

## Barnet Carers Centre

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### 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?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 31 October 2017 and was announced. Barnet Carers Centre is a charity providing services for carers, the community and a home support service. On the day of our inspection there were 83 people using this service, the majority of these were adults. At our last inspection in 2015 the service was rated as Good. At this inspection we found the service remained Good.

The service helped people to stay safe. Staff knew about abuse and how to report it and other incidents or accidents which took place. Risks to people were regularly assessed and updated and there were systems in place to ensure there was enough staff to meet people's needs. People were supported to take their medicines safely and in accordance with the prescribed instructions. Staff members received the training, support and development opportunities they needed to be able to meet people's needs.

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 experienced positive outcomes as a result of the service they received and gave us good feedback about their care and support.

Staff were 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.

The service followed safe recruitment practices and carried out appropriate checks before staff started supporting people. The registered manager demonstrated leadership and a good understanding of the importance of effective quality assurance systems. There were processes in place to monitor quality and understand the experiences of people who used the service. We saw that regular visits and phone calls had been made using the service and their relatives in order to obtain feedback about the staff and the care provided.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains safe.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains effective.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains effective	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains responsive.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains well-led	<b>Good</b> ●

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## 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 31 October 2017 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 two experts 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, including 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. We also reviewed information we received. This included notifications of 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 and the care coordinator. We looked at eight care records and five staff records; we also looked at various records relating to the management of the service. After the inspection visit we spoke to 14 people using the service. We also spoke to seven personal care assistants.

## Is the service safe?

### Our findings

People said they felt safe and that staff understood their needs. Comments from relatives included "He feels very safe, we know who they are and they know who we are " and " We have the same carer and there have been no problems at all."

The service had suitable arrangements in place to ensure that people were safe and protected from abuse. Personal care assistants 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. The service had policies and procedures in place for safeguarding adults and we saw these documents were available and accessible to members of staff. The service had one safeguarding concern in the past 12 months. The registered manager was able to explain the nature of the concern and showed us how they had reported this to the local authority and liaised with them to keep the person safe.

Staff told us how they supported people to feel safe. For example, one staff member told us that they received updates from staff who worked in the office if there was any change to a person's wellbeing. They also explained that if there had been any changes or issues with a particular person they were working with they could always get immediate advice from their managers. One staff member stated, "If is a problem, such as someone refusing food, there is always a person on-call who is always available to help us with the situation." Another staff member stated "we are advised to always call the person's doctor or the emergency services if there has been any incident where a person might be at risk."

People's individual risks had been assessed in ways which protected people and promoted their independence. We saw that risk assessments were in place in relation to the people's needs such as; taking medicines independently, mobility and personal care. This meant staff had clear guidelines to enable people to take risks as part of everyday life safely. For example, one person had been assessed as being at risk of falls. We saw in the person's care support plan how this risk had been recognised by the provider who had liaised with the local authority to devise a risk assessment and subsequent action plan to keep the person safe. Risk assessments had been prepared for each person and contained guidance for minimising potential risks such as risks associated with the environment people lived in, trip hazards, use of electrical equipment and with moving and handling. These were sufficiently comprehensive included risks associated for example with taking people out on trips and in skin integrity.

We saw that staff recruitment practices were robust and that the provider carried out sufficient checks to ensure staff were of good character.

The service supported people to take their medicines correctly. Staff we spoke with told us they had received medication training and their practices were checked before they began working with people who used the service. We were able to confirm this by reading training records. Staff we spoke with had a good understanding about the medication they gave people and any issues were clearly written in the person's care plan and where appropriate in their individual risk assessments.

We were able to read Medicines Administration Record (MAR) charts in the files of people who used the

service. These confirmed that any medicine administered was signed for by staff. We spoke to the registered manager who explained the provider had recently worked with a medication professional to modify their MAR charts. We were able to see the modified forms and saw they were appropriate to keep the administration of people's medicines safe.

Personal care assistants were aware of good hygiene practices such as washing hands and the importance of good hygiene. All staff had access to protective clothing and equipment. Staff told us they had access to protective clothing including disposable gloves and aprons.

There were sufficient staff employed to keep people safe. The registered manager explained that the provider had recently become an approved provider by the local authority which meant the service was actively looking to recruit more care staff. The registered manager however stated she would not take on any more work until she had recruited enough new staff as "we would never put people at risk by lowering numbers." Staff we spoke with told us they would never complete tasks alone which required two people, they also told us there was a rota to assist with staff sickness and that managers are always available to assist if required.

## Is the service effective?

### Our findings

The registered manager spoke of the importance of recruiting care workers with the capability to learn and apply appropriate skills. Staff received an effective induction into the service before starting work. The induction was tailored to each new staff members training needs. The induction allowed new staff to get to know their role and the people they were supporting.

Staff had the opportunity to develop professionally by completing the range of training on offer. Training needs were monitored through regular staff supervisions and appraisals and we saw this in the staff supervision files. We reviewed the individual induction and training records for staff. We saw the induction programme included training in safeguarding, health and safety, information governance, fire safety, infection control, equality and diversity, first aid, basic food hygiene, medicines and moving and handling. The registered manager confirmed that suitable new staff were enrolled on a Care Certificate training programme to ensure people received continuous effective care. Individual staff supervisions were planned in advance. Appraisals were also carried out annually to develop and motivate staff and review their practice and behaviours. From looking in the supervision notes we noted supervision gave staff the opportunity to discuss any issues relating to the people who use the service and their own personal development and wellbeing. We saw from these records that staff received supervisions and competency checks of their practice approximately every three months and these included observations of work practice, arrival times, as well as areas of direction, support and development.

People's rights to make their own decisions, where possible, were protected. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The manager and staff we spoke with all had a clear working understanding of the MCA and their responsibilities to ensure people's rights to make their own decisions were promoted. People's care records contained signed documents of consent which confirmed agreement of the care that was provided to them. The registered manager told us how they respected people's choices even if they think it may not be the best decision. We saw evidence in people's care files that where someone might be unable to sign a consent to care form either because of physical frailty or because of cognitive issues the provider had sought guidance from the local authority and had liaised with family members to act in people's best interests.

People's healthcare needs were monitored. The care plans detailed people's medical history and known health conditions. Records confirmed that people had regular access to health professionals such as their GP or occupational therapist. Changes in people's health were documented in their care records. This information was also available to inform health professionals who became involved with their care, either through an identified need or an emergency situation. This demonstrated that the agency staff effectively supported people to access and receive on going healthcare support.

We looked in people's care plans and spoke with people and we could see that people were encouraged to

eat and drink healthily to meet their needs where appropriate and supported where needed. A staff member told us "We always check to see if they've got enough food; check the sell by dates and encourage them to eat healthily especially if they're diabetic."

## Is the service caring?

### Our findings

There were positive relationships between people and members of staff. People knew the staff that were caring for them and had built a good rapport with them. One relative said, "We have had the same carers for years. They know him intimately. Thank goodness there have been no changes." And another "They treat her with dignity, they have to go at her own pace, she can't go any faster."

Everyone we spoke with said they thought they were treated with respect and had their dignity maintained. Staff, we spoke with, were very clear that treating people well was a fundamental expectation of the service. Staff comments include "I'm always kind and just simply respect people" and "We make sure we have time for them, hold their hand if necessary to encourage and reassure them."

The care coordinator told us how she endeavoured to keep the same care staff with service users for prolonged periods, by using a permanent rota and use the same group of staff for people. 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.

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.

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. A staff member told us "I respect people and go by their wishes like taking my shoes off; I do it automatically – no discrimination."

## 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.

The service provided people with person-centred care. Staff members were aware of people's specific needs and told us that they used care plans to help guide their practice. We saw that care plans contained specific information about people's needs and preferences and provided staff with information about what people could do for themselves.

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. Discussions with 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.

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. Additional forms such as medicine charts and weight charts were also available.

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.

We saw evidence on care records of multi-disciplinary work with other professionals. The registered manager told us "We constantly refer people for district nurses, GP's, occupational therapy."

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

People and their family members knew how to complain if they were not happy and felt that the registered manager and provider would take appropriate action if they did complain. There were systems in place to record complaints and we saw that they had been handled appropriately. Other feedback, such as compliments, were also recorded.

## Is the service well-led?

### Our findings

The service had a positive ethos and an open culture. Staff members were passionate about their roles and the people they were supporting.

Comments from people using the service included "I think they have been excellent. Very impressed by them" and "I would give them a high rating and would recommend them."

Our discussions with staff found they were motivated and proud of the service. The registered manager was known to people, their relatives and staff members. People were positive about them and staff members felt that the registered manager was always friendly and approachable. They also told us that they made sure things got done and were always working to improve the service. Quality assurance systems were in place to monitor the service. These included a number of different internal checks and audits as well as a provider audit. These helped to highlight areas where the service was performing well and the areas which required development. This helped the registered manager and provider ensure the service was as effective for people as possible.

We noted that many of the care staff had worked in the agency for many years. Staff told us they received regular support and advice from their managers via phone calls, and face to face meetings. They felt that a manager was available if they had any concerns.

There were robust systems in place to monitor the service which ensured that it was delivered as planned. The agency used an Electronic Call Monitoring system which would alert the management team if a care worker had not arrived at a person's home at the scheduled time.

The management team monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. They also undertook regular unannounced spot checks and 'field observations' to review the quality of the service provided. We saw that there were spot checks undertaken to observe care workers. 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.

The registered manager was aware of the attitudes, values and behaviours of staff. They monitored these informally by observing practice and formally during staff supervisions, appraisals and staff meetings. The registered manager told us that recruiting staff with the right values helped ensure people received a good service.