Care Quality Commission

Urowoli Alatan

Parkgate Nursing Agency - 1 Boundaries Road

Inspection report

1 Boundaries Road
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Ratings

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

Overall summary

This inspection took place on 28 January 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

Parkgate Nursing Agency - 1 Boundaries Road is a domiciliary care agency providing personal care for people in their own homes. At the time of the inspection, there were 18 people using the service.

There was a registered manager at the service. 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 using the service and their relatives told us they felt safe receiving care from staff and had no concerns about their safety. They told us that the care workers were competent in carrying out their duties and followed safe methods when supporting them. Care workers

Summary of findings

respected people's privacy and dignity. Some people told us that although their nutritional needs were met by the service, they were given limited choices and the quality of the food was sometimes basic. People were able to raise their concerns with the service and felt that the registered manager was approachable.

The provider followed robust recruitment procedures when appointing staff which included references, identity and security checks. Staff completed an induction which covered areas such as safeguarding, person centred care and effective communication.

Ongoing training was delivered mainly through DVDs and we found that it was difficult to track what ongoing training had been completed for staff apart from their induction. The provider had recently changed the way that training was delivered to make it easier to track the training of existing staff.

Although staff told us they felt supported, we did not see any evidence of formal appraisals that had taken place which were contrary to the provider's own policy on supervision and appraisal.

We found that thorough risk assessments were carried out, in conjunction with an occupational therapist and a social worker. These considered people's needs in terms of the moving and handling support needs and other areas. This meant the provider was able to make a judgement about whether people's needs could be met. Risk assessments contained detailed notes, making use of pictures which helped to ensure that care workers had a complete picture of how to support people correctly.

Although staff supported people with their medicines, accurate records were not kept of when medicines were administered. We have made a recommendation to the provider about the safe recording of medicines.

Care plans were reviewed regularly and contained sufficient details for care workers to carry out their roles effectively. The provider worked well with healthcare professionals to provide a service that continued to meet people's needs if there were any changes to people's health, and appropriate referrals were made if required.

The provider carried out regular reviews of people's views through the use of feedback surveys. Unannounced spot checks were also conducted and time was spent observing care workers performing their duties to monitor the quality of service.

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?

Requires Improvement

The service was not safe in all aspects. We have made a recommendation that the provider seek advice with regards to recording the safe administration of medicines when supporting people with their medicines.

People using the service and their relatives told us they felt safe. Care workers attended safeguarding training during induction and were aware of what steps to take if they had concerns.

Risk assessments, with input from healthcare professionals were carried out which helped to ensure people's needs were fully assessed and could be met.

There were robust staff recruitment procedures in place and sufficient staff to meet people's needs.

Is the service effective?

Requires Improvement

The service was not always effective. Care workers completed an induction which included practical training and covered key areas of their role before they started to deliver care independently. Ongoing training of staff was more difficult to track and there was a lack of formal appraisal for staff.

Although people's dietary requirements were met and their needs were recorded in their care plans, some people told us that the quality of food prepared by staff was basic.

The provider worked well with external health and social care professionals such as district nurses and social workers to ensure people's needs were met.

Is the service caring?

Good

The service was caring. People we spoke with praised the care workers for their caring attitude.

Care workers maintained people's privacy and dignity.

Is the service responsive?

Good

The service was responsive. People were made aware of the complaints procedure and the provider responded to formal complaints in a timely manner.

People's needs were assessed before they started to use the service to see if they could be supported appropriately.

Care plans were reviewed regularly which helped to ensure up to date information was available about people's needs.

Summary of findings

Is the service well-led?

Good

The service was well-led. Care workers told us the registered manager was approachable and they liked working at the service.

Feedback from healthcare professionals was that the provider communicated and worked well with them in trying to achieve positive outcomes for people.

Quality assurance checks, including feedback questionnaires and unannounced spot checks were completed to ensure people received a good service.

Parkgate Nursing Agency - 1 Boundaries Road

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.

This inspection took place on 28 January 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

The inspection was carried out by an inspector and an expert by experience who carried out telephone interviews with people using the service after the inspection. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of service.

Before we visited the service we checked the information that we held about it, including notifications sent to us informing us of significant events that occurred at the service.

We spoke with eight people using the service, seven relatives and six staff members including the registered manager. We looked at records including five care records, training records, staff supervision records, and audits. We also contacted local authority commissioners, healthcare professionals such as district nurses and social workers and the local safeguarding team to gather their views about the service.

Requires Improvement

Is the service safe?

Our findings

The majority of people and/or their relatives told us they felt safe, or they felt their loved ones were safe. One relative told us, "Compared to the previous agency we had, they are amazing . . . I can now go on holiday and know that mum will be ok with them." Another relative said, "Parkgate come into my [family member's] home morning and evening, it gives me peace of mind that [family member] is being looked after when I can't be there."

Despite these positive comments we found that not all the care workers were aware of what the term 'safeguarding' meant. One care worker thought it was about safe moving and handling and not making pressure sores worse. However, once we explored the topic further, they were able to tell us what steps they would take if they had concerns about people's safety and were able to identify different types of abuse. Safeguarding training for staff was covered during their induction and they were issued with a handbook when they started. This gave them some guidance on safeguarding and identifying different types of abuse and what the reporting procedures were. We had not received any safeguarding concerns about the service either through notifications sent to us from the provider or through the local authority safeguarding team.

We found that thorough risk assessments were carried out before people started to use the service. In the majority of cases, risk assessments were carried out by a social worker and an occupational therapist (OT) from the community. These were given to the provider at the time of the initial referral. This helped to ensure that the provider had sufficient information to make a decision as to whether people's needs could be met. The registered manger then visited people's homes to ensure that the recorded details on the risk assessments were accurate. This initial visit was carried out in the presence of a care worker, social worker and OT which helped to ensure that everyone was aware of the risks, especially in relation to moving and handling and the correct use of the hoists. One care worker told us, "The managers always come with you if new equipment has been put in."

We looked at a sample of risk assessments and saw that risk factors including difficulties with communication, the environment and other equipment were considered. They contained specialist guidance from occupational therapists on the correct use of hoists and slings. They were detailed and contained pictures which helped staff in their understanding of their correct usage. They provided instructions on the correct method for transferring people and also on the correct use of slide sheets. A copy of these was kept in people's homes so staff could refer to them.

A number of people, and particularly their relatives, told us that the majority of staff were very capable when dealing with behaviours that challenged, and were able to use their understanding of the person in order to diffuse situations. One relative said, "Nobody understands my mum like I do, or will care as well as I do, but her carers are the next best thing when I'm at work. I'm so grateful for their kindness."

Care workers were given general guidelines on how to deal with behaviour that challenged. They were aware of steps to take if people behaved in a manner which challenged and told us, "We use persuasive methods, and we never force them" and "We move away, talk in a calm manner and sometimes ask family members to help." Feedback that we received from external health professionals who were involved with the service was that the provider accepted people with complex needs and behaviour that challenged and were able to meet their needs.

Some people relied on their care workers for administering their medicines, with most saying this was done in a safe, reliable manner with care workers always recording details in the folder provided. Care workers told us they prompted for medicines but did not 'administer' it. The registered manager told us care workers were not allowed to administer medicines from a packet but were expected to prompt people to take their medicines if they were already in a dosset box. Care workers did not fill out Medicine Administration Records (MAR) charts but recorded in their visit notes if they had prompted for medicines. The provider's 'carer's guidelines for handling medication' did not give any procedures for staff to follow in respect of recording medicines administration. One care worker told us, "I write down that I prompted for medicines, I don't administer it."

The Royal Pharmaceutical Society guidance: The Handling of Medicines in Social Care states that, "When care is provided in the person's own home, the care provider must accurately record the medicines that care staff have prompted the person to take, as well as the medicines care staff have given." The provider's procedures at the time of our inspection did not provide a clear recorded audit trail of support people received with the medicines.

Requires Improvement

Is the service safe?

We looked at three staff records which contained details of interview questions answered, evidence of identity, proof of address and security checks. Written references were also sought. This helped to ensure that the provider recruited staff who were suitable to support people using the service.

Care workers told us they were given time to travel between visits. In the case of a visit which required two care workers, they told us they were never left alone to provide care by themselves. Rotas were planned a month in advance so if people had annual leave requests, these could be factored in. In the case of sickness, care workers were asked to call in as early as possible so alternative arrangements could be made. The registered manager or one of the management team provided cover on occasion. Although some people we spoke with told us that care workers turned up late sometimes, they did not say that care workers did not arrive.

We recommend that the service seek advice and guidance from a reputable source, with regards to recording the safe administration of medicines supporting people in a domiciliary care setting with their medicines.

Requires Improvement

Is the service effective?

Our findings

Everyone we spoke with told us they felt staff were well-trained, and competent to deliver care effectively. Most people were happy with the levels of training given to staff, with several people, or their next of kin, being grateful that new staff visited with existing staff during their induction period. One relative told me, "I'm grateful for that, as [my family member] does not like new faces just turning up. If it's unavoidable, due to sickness for example, they will ring me first and give me the option of being there also."

Care workers told us they felt supported by staff but could not recall if they had received formal supervision or an appraisal of their work. The registered manager told us that they observed care workers when they were delivering personal care to monitor their performance but did not carry out annual appraisals. This was contrary to the information that staff were given in their handbook which stated that 'An annual appraisal will be held on a bi-annual or annual basis to allow us to formally appraise your performance'. We were shown a newly developed appraisal scheme which the registered manager told us they were planning on implementing for all staff.

We looked at the induction programme for new care workers. This showed that new employees were given training in a range of topics to prepare them for their role as a care worker. These included, person centred care, abuse, principles of care and confidentiality, communication, record keeping, supervision and understanding your organisation. A supplementary pack was given to all care workers at induction which gave guidelines with regards to key areas such as safeguarding, dealing with behaviours that challenged and steps to take in the case of an emergency.

There was a training room at the main offices which was used to deliver training to staff. It had a range of equipment that care workers were likely to be faced with when providing care. These included a hoist, sliding sheets, catheter bags, pads and colostomy bags. Care workers spoke in positive terms about the training and support they received from the provider. Some of the comments were, "It's (the training) very good", "The training was thorough", "We practiced moving and handling, we were shown the equipment and used the hoist to practice", "When I got here, I was given training on what to expect, things to see, how to react" and "We speak to them (one of the managers) regularly."

The provider used a mixture of in-house training and DVDs to deliver ongoing training to staff. Apart from training that was delivered at induction, it was difficult to track what training had been completed by staff as part of their ongoing development. The registered manager told us they had recently decided to change and move to e-learning training to meet the ongoing training needs for staff. We saw evidence of this and a list of the training that was to be delivered to staff. They felt that this method would enable them to track the training that had been completed and would flag up any instances where training had expired.

We saw recorded evidence in the care records of input from health and social care professionals such as district nurses, occupational therapists and social workers. We saw correspondence between professionals and the provider discussing people's support needs and how best they could be met. Care records contained details of hospital appointments and included guidance on managing pressure sores for people that were at risk. Some care records contained details of exercise regimes that care workers were required to provide support with. Care workers gave us examples of times they had contacted healthcare professionals such as G.P's or the emergency services after noticing changes in people's health.

One person using the service told us care workers prepared lunch, but "I don't get much choice." Three relatives told us that snacks or meals provided were often very basic, lacked imagination, and were very repetitive. One relative said, "I make sure there is a variety of food available in the fridge/ freezer and cupboards. But they were giving [my family member] ham sandwiches every day for lunches and teas. I kept asking them to vary it, but they didn't" and "They gave him a bowl of baked beans with some bread, [my family member] didn't eat it, they wanted beans on toast" Another relative said, "They always go for the easiest option, which can sometimes not be very appetising."

Family members usually bought ready meals for their relatives and care workers were requested to prepare them. In some cases a 'meals on wheels' service was in place. Care workers told us that had to prepare meals for some people they supported. They said that they prepared sandwiches or ready meals. Care workers told us they

Requires Improvement

Is the service effective?

sometimes prepared salads for people, if ingredients were available in the fridge. If they did have to shop for food, this was according to a shopping list given to them by a family member. We saw that care record guidance was given as to the type of food and preferences that people had if care workers were required to support people with meals.

Care workers told us they asked for people's consent prior to providing personal care for them. Some of the comments included, "We listen to him", "let him decide if he wants to be moved" and "He can speak and tell us what he wants."

People using the service or their representatives had signed their care records and risk assessments indicating their consent with their content and agreement with their plan of care. Where necessary, care records contained people's preferences as to how they wanted aspects of their support needs to be met. For example, how they liked their beverages, any exercises they wanted to do or other activities they enjoyed.

Good

Is the service caring?

Our findings

People told us that they were treated in a caring manner, and were shown respect and dignity by their care workers. Another person said, "Most of them are very good girls, I know I can be difficult, and I know exactly how I like things done. They do listen to me, and try to please me." Another person said, "They treat me ok, it all works very well."

Comments from relatives included, "From the outset care has been fantastic, [my family member] has a lovely relationship with the girls, we are very lucky, they are reliable, just fantastic." Also, "They are always polite, kind and caring, and they do the job as we wish them to do it. They all treat my [family member] very well, which means a great deal to me."

One relative told us of the patient and caring manner in which care was first implemented for their family member who suffers from dementia. They said, "For about two weeks she wouldn't even let them in, but they kept turning up, talking to her, developing a rapport, and gradually she let them in, at first into the hallway only." They told us of their gratitude that they did not leave, or give up, saying, "They seemed to understand her needs immediately, and during this time they tried to identify the right members of staff who would bond easiest." They commented, "It's been amazing to see their patience and understanding with her."

Two people that we spoke with told us that they had some negative experiences with the provider related to the attitude of staff. One person told us that care workers attended earlier than the time that had been agreed with the provider and their family member's personal care needs had not been met and the care workers "left after doing a few odd jobs." They said when they complained to the office they were told the care worker would return at a later time, but they never did. Another person said that, in their opinion, the care was not quite as good as it used to be about a year ago. For example, they said that washing used to be done daily, but it was now sometimes left for a few days.

Care workers completed training in person centred planning during their induction. Care workers were familiar with the tasks they needed to carry out for people when checked against the records held for them. They said that being assigned as regular care workers for people helped them to familiarise themselves with the needs of people and their preferences. Care workers spoke about the importance of respecting people's privacy and dignity when delivering personal care. They told us, "The family give us space, we shut the door and the blinds", "She gives a thumbs up when she's happy" and "We are always careful to ask people before starting care."

Good

Is the service responsive?

Our findings

People using the service were given details of how to raise complaints in the service user guide that was issued to them when they first started to use the service. Where there had been formal complaints, we saw that there was a clear audit trail which allowed us to track the progress of the complaints. We saw that the provider had responded to the complainant and followed up in time. A relative told us they requested a change of care workers, "I contacted the manager, and it was changed so that person didn't return. No fuss made at all. I was very pleased."

The majority of people who received care from the provider were commissioned through the local authority. We spoke with the registered manager about the process for accepting new referrals. Prior to accepting a referral a full support plan together with an occupational therapist's moving and handling risk assessment was received. We saw some examples of these during our inspection; we saw that these contained sufficient detail for the service to make a decision about whether they could meet the needs of people using the service.

Following a referral, the provider carried out an initial joint visit with either a social worker or an occupational therapist and a care worker to ensure all the details on the support plan and moving and handling risk assessment were accurate. This was also an opportunity to make sure that care workers were familiar with how to use any hoists and specialist equipment, if applicable. Care workers confirmed they attended with a manager when they carried out the initial visit to a person. One care worker said, "I had a good understanding of what to expect before going in."

People using the service received a copy of the service user guide and a statement of purpose document which gave people information about their rights, the standards to expect, how to raise concerns and information about various policies including safeguarding and handling money. This ensured people were given written information about the service and what to do in certain situations.

We saw correspondence between social workers and the provider when a person first started to use a service to ensure that their needs were being met and what changes were needed to better support people. These included emails about changing visiting times to suit people. This showed that the provider was responsive to the needs of people using the service.

One relative told us that her family member had previously had care provided by another local agency, but said since they had started receiving services from Parkgate, "It's so different now, they understood the importance of punctuality, and [my family member] is always ready in plenty of time, so that she doesn't have to rush out of the door. A great help." They also told us Parkgate increased their hours to support their relative at home, so that they were not left alone for long periods of time after they had been unwell and unable to attend a daycentre.

Another relative said that the care workers would notice if their family member was unwell, "often noticing before I do that it's not a good day, and if necessary they'll contact my family or the doctor." A third relative told us, "The girls are very good at communicating with me if they think [family member] is not quite right. I can then decide whether to contact the doctor or not. They're very helpful like that." These examples indicated that the provider was responsive to people's changing healthcare needs.

Care records were presented in a way that was easy to understand and care workers told us they found them easy to follow. Care plans contained a personal information form which was useful if care workers needed to contact emergency services. Each care plan also contained a 'job description', a one page summary sheet for care workers advising them exactly what aspects of personal care were to be provided for each visit. These were different based on the time of the visit.

Care workers completed a shift performance sheet following every visit giving details of their visit, what people had to eat, whether personal care was provided and any issues or concerns. These were brought back to the office every month and were reviewed by one of the managers. A monthly summary sheet of the information contained in these records was uploaded onto the care records giving a snapshot of any important information related to the person. The registered manager told us they used this summary information to monitor any changes to people's support needs.

Good

Is the service well-led?

Our findings

A number of people told us they felt the management was very approachable, and when they had contacted the office with various queries or minor issues, these had been dealt with to their satisfaction. One person said, “They’ve always been very helpful, so I feel sure if a major problem arose they would listen to me. I would never worry about contacting them if I needed to.”

New care workers were given information about ‘understanding your organisation’ during their induction period which gave them an insight into the values and aims of the service. They were also issued with a handbook which gave guidance on the rights of people using the service which included, being treated as individuals, promoting independence, right to privacy and entitlement to have care provided in accordance to their care plan.

The handbook provided details about how to raise grievances and raise concerns. Care workers told us they would not hesitate to raise concerns if they were to witness bad practice taking place.

There was a registered manager who had been managing the service for a long period of time. She was supported by a small staff team. The provider had built a good relationship with health and social care professionals. This was reflected in the feedback that we received from professionals we contacted after the inspection. They praised the registered manager for her professionalism and told us the service worked well in partnership with other agencies to achieve positive outcomes for people.

Care workers told us they received good support from the registered manager and the senior team. Some of the comments were, “If I need anything, I just pop into the office”, “If we are running late, we call the office and they sort things out” and “I’m very happy working here.”

The provider carried out quality assurance checks to monitor the quality of service provided to people. These included regular reviews of people’s support needs. Feedback forms were sent to people every few months to ask their views of the service. We reviewed the feedback forms that were returned for the past three occasions they had been sent. The majority of comments we read were positive, such as “Treated with kindness and respect”.

Staff received ‘on site’ feedback twice a year through an ‘evaluation sheet’. These were unannounced spot check visits by the registered manager or a member of the senior team and looked at different aspects of the care workers role, including the appearance of the person using the service, the interaction between them and the care worker, noting any comments or concerns by the care worker or person using the service. The registered manager told us, “We observe the care worker at work, talk to them and the service user and find out about any issues or concerns.”

A few people told us they had repeatedly complained about the lack of punctuality by care workers. One person told us, “I think they all rely on public transport, which is unreliable, so they’re often rushing to catch up.” The provider did not use a clocking in system to monitor missed calls or late visits. The registered manager told us this was due to the relatively small number of people that used the service. The registered manager told us they relied on people using the service or their relatives to notify them of any continued late visits or it was identified through spot checks.