

Carers for You Limited

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Inspection report

Caremark (Harrow)
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Ratings

Overall rating for this service	Requires Improvement 
Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

We undertook this announced inspection on 3 March 2016. 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 inspection on 3 January 2014 the service met the regulation we looked at.

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.

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

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 and care workers arranged for them to have appointments with healthcare professionals when needed. Care workers worked well with social and healthcare professionals to bring about improvements in people's care. This was confirmed by professionals we contacted.

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 and evaluations of care had been carried out to ensure that people received appropriate care. There were arrangements for the recording, storage, administration and disposal of medicines. We however, noted that there were unexplained gaps in the medicine administration charts (MAR) of people. This omission may put people at risk and we found a breach of regulations in respect of this.

Care workers had been carefully recruited and provided with a comprehensive induction and training programme to enable them to care effectively for people. They had the necessary support, supervision and appraisals from their managers. Care workers were able to attend to people's care needs. Teamwork and communication within the service was good.

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. Care workers were aware of the values and aims of the service and this included treating people with respect

and dignity, providing high quality care and promoting people's independence.

Complaints made had been promptly responded to. Three social care professionals provided positive feedback regarding the management of the service. They indicated that the service was well organised and there was good communication with the service regarding the progress of people.

Audits and checks of the service had been carried out by the registered manager and field care supervisors of the service. These included three monthly spot checks on care workers and three monthly telephone monitoring calls to people who used the service. In addition, the service had three monthly face to face reviews to obtain feedback from people who used the service. We noticed that audits on medication recording were not sufficiently comprehensive as they failed to identify and rectify the deficiencies we noted.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what actions we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

One aspect of the service was not safe. We noted that there were unexplained gaps in the medicine administration charts (MAR) of people. This omission may put people at risk.

The service had a safeguarding policy. Care workers were aware of the importance of keeping people safe. They knew how to recognise and report any concerns or allegation of abuse.

Care workers were carefully recruited and their records contained evidence of the required checks. The service had an infection control policy. Care workers were aware of good hygiene practices

Requires Improvement ●

Is the service effective?

The service was effective. People who used the service were supported by care workers who were knowledgeable and understood their care needs. 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. Care workers had been provided with essential training and supported to do their work.

Good ●

Is the service caring?

The service was caring. People were treated people with respect and dignity.

The preferences of people had been responded to. Staff were able to form positive relationships with people. People and their representatives were involved in decisions regarding the care.

Good ●

Is the service responsive?

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

Good ●

People knew how to complain. Complaints made had been promptly responded to. The service listened to people and their views and responded appropriately.

Is the service well-led?

Some aspects of the service were not well-led. Audits and checks of the service had been carried out by the registered manager and senior staff of the service. These included spot checks on staff and telephone monitoring to obtain feedback from people who used the service. These were not sufficiently comprehensive as they failed to identify and rectify certain deficiencies we noted.

People and their relatives expressed confidence in the management of the service. Staff worked well as a team and they informed us that they were well managed.

Requires Improvement ●

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 3 March 2016 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. Two inspectors 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 ten people who used the service and two relatives. We spoke with a director of the company, the registered manager and ten staff including two care co-ordinators. We also obtained feedback from three social care professionals. The service provided care for approximately one hundred and forty people.

We reviewed a range of records about people's care and how the service was managed. These included the care records for seven 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 stated that care workers took good care of people and people were safe when cared for by their care workers. One person said, "They treat me well. They talk nicely to me." A second person said, "They are very good. They give me my medicine on time." A relative said, "My relative's carer is very careful. Yes we feel safe with the carer." A second relative stated, "The carer is very careful when helping my relative out of bed. The carer is also hygienic and wear aprons and gloves."

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 few 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 moving and handling, home environment and people's mental condition. Care workers we spoke with were aware of the importance of ensuring the safety of people.

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 although there were times when they were short of care workers. However, she stated that effort had been made to recruit more care workers. Where it was not possible to provide a service, they had informed people who used the service so that they could purchase service from another provider. This was confirmed by a person who used the service. This person stated that they were happy with the care arrangements although there had been a shortage of care workers at weekends. Staff we spoke with told us that they were able to manage their workload and there was usually sufficient travel time. We examined a sample of seven 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.

There were arrangements to ensure that people received their medicines as prescribed when this was agreed with people or their representatives. The service had a medicines policy and procedure. We however, noted that in three records of people there were unexplained gaps in the medicine administration charts (MAR) of people. One person had unexplained gaps on two days. Another person's charts had unexplained gaps over a two month period. The registered manager stated that this would be looked into. Improperly completed MAR charts do not provide information on whether people had received their medicines. This may put people at risk. This is a breach of Regulation 12(2) of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014 Safe care and treatment.

The registered manager informed us after the inspection that she had checked with the care workers concerned and they had informed her that they had administered the medicines prescribed but forgotten to record them. She further informed us that she had taken action to ensure that all MAR charts were correctly completed and this included ensuring that MAR charts were checked by field care supervisors and also by her.

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

Relatives and professionals informed us that care workers were competent and they were satisfied with the care provided. One person stated, "The staff behave in a professional way. I am satisfied with my carer." Another person stated, "My carer is very nice and professional. On the whole I am satisfied." A third person said, "My carer knows about my care. They also accompany me to hospital appointments and to see my dentist."

People's healthcare needs were monitored by care workers where this was part of their care agreement. Care records of people contained important information regarding their background, medical conditions and guidance on assisting people who may require special attention because of medical or mental conditions. Some people told us that their care workers assisted them attend appointments with healthcare professionals such as people's dentist and GP.

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. One person stated that their carer assisted them in food preparation and had sometimes also suggested useful recipes for them. A care worker we spoke to was aware of action to take if people were unwell or lost a significant amount of weight. They said they would notify their manager and also report it to the person's doctor.

Care workers were knowledgeable regarding the needs of people. 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 sixteen staff 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 care workers 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 some staff were aware of the implications of the MCA. They were aware of the need for best interest decisions to be made and recorded when necessary. Care workers were knowledgeable about the importance of obtaining people's consent regarding their care, support and treatment. They stated that they explained to people who used the service prior to assisting them with personal care. They also asked people for their consent or agreement prior to providing care or entering their homes. Three care workers were not familiar with the MCA. The registered manager stated that arrangements had been made for further training to be provided to all care workers.

Is the service caring?

Our findings

People and their relatives informed us that their care workers were caring and they had been able to form positive relationships with their care workers. People told us that they specially liked having the same workers being allocated to them. One person said, "I am happy with my carer. I have had my carer for many years and my carer knows what to do." Another person stated, "I get on well with my carer. We got on smashing." A third person stated, "My carer is encouraging. My carer is able to persuade me to have good personal care." A fourth person stated, "My carer is excellent. I like her." A social care professional informed us that care workers had been respectful and encouraged their client to be as independent as possible. This professional also stated that their client valued the support provided.

Care workers we spoke with had a good understanding of the importance of treating people as individuals and respecting their dignity. They were able to describe to us how they protected the privacy and dignity of people by ensuring that where necessary doors were closed and curtains drawn when attending to people's personal care. They said they would also first explain to people what needed to be done and gain their agreement.

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 staff who had similar interest. The registered manager stated that where possible, carer workers would be matched to people with the same type of interest so that they can get on well. 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 informed us that they had received training on equality and diversity and they were informed during their induction to treat all people with respect and dignity. The service had a policy on promoting equality and valuing diversity.

The registered manager stated that care workers were allocated on a permanent basis to each person. She explained that this enabled people and their carer workers to form a good relationship as people and care workers would get to know each other well over time. To ensure care workers communicated well with people, the registered manager stated that where possible people were matched with care workers who came from the same culture and were able to speak the same language. This was confirmed by care workers we spoke with.

We saw documented evidence that people's care was reviewed regularly with the fieldcare supervisors and other senior staff of the service. The views of and feedback of people were reported. People informed us that fieldcare supervisors visited them 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 needed and as stated in the care plans. They were satisfied with the care provided and they stated that care workers were responsive and helpful. One person said, "I know how to make a complaint. I have no complaints." Another person said, "My carer has responded to my preferences." A third person stated, "I can talk to my carer if I am unhappy. I also have the telephone number of the office to ring if I need to." A fourth person stated that they had benefitted from the care provided and their health had been quite stable. One relative said, "I am satisfied. They review the care recently. They listen to us." A social care professional stated that care workers provided care for their client in a flexible and person-centred manner.

The service provided care which was individualised and person-centred. People and their representatives were involved in planning care and support provided. 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's preferences, choice of visit times and the type of care worker they wanted were also documented. 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.

Care workers had been informed by the registered manager and senior care workers 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 to be provided. They demonstrated a good understanding of the needs of people allocated to them and when asked they could describe the needs of people and their duties. People stated that care workers knew how to meet their care needs. People were especially satisfied because they told us they usually had the same care workers. One person stated that this was the reason they purchased care from the provider. A social care professional stated that the provider had always tried to match care workers with their client as opposed to just sending any care worker who did not know their client.

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 issues, risks and needs of people were. For example, in the case of those with diabetes care workers knew what type of foods people should avoid. In the case of those with dementia, care workers said they would exercise patience and ensure that the environment was safe. They told us that if people's condition deteriorated they would contact their registered manager and people's doctor so that people could receive further assistance.

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 made had been promptly responded to.

Is the service well-led?

Our findings

We received positive feedback regarding the service from people we spoke with. The feedback indicated that people were pleased with the quality of the services provided. People and their relatives expressed confidence in the management of the service. One person said, "The supervisor came here a few months ago. I can contact her if I need to." Another person said, "I have completed a survey. They do listen to my suggestions and ideas." A social care professional stated that they had confidence in the service and the service supported people in a flexible and person centred manner and they maintained good liaison with them.

Care workers were aware of the aims and objectives of the service and stated that they aimed to provide a high quality service and promote the independence of people. They told us that communication within the service was good and they had meetings where they were kept updated regarding the care of people and the management of the service. Care workers said they were well managed and their registered manager and senior care workers were supportive and approachable. They indicated to us that morale was good and they had received clear guidance regarding their roles and responsibilities. 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 plans were well maintained and up to date. the service had a range of policies and procedures to ensure that staff 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. Audits and checks of the service had been carried out by the registered manager and field care supervisors. These included spot checks on care workers and care records. The time sheets of care workers were carefully checked to ensure that care workers attended to people at the agreed times or close to it. Documented evidence of these were provided. In addition, their London Regional Manager visited the service monthly and carried out six-monthly audits in areas such as compliance, complaints, accidents, staff training and care documentation.. We saw documented evidence of these audits.

Audits and checks of the service were not sufficiently comprehensive as gaps in the MAR charts had not been identified and promptly rectified. Robust and comprehensive checks are needed so that the service can identify and rectify deficiencies. This lack of effective quality assurance systems for assessing, monitoring and improving the quality of the service may affect the safety and quality of care provided for people and is a breach of Regulation 17 (1) (2).

The registered manager stated that more comprehensive checks and audits would be done. After the inspection we were provided with their action plan which detailed action for rectifying deficiencies.

The service had not carried out a satisfaction survey of people and their representatives in the past twelve months. The registered manager stated that this would be done soon. The registered manager informed us that regular telephone monitoring took place so that they could obtain the views of people regarding the services provided. Documented evidence was provided. We note that the comments made by people were

positive and included the following:

"All of my carers are very nice."

"I have good rapport with my carers"

"Carers are very nice and very good."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The service had not ensured that all medicine administration record charts of people were properly completed so that they contain information on whether people had received their medicines. This may put people at risk.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The service did not have effective quality assurance systems for assessing, monitoring and improving the quality of the service.</p>