidence of this being pursued by office staff. Records had health declarations and in-date Disclosure and Barring Service certificates [DBS]. Staff we spoke with told us they were not allowed to work until their DBS had come through. This meant staff were considered safe to work with people who used the service. Personnel files contained a photograph of

the care worker and a copy of their recently renewed staff identification badge. We also saw records of people's right to work and where necessary, confirmation of this being clarified with a person's solicitor.

The manager told us that all medicines for those who used the service were in blister packs and "in general, staff only prompt with medicines. If there is a need to administer, this can only be done once we have appropriate permissions in place from the service user." They also said the service had recently adopted a new Medicine Administration Record sheet on which to record any actions taken which related to medicines.

# Is the service effective?

## Our findings

Most people told us that the care workers went over and above their duties to make sure people were well looked after. One person said, “they are very reliable”. Another person said, “They introduce the carer to you, then they shadow the manager or another carer.”

People were supported by staff who had the knowledge and skills required to meet their needs. The service had a fulltime in-house trainer who provided all mandatory training in an on-site classroom setting. Where specialist training was required to support a person’s specific needs (for example in autism, stoma care, diabetes or dysphagia (swallowing difficulties) then this was delivered by relevant professionals from the local PCT. We saw certificated evidence of this additional training on people’s training records. The registered manager told us that providing good training was important in motivating and supporting staff “we prefer to do it face to face and we always evidence our training.”

The training matrix evidenced that most staff were up to date on their mandatory training, including safeguarding adults, Mental Capacity Act 2005, moving and handling, nutrition, pressure care, dementia awareness, infection control, first aid and medicines. For those whose refresher training was overdue, the registered manager told us she “was on top of this” and showed us a list of staff who were booked onto the relevant courses in the two weeks following our inspection. Staff we spoke with told us they received training regularly and said “it is excellent and in-depth. You get so much to take away, for example, reading materials and relevant web site references.” One member of staff said, “The only thing is that I would prefer if it were more spread out rather than concentrated in a very short period of time, but I am not complaining as it is great to have such a lot of training.” Staff also said they were paid for their training time and supervision time which “emphasises the value placed on both.”

The trainer was responsible for induction of all new staff and all staff were required to complete an induction programme which was in line with the Common Induction Standards (CIS) published by Skills for Care. The registered manager was aware that the CIS was being replaced by the Care Certificate Standards for all newly recruited staff, “to bring us in line with Care Quality Commission recommendations.” This was evident in the records of two

newer members of staff. The manager also told us that new staff shadowed another care worker for at least 10 hours before working alone, and if they were new to the caring profession, “they do double up shifts with others until they feel confident.” Care staff confirmed they shadowed a more experienced member of staff before working alone. One told us, “I had to shadow for at least a week after which my manager asked me if I felt that was long enough.”

Care staff received regular supervision and appraisal from their line manager. Staff told us these processes gave them an opportunity to discuss any difficulties they might have with their clients, their performance and identify any further training they required. Care workers placed a high value on their supervision; one told us “you get to speak about any problems, but you don’t have to wait until supervision. Our manager is always available.”

Staff told us they were well supported by the registered manager and other staff and there was an out of hours on call system in operation that ensured that management support and advice was always available when they needed it.

Staff were aware of and had received training in the Mental Capacity Act (MCA) 2005. They demonstrated an excellent understanding of the MCA. We saw signed and dated consent forms on the care records of those who used the service including some that related to consent to the administration of medicines.

Staff were matched to the people they supported according to the needs of the person, ensuring communication needs and any cultural or religious needs were met. For example, people whose first language was not English received support from staff who were able to speak and understand the person’s language. Care workers also told us they supported the same people “for years.” One told us “we never leave them; they leave us when they get too ill to remain at home.”

Care staff told us they supported people at mealtimes to access food and drink of their choice. Much of the food preparation at mealtimes had been completed by family members and staff were required to reheat and ensure meals were accessible to people who used the service. We spoke to staff who were clear about the importance of adequate fluids and nutrition. One told us “I cook from scratch where possible because I think it can encourage a person to eat more.” And another said “my client likes egg



## Is the service effective?

and chips, but I try to incorporate vegetables, we see to it that they eat healthily.” Staff confirmed that before they left their visit they ensured people were comfortable and had easy access to food and drink as appropriate. One carer told us about her client who had problems drinking sufficiently,” I just pop in sips whenever I can.”

# Is the service caring?

## Our findings

People who used the service were positive about the attitude and approach of the staff who visited them. Comments included, “I like very much the good ladies, always on time and so polite they come and take care of me so kindly” and “I would certainly recommend the agency to anyone in my position, they are very nice people.”

A relative told us “I find both the agency and the carers of very high quality; they send people overnight five nights a week to look after my wife and myself. The agency are very careful about the people they send and I would recommend them unreservedly.”

Everyone we spoke with said they thought they were treated with respect and had their dignity maintained. The senior care coordinator told us, “we support people to live at home independently and with respect and dignity.”

Staff were very clear that treating people well was a fundamental expectation of the service. One member of staff who we spoke with said that treating people with respect and maintaining their dignity was “the most important thing.” Another said “it’s about how you would want to be treated. I ask them what they would like to wear or what food they would like.” Staff understood the importance of maintaining confidentiality and also confirmed this was an explicit expectation of the service.

The registered manager told us that she used a permanent rota and used the same group of staff for people. She told us that many of the people using the service had had the

same care workers for many years. People who used the service confirmed that they usually had their care needs met by a small group of staff and that they always knew who was going to be visiting them. Staff told us that they usually had a consistent round so they were supporting the same people. One member of staff said one of the best things about the service was that, “It is important that I have regular people, you become fond of them.” and another said “We see the same clients and I love them all.” Staff were motivated and proud of the service. They understood the importance of building positive relationships with people who used the service and spoke about how they appreciated having time to get to know people and understand the things that were important to them. One staff member said, “You can make such a difference to someone’s life just by finding out what’s important to them, luckily I like chatting.” Another said “It’s so important to make people feel in control and ask them how they are feeling.”

Staff were respectful of people’s privacy and maintained their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care, but ensured they were nearby to maintain the person’s safety, for example if they were at risk of falls. One staff member told us how she had put up curtains for a person so they couldn’t be seen by their neighbours when they were carrying out personal care. She told us “You don’t just do care without speaking”.

People using the service told us they had been involved in the care planning process and had a copy of their care plan in their home.

# Is the service responsive?

## Our findings

We found that people who used the service received care that met their needs, choices and preferences. Staff understood the support that people needed and were given time to provide it in a safe, effective and dignified way.

When people's needs changed this was quickly identified and prompt, appropriate action was taken to ensure people's wellbeing was protected. We saw numerous examples of this during this inspection. We tracked the care of one person whose health had declined following a fall; we saw that an urgent referral was made for reassessment so that necessary aids and adaptations could be put in place. We also saw that on numerous occasions care staff had accompanied people to hospital and appointments with their GPs.

Discussions with the registered manager and staff showed they had good awareness of people's individual needs and circumstances, and that they knew how to provide appropriate care in response. Their feedback and records demonstrated the involvement of community health professionals where needed.

Records and feedback indicated that people usually received the same staff member, the senior care coordinator told us "We try to minimise the number of carers to provide continuity." She told us the rota only changed during periods of sickness or annual leave.

People's needs were assessed and care was planned and delivered in line with their individual care plan. Care records we looked at contained assessments of people's individual needs and preferences. There were up-to-date and detailed care plans in place arising from these,

showing all the tasks that were involved and outlining how long each task would take, additional forms such as medicines charts and weight charts were also available. People confirmed that they had copies of their care plans in their homes. A relative told us, "They involve us whenever they need to"

We found that the service responded positively to people's views about their own care package, or the service as a whole. One staff member described how following a care review with one person, changes were made immediately to the person's care plan. People who used the service were able to contact the office staff at any time.

The service also responded positively to requests for culturally appropriate care. The registered manager told us she had recruited a number of Gujarati speaking care workers as there was a demand for this.

We found that feedback was encouraged and people we spoke with described the managers as "open and transparent". Some people confirmed that they were asked what they thought about their service and were asked to express their opinions.

The service had a complaints policy and we were told that this information was contained within people's care plans. We read a copy of the policy which explained how to make a complaint and to whom and included contact details of the social services department, the Care Quality Commission and the Local Government Ombudsman. People who used the service and their relatives told us they knew how to make a complaint if needed. In the past 12 months the service had received a number of complaints and we saw that these had been thoroughly investigated and addressed by the registered manager.



# Is the service well-led?

## Our findings

There was a registered manager at the agency. She told us “My aim is to provide a good quality service and ensure that service users are well looked after and that care workers are happy” and “we have to have an open door policy as I want staff to feel valued.”

It was clear from the feedback we received from people who used the service, their relatives and staff, that managers of this service had developed a positive culture based on strong values. We saw that the values of the organisation, which managers reported as being central to the service, such as compassion, respect and caring, were put into practice on a day-to-day basis. Managers spoke of the importance of motivating and supporting staff to promote these values, through training, supervision and strong leadership.

Our discussions with staff found they were highly motivated and proud of the service. A senior staff member told us, “We are a very close and warm team and everyone is caring.”

Staff were very complimentary about the registered manager and comments included, “My agency, one of the best, they go that extra mile to help the client and indeed the carers” and “She [the manager] is really excellent and all the clients speak well about her.”

We noted that most of the care staff had worked in the agency for many years. One staff member told us, “they are a very good employer and it’s a lovely team.” Another told us “I love my job, I enjoy caring, the training and support is excellent with this company.”

Care staff told us they received regular support and advice from their managers via phone calls, and face to face meetings. They felt the registered manager was always available if they had any concerns. They told us, “They are very good people, they really care and work hard” and “she is excellent, you can go to her any time, she sorts things out quickly.”

The registered manager told us about a number of initiatives she used to retain her staff. These included paying staff for attending training and supervision sessions by incorporating time on their rota and providing training and support for promotion to more senior roles. The registered manager told us there was a staff reward scheme

where care staff would be recognised for “providing a good service” Staff told us that the management team always acknowledged care workers birthdays with flowers and cards.

The management team monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. The also undertook unannounced spot checks to review the quality of the service provided. We saw that there were spot checks undertaken to observe care workers. This included observing the standard of care provided and visiting people to obtain their feedback. The service user spot checks also included reviewing the care records kept at the person’s home to ensure they were appropriately completed and to see if care was being provided according to the person’s wishes. One person who used the service told us, “[The manager] comes in to see us; just to check we are alright.” Care staff told us that senior staff frequently came to observe them at a person’s home, to ensure they provided care in line with people’s needs and to an appropriate standard. A care staff member told us, “They have to check up on us, which is a good thing.”

We saw that monitoring forms were completed during their spots checks, and these were attached to the person’s care file. We saw that actions arising from the spot checks were logged.

The agency also obtained the views of people in the form of questionnaires. The latest questionnaires were sent to people in August, the manager told us that very few responses had been received, we saw that she had written to all the service users encouraging them to complete the questionnaire offering staff support at no cost to complete it if they required.

There were robust systems in place to monitor the service which ensured that it was delivered as planned. The agency had recently introduced a Two Care Worker Activities policy to ensure that there was no lateness or missed calls for ‘double ups’ (when it was required for two care workers to provide care to someone.).

There was a regular audit done by the registered manager. This ensured that the service was able to identify any shortfalls and put plans in place for improvement. For example we saw that the service was making improvements in a number of areas including reducing the number of missed/late calls for ‘double ups’ and improving



## Is the service well-led?

support planning systems. The registered manager told us that she kept herself updated with new initiatives and guidance by attending regular 'provider forums' in the local authority and received regular supervision and support from the CEO At Barnet Carers Centre.