

Urowoli Alatan

# Parkgate Nursing Agency - 1 Boundaries Road

## 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?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Parkgate Nursing Agency – 1 Boundaries Road is a domiciliary care service providing personal care to 26 people aged 65 and over at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

We found that some improvements were needed to ensure that the provider notified us of important incidents in a timely manner. The provider recognised that quality assurance systems would have benefitted from clearer recording. We will check on the providers progress with this at our next inspection.

People felt that care delivery was safe and they received their medicines in a timely manner. Risks to people were appropriately assessed so that staff could support them safely. Staff took appropriate steps to manage infection control. The provider ensured that staff were safely recruited.

Where people had nutritional needs, guidance was in place so that staff could meet their needs. People received support in their liaison with healthcare professionals. Staff received relevant support through training, supervision and appraisal.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and their relatives felt they were well cared for. Staff were passionate about their roles and the people they supported. Important people's views were included in the care planning process.

Care plans were responsive to people's needs and highlighted their preferences. The service was sensitive to people's wishes when receiving end of life care. Complaints were investigated and recorded appropriately.

People, relatives and staff spoke positively about management. The provider worked alongside other agencies to improve people's care experience, and review people's quality of care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (published 28 April 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

# Parkgate Nursing Agency - 1 Boundaries Road

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 22 August 2019 and ended on 23 August 2019. We visited the office location on 22 August 2019 and made calls to people and relatives the following day.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with the registered manager and the nominated individual, as well as speaking to three care assistants. We reviewed a range of documents including three people's care records, three staff files and other documents in relation to the running of the service.

#### After the inspection

We spoke with one person using the service, and two people's relatives.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same.

This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- Some longer standing staff required an updated record of their full employment history. We raised this with the provider who told us they would take action to ensure these were updated. We will check on this at our next inspection.
- Staff were subject to a Disclosure and Barring Service check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. These were updated regularly.
- Staff told us that they had enough time between calls to ensure they were able to visit each person at the right time.

### Using medicines safely

- People received their medicines at times that they needed them. A relative told us, "Yes, they give them (medicines) correctly. They wouldn't give her anything outside of her blister pack, I'd have to go the manager to instruct and they put on the medicines administration record (MAR)."
- We reviewed people's medicines administration records and saw that these were regularly checked for any inaccuracies. However, records would have benefitted from additional space to ensure staff could clearly record the reasons why, when medicines weren't administered.
- The provider told us they would review their MAR to ensure that records were able to be completed more clearly. We will check on this at our next inspection.

### Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibilities to report any potential allegations of abuse. They told us, "I always report to my manager, the office. That's my duty", and "It's protecting individuals from abuse, to make sure their safe. I would definitely inform the manager and note it down."
- We reviewed the provider's safeguarding records and saw that one concern had been raised. The provider had appropriately investigated the matter and worked with social services to resolve the concern.

### Assessing risk, safety monitoring and management

- Risks to people were assessed and reviewed to ensure that staff were able to meet their current needs. Staff were clear on where they could access up to date information about the people they cared for.
- When people's needs changed the provider took action to ensure that risk assessments were reviewed so that staff could support people safely. For example, where one person had been given additional equipment

to support their medical needs, full guidance had been provided for staff.

#### Preventing and controlling infection

- Staff took steps to prevent the spread of infection. Personal protective equipment was made available to staff in order to support people during personal care.
- A staff member told us, "To make sure the environment I'm working in is clear. I wash my hands to prevent germs and bacteria. We wear aprons, shoe covers and gloves."

#### Learning lessons when things go wrong

- The provider took steps to ensure that any incidents and accidents were suitably investigated.
- Records showed that learning from incidents were shared with staff. Recent team meeting minutes highlighted that improvements in reporting of injuries using body maps had been shared with the staff team.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Each person's file included an assessment from the placing local authority highlighting the person's care needs.
- Prior to the service accepting a package of care people's requirements were reviewed by the provider to ensure they could meet their individual needs.

Staff support: induction, training, skills and experience

- Staff were supported through regular training to ensure they were competent in meeting people's needs. Staff told us they currently received online training, with plans for the provider to move towards face to face training.
- Records showed that staff received one to one supervision to discuss any work issues and improvements in practice. Staff told us they found this to be a supportive process.
- The registered manager ensured that staff were subject to unannounced spot checks to assess their competency in their role.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported with their eating and drinking needs. A staff member was able to tell us about one person's dietary requirements and how they ensured they met these.
- Care records reflected whether people needed a specialist diet, and guided staff in meeting people's preferences. Where people's food and drink intake required monitoring, records were in place for staff to complete.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider worked with other agencies to support people's needs. Since our last inspection, they had engaged in a project alongside the local authority to support people to step down from double handed care; with successful outcomes.
- Steps were taken to ensure that people's care needs were met in a timely manner. The provider worked alongside the district nurse, GP's and other healthcare agencies. A relative said, "The (carers) are good at reporting straight to their manager, she'll come back to me."

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA.

- Records showed that people's capacity to consent was considered. For example, whether people were able to consent to receiving support with their medicines and understood the implications of not taking them.
- Staff understood the importance of offering people choices in their care. A staff member said, "People have the right to make their choices, and you shouldn't neglect that."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People felt well supported and cared for by staff. One person said, "Yes, they're quite good." A relative told us, "I just think they're a good care agency, they're very caring."
- Staff told us of their passion for their work and were able to tell us about people's individual needs. Comments included, "This job is about your interests, your dedication. Whatever job they give me, I read it in the folder and I follow it step by step" and "I make sure I care for them well. I make them happy, when I see them I talk to them so that they are happy before I leave."

Supporting people to express their views and be involved in making decisions about their care

- People and relatives told us they were involved in the review of their care needs.
- Records showed that annual reviews were held with other professionals and family members. When people's needs changed reviews were held more regularly.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity, especially when supporting people with personal care. A staff member said, "It's very, very important. I don't do it publicly, excuse the family members. Make sure they are clothed, respect their dignity, close curtains, make the person suitable."
- Where able to, people were supported to do things for themselves. This was evident through relative views and in people's care records. A staff member told us, "My belief is the more you help them to do their normal thing the more successful you are at your job. I give one person the towel to wash his face, give him clothes to dress himself, when he can't do things I will assist him. I encourage him to do things by himself."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care that reflected their choices and preferences. Care records included a 'this is my life' section that guided staff on how people liked to live their day to day lives, as well as people that were important to them.
- Staff understood the importance of ensuring people received personalised care. A staff member said, "I read about their [people's] personal interests, take a week or two to get to know them. I need to maintain that, do something I feel is in their interests. Give them necessary assistance, consider them and not myself."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider had taken steps to comply with AIS. This included ensuring there was full communication guidance for staff, to ensure they supported people correctly. For example, where one person was non-verbal, guidance was in place to ensure staff supported them to express themselves and understand in ways that were suitable for the person.

Improving care quality in response to complaints or concerns

- Records showed that complaints received were investigated and responded to fully.
- People and relatives were clear on how to raise any concerns if they needed to. Comments included, "I complain if anything's wrong, they respond" and "Oh yes, they responded appropriately [to a complaint]."

End of life care and support

- People were supported to express their end of life wishes and the support they wished to receive should they be nearing the end of their lives.
- Staff received training in supporting people with their wishes. A staff member said, "The most important thing is to be gentle, we are very careful. The way we talk to the family, remember my duty of care to them. To consider their emotions."

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had not ensured that notifications about important events were always sent to us. Upon reviewing incident records, we saw that we had not been notified of a safeguarding allegation, that was unsubstantiated.
- We raised the above with the registered manager who sent us the notification following the inspection and advised they will ensure all important events are reported to us moving forward. We will check on this at our next inspection.
- The registered manager ensured that quality checks were regularly conducted to review the quality of care that people received. We reviewed Medicines Administration Records (MAR) and monthly assessment records and found that these would have benefitted from streamlining for clearer recording of findings. We discussed this with the registered manager who told us they would review their audit and MAR recording systems.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives commented positively on the management support they received. Comments included, "I do talk to the manager, she's very very nice" and "She's [registered manager] a champion and will fight a corner for me."
- Staff were equally positive about the working environment and organisational culture. They told us, "We are always good at working together", "They're very hands on, you need to comply with rules" and "It's very good, I love my manager and the job I'm doing."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were involved in providing feedback on the service through annual feedback forms. Of 25 responses received from the last review, 23 of these were wholly positive.
- Regular staff meetings were held to discuss good practice and share any changes in people's care needs. Records showed that these were regularly attended and included common themes such as improving recording of people's daily receipt of care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood and acted on the duty of candour when necessary, taking responsibility when things went wrong.
- Records showed that the provider had been transparent and compliant in supporting a recent safeguarding investigation.

Continuous learning and improving care; Working in partnership with others

- The provider worked in partnership with other agencies to support people's care needs. During the winter season people were supported to access a day centre providing a free Christmas meal. Other people had been signposted to a specialist centre for additional social support in relation to dementia.
- The provider was continuously looking for ways to improve the service, to ensure staff were suitable to meet people's needs and that they liaised regularly with people and their relatives.