

Carers for You Limited

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Inspection report

Caremark (Harrow)
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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

We undertook this announced inspection on 13 February 2017. Carers for You Limited is registered to provide Personal Care services to people in their own homes. The services they provide include personal care, housework and assistance with medicines.

At our last comprehensive inspection on 3 March 2016 the service we rated the service as "Requires Improvement". We found two breaches of The Health and Social care Act 2008 (Regulated Activities) Regulations 2014. The first breach was in respect of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to safe care and treatment. We noted that the records of some people had unexplained gaps in their medicine administration charts (MAR). This indicated that there was no documented evidence that these people had received their required medicines. During the inspection on 13 February 2017, the provider demonstrated that they had taken action to comply and the requirement made. We found no gaps in the MAR charts we examined. People told us they had been given their medicines as agreed.

The second breach was in respect of Regulation 17 relating to good governance. The service did not have effective quality assurance systems for assessing, monitoring and improving the quality of the service. This meant that deficiencies in the service provided may not be promptly identified and rectified. During the inspection on 13 February 2017 the provider had the necessary checks and audits for ensuring quality care. These included reviews of care and regular spot checks on care workers. Documented evidence of these was provided.

People who used the service and their representatives informed us that they were satisfied with the care and services provided for people. They informed us that people had been treated with respect and dignity. They stated that people were safe when cared for by the service. There was a safeguarding adults policy and suitable arrangements for safeguarding people from abuse.

There were suitable arrangements for the administration of medicines. Medicine Administration charts were regularly checked by senior staff of the service to ensure that people received their medicines as agreed. The service had an infection control policy. Gloves, aprons and shoe covers were available in the office for care workers. People and their representatives informed us that care workers observed hygienic practices.

Care workers had been carefully recruited. The necessary checks had been undertaken prior to them starting work. New care workers had been provided with a comprehensive induction and training programme to enable them to care effectively for people. They had the necessary support and supervision from senior staff and the registered manager. Teamwork and communication within the service was good. There were sufficient care workers to meet people's needs.

Care workers were caring in their approach and knowledgeable regarding the individual choices and preferences of people. People's care needs and potential risks to them were assessed and guidance

provided to care workers on how to care for people. Care workers prepared appropriate and up to date care plans which involved people and their representatives. People's healthcare needs were monitored where this was part of the care agreement.

There were arrangements for encouraging people and their representatives to express their views and make suggestions regarding the care provided and the management of the service. Reviews of care had been carried out to ensure that people received appropriate care. The service had a complaints procedure. Complaints and concerns made had been promptly responded to.

People and their representatives expressed confidence in the management of the service. They stated that care workers communicated well with them and kept them informed if they were held up or running late. A recent satisfaction survey indicated that people and their representatives were satisfied with the services provided. Care workers were aware of the values and aims of the service and this included treating people with respect and dignity and providing good quality care.

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. Care workers were carefully recruited. The required documentation and checks were in place. Care workers were aware of the safeguarding policy.

Risk assessments contained action for minimising potential risks to people. There were suitable arrangements for the management of medicines.

The service had an infection control policy. Care workers were aware of good hygiene practices.

Good 

Is the service effective?

The service was effective. Care workers had been provided with essential training and support to do their work. Supervision and appraisals were provided.

Care workers supported people in accessing healthcare services when needed. The nutritional needs were attended to and monitored when needed.

Good 

Is the service caring?

The service was caring. People were treated with respect and dignity. Care workers were able to form positive relationships with people.

The preferences of people had been responded to. People and their representatives were involved in decisions regarding the care.

Good 

Is the service responsive?

The service was responsive. Care plans were up to date and addressed people's individual needs and choices. Regular reviews of care took place with people and their representatives.

People knew how to complain. Complaints and concerns made had been promptly responded to. The service listened to people's views.

Good 

Is the service well-led?

The service was well-led. Audits and checks had been carried out by the registered manager and senior staff.

People and care workers expressed confidence in the management of the service. Care workers worked as a team and they were aware of the aims and objectives of the service. A recent satisfaction survey indicated that people were satisfied with the services provided.

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 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.

The inspection took place on 13 February 2017 and it was announced. We told the provider two days before our visit that we would be coming. We gave the provider notice of our inspection as we needed to make sure that someone was at the office in order for us to carry out the inspection. One inspector carried out this inspection.

Before our inspection, we reviewed information we held about the service. This included notifications and reports provided by the service. Prior to the inspection the provider completed and returned to us provider information return (PIR). This 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.

We spoke with five people who used the service and five relatives. We spoke with a director of the company, the registered manager and nine staff including an operations support staff. We also obtained feedback from two social care professionals. The service provided care for approximately one hundred people.

We reviewed a range of records about people's care and how the service was managed. These included the care records for six people using the service, eight staff recruitment records, staff training and induction records. We checked the policies and procedures and maintenance records of the service.

Is the service safe?

Our findings

People and their relatives of people told us that people were safe when cared for by their care workers. They stated that their care workers were reliable and diligent. No concerns were expressed by them regarding the suitability of their care workers. One person said, "I am satisfied with the care. I feel safe with my carer. She comes and goes on time." A second person said, "My carer is absolutely wonderful. She is hygienic. She washes her hands and wears gloves." A third person said, "I am happy with my carer. My carer is definitely honest. When she returns from shopping, she gives me the change and always counts it in front of me." One relative told us, "The carers look after my relative very well. They are professional, respectful, always on time. We have no issues with them."

The service had suitable arrangements in place to ensure that people were safe and protected from abuse. Care workers had received training in safeguarding people. They could give us examples of what constituted abuse and they knew what action to take if they were aware that people who used the service were being abused. They informed us that they could also report it directly to the local authority safeguarding department and the Care Quality Commission (CQC) if needed. The service had a safeguarding policy and care workers had details of the local safeguarding team and knew how to contact them if needed. The contact details of the local safeguarding team were available in the office. A small number of safeguarding allegations had been reported to us and the local safeguarding team. We noted that the service had co-operated fully with investigations and taken appropriate action to safeguard people.

Risk assessments had been prepared and these contained guidance for minimising potential risks such as risks associated with certain medical conditions, moving and handling, home environment and people's mental condition. We noted that the condition of people's skin was not always documented. The registered manager agreed that this would be done in the future. She informed us soon after the inspection that a new assessment form was in place for assessing the condition of people's skin..

We looked at the records of care workers and discussed staffing levels with the registered manager. She stated that the service had enough care workers to manage the workload. She stated that they were constantly seeking to recruit more care workers. Where it was not possible to provide a satisfactory service, she had informed people accordingly. Staff we spoke with told us that they were able to manage their workload and there was usually sufficient travel time. People and relatives we spoke with stated that care workers were usually punctual and reliable.

We examined a sample of eight records of care workers. We noted that care workers had been carefully recruited. Safe recruitment processes were in place, and the required checks were undertaken prior to care workers starting work. This included completion of a criminal records disclosure, evidence of identity, permission to work in the United Kingdom and a minimum of two references to ensure that care workers were suitable to care for people.

At our last comprehensive inspection on 3 March 2016 we found a breach of Regulation 12 in relation to safe care and treatment. We noted that the records of some people had unexplained gaps in their medicine

administration charts (MAR). This indicated that there was no documented evidence that these people had received their required medicines. At this inspection the service demonstrated that they had taken action to comply with the requirement made. We found no gaps in the eight MAR charts we examined. People told us they had been given their medicines as agreed. The service had a medicines policy and procedure. Monthly audits had been carried out. Care workers were informed of the importance of ensuring that people had their medicines and the MAR charts were completed.

The service had an infection control policy. Care workers we spoke with were aware of good hygiene practices such as washing hands and using hand gel to protect against infection. They said they had access to protective clothing including disposable gloves and aprons. People informed us that care workers followed hygienic practices.

Is the service effective?

Our findings

People and their relatives informed us that care workers were competent and they were satisfied with the care provided. One person stated, "I am very satisfied. My carer does a lovely job. She has never let me down. She is so good." Another person stated, "The carers know what they are doing. When they are new I have to tell them what to do. Once they learn it they are alright." A third person said, "I am satisfied with my carer. My carer is reliable and talks nicely to me."

People's healthcare needs were monitored by care workers where this was part of their care agreement. We noted that the care records of people contained important information regarding their medical conditions and healthcare needs. There was guidance on assisting people who may require special attention because of medical conditions such as diabetes and dementia. This ensured that care workers were able to support people with their healthcare needs when needed.

There were arrangements to ensure that the nutritional needs of people were met. Where needed, people's nutritional needs had been assessed and there was guidance for them and for care workers on the dietary needs of people. However, the registered manager explained that in most cases, care workers were responsible for only heating the food for people. This was confirmed by people we spoke with. Some people told us that their carer workers assisted them in food preparation or with purchasing food for them. Care workers were aware of the importance of encouraging people with healthy eating and ensuring that people had adequate nutrition.

Care workers had been provided with appropriate training. We saw copies of their training certificates which set out areas of training. Topics included equality and diversity, moving and handling, health and safety and the administration of medicines. Care workers confirmed that they had received the appropriate training for their role.

New care workers had undergone a period of induction to prepare them for their responsibilities. The induction programme was extensive. The topics covered included policies and procedures, staff conduct, information on health and safety. We noted that twenty four care workers had completed the 'Care Certificate' and others had started it. The new 'Care Certificate' award replaced the 'Common Induction Standards' in April 2015. The Care Certificate provides an identified set of standards that health and social care workers should adhere to in their work.

Care workers said they worked well as a team and received the support they needed. The registered manager and senior staff carried out supervision and annual appraisals of care workers. This enabled them to review their progress and development. Care workers we spoke with confirmed that these took place and we saw evidence of this in the staff records.

We checked whether the service was working within the principles of The Mental Capacity Act 2005 (MCA). The 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. The registered manager informed us that most people using the service had capacity and where they lacked capacity, close relatives such as people's spouses had been consulted. The service had a policy on the MCA and care workers had a basic understanding of the implications of the MCA. People's capacity to make decisions was documented in their care records. Care workers were knowledgeable about the importance of obtaining people's consent regarding their care, support and treatment. This was confirmed by people we spoke with. Care workers also stated that they explained what they were going to do prior to assisting people with personal care. The registered manager and care workers were aware of the need to consult with people's advocates and next of kin if people lacked capacity to make decisions for themselves.

Is the service caring?

Our findings

We received positive feedback from people and their relatives regarding care workers who attended to them. They stated that their care workers were caring and they had been able to form relationships with their care workers. People told us they had care workers allocated to them on a permanent basis and they found this reassuring and satisfactory. People were mostly happy with their care workers. One person said, "When my carer is doing personal care she is gentle and careful and protect my privacy. My carer is honest. I could not imagine her doing anything wrong. She communicates well and follows up on my choices and preferences." Another person stated, "My carer is very good and helpful. She speaks the same language as me."

Care workers said they had been informed during their induction and training of the importance of treating people with respect and dignity. They were aware of how to protect people's privacy and could describe to us how they did this. When providing personal care, they said they ensured that where necessary doors were closed and curtains were drawn. They said they would also first explain to people what needed to be done and gain their agreement. People confirmed that they had been treated with respect and dignity and care workers protected their dignity.

We saw information in people's care plans about their background, life history, language spoken and their interests. This information was useful in enabling the service to understand people and provide suitable care workers who had similar interest. The registered manager stated that where possible, care workers would be matched to people with the same type of interest and background so that they can get on well. We noted from our interviews with people and care workers that people were also matched with care workers who could speak their own language.

There were arrangements for involving people in their care. Care plans included information that showed people had been consulted about their individual needs including their spiritual and cultural needs. Care workers we spoke with had a good understanding of equality and diversity (E & D) and respecting people's individual beliefs, culture and background. Care workers had received training on equality and diversity and they were aware of the importance of respecting people's culture and religion. The service had a policy on promoting equality and valuing diversity.

The care records of people contained information for care workers on how to communicate with people and any difficulties which may be experienced. Where needed, staff had been provided with guidance on special methods of communication. The registered manager stated that some care workers had learnt to use basic sign language in order to communicate effectively with a particular person. The relative of this person confirmed that care workers could communicate well with the person concerned.

We saw documented evidence that people's care was reviewed regularly with the field care supervisors and other senior staff of the service. The views of and feedback of people were reported. People and their relatives informed us that field care supervisors visited them regularly and they listened to their views and responded to them.

Is the service responsive?

Our findings

People and their relatives informed us that care workers provided the care they needed and as stated in the care plans. They stated that care workers were responsive and helpful. One person said, "I am satisfied with the care provided. I got the telephone number of the office if I need to complain." Another person said, "My carer knows about my medical condition and things I can eat and not eat." A relative said, "I am aware of how to complain. I have not made any complaints. A couple of times we had some problems as I have to show new carers what to do, otherwise there are no problems. The carers are careful and there had been no accidents."

The care documentation we examined was comprehensive and up to date. People's needs had been carefully assessed before services were provided and this had involved discussing the care plan with people and their representatives. The assessments included important information about people including people's health, nutrition, mobility, medical, religious and cultural needs. People and their representatives told us they were involved in planning care and support provided. This was confirmed in the records which contained people's preferences, choice of visit times and the type of care worker they wanted. Care plans and agreements were then prepared and signed by people or their representatives to evidence that they had been consulted and agreed to the plans. This ensured that people received care that was personalised and appropriate.

There were arrangements to ensure that care workers were informed by the registered manager and senior care staff in advance of care being provided to any new person. Care workers told us that prior to visiting a person, they had been informed of the care plan and what tasks they had to perform. When we talked with them about people they were responsible for, they demonstrated a good understanding of the needs of people, their choices and preferences and any disability or medical conditions people had. With one exception, people stated that their care workers knew how to meet their care needs. People and relatives we spoke with were satisfied because people usually had the same care workers they had known for several years. This meant that they received a consistent service from someone familiar to them.

We discussed the care of people who had special needs such as those with diabetes or dementia. Care workers were able to tell us what the particular care needs and potential risks people may be exposed to. They also informed us of what they would do if people experienced difficulties or deteriorated. This included informing their senior staff and summoning medical assistance. For example, in the case of those with diabetes care workers knew what type of foods people should avoid and if summoning the emergency services if needed. In the case of those with dementia, care workers said they would exercise patience and give people time to respond.

Reviews of care had been arranged with people and their relatives to discuss people's progress. This was noted in the care records of people. People and their relatives confirmed that this took place regularly and they had been involved.

The service had a complaints procedure and this was included in the service user guide. Relatives informed

us that they knew how to complain and when they had complained, the provider had responded appropriately. Care workers knew they needed to report all complaints to the registered manager or senior care workers so that they can be documented and followed up. We noted that complaints and concerns made had been promptly responded to.

Is the service well-led?

Our findings

The service has a registered manager. 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 of the Health and Social Care Act and associated Regulations about how the service is run.

The feedback we received indicated that people and their relatives were satisfied with the management of the agency and the quality of the services provided. One person said, "I am satisfied with the management of the service. The manager is very nice." Another person said, "I have confidence in the manager. They do spot checks and check the log book. They have shadowing for new staff." A third person said, "The supervisor has been in contact with me to check if I am satisfied. I am happy with them. My regular carer is punctual. Sometimes a few minutes late." A relative said, "The supervisor visited last month to check on the care provided. I am very satisfied. They provide a good, respectful and reliable service. A second relative said, "I am happy with the service. The carers are usually on time. If not, they let us know. They understand my relative's needs. I have confidence in the management of the service."

Care workers told us that they were well managed. They stated that communication within the service was good and they had meetings where they were kept updated regarding the management of the service. Care workers found their registered manager and other senior staff to be fair and approachable. They stated that morale was good and they had received guidance regarding their roles and responsibilities. A staff survey we examined indicated that care workers were satisfied with their management. The service had a clear management structure with a registered manager supported by a director, two care co-ordinators and two field care supervisors. Care workers were aware of the values and aims of the service and this included treating people with respect and dignity and providing good quality care.

Care documentation including care plans was well maintained and up to date. There was a comprehensive range of policies and procedures to ensure that care workers were provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, quality assurance, safeguarding and health and safety.

At our last inspection the service was in breach of Regulation 17 Good governance. This service did not have effective quality assurance systems for assessing, monitoring and improving the quality of the service. At this inspection the service had the necessary checks and audits for ensuring quality care. Audits and checks of the service had been carried out by the registered manager and senior staff. These were carried out monthly and included checks on reviews done, care documentation and medicines administration charts. Evidence of these was provided. During these checks, people were asked regarding the behaviour of care workers, punctuality and whether they were satisfied with the care provided. We noted that concerns expressed had been responded to and documented in the care records. In addition, their London regional manager visited the service monthly to provide advice and support for the agency.

The service had carried out a satisfaction survey of people and their representatives in the previous year. We

saw that the feedback received was positive and indicated that people were satisfied with the services they received and the conduct of care workers.