

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 well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Parkgate Nursing Agency is a domicilliary care agency providing personal care to 15 people at the time of the inspection. The service supports older people and those with dementia.

The Care Quality Commission (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. At the time of the inspection 15 people using the service were receiving personal care.

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

People received safe care from staff that were trained to support them well. People received their medicines when they needed them. Staff understood how to respond to potential safeguarding concerns, with incidents and accidents investigated appropriately. Staff had enough access to PPE.

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, their relatives and staff felt that the service was well managed. Quality assurance systems were effective in identifying and making improvements across the service. Other healthcare professionals were contacted to ensure people's care needs were met.

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 18 September 2019)

### Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

### Enforcement and Recommendations

We have made a recommendation in relation to risk management.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Parkgate Nursing Agency on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe.

Details are in our 'safe' findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our 'well-led' findings below.

**Good** ●

# 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 Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by two inspectors and an Expert 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.

#### Service and service type

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

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### 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.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with the registered manager and 3 staff members. We reviewed the care files and medicines administration records for 3 people using the service. We also reviewed a range of records in relation to the management of the service such as policies and audits.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Risks to people were assessed, with guidance in place for staff to reduce the likelihood of their occurrence. We found these to be within one risk assessment document, rather than clearly and specifically tailored to each area of risk. There was no impact on people as a result of this.

We recommend the provider review risk assessment formatting and ensure it clear for each area of risk.

- Risk assessments highlighted a range of areas, specific to people's individual healthcare needs. This included areas such as mobility, pressure care management and moving and handling.

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

- People felt safe receiving care from the service. One person said, "Yes I feel safe with them [staff]." Other comments included, "They use a hoist and they do know what they are doing. [Person] feels safe with them. She has regular carers and that helps."
- Staff had a clear understanding of how to identify suspected abuse, record and escalate their concerns. All staff spoken with during the inspection confirmed they were confident the registered manager would act in line with the provider's safeguarding policy should they report suspected abuse.
- Records demonstrated staff had received training in safeguarding. At the time of our inspection there were no open safeguarding investigations.

### Staffing and recruitment

- People received support from sufficient numbers of suitably recruited staff. People and their relatives said, "Mostly on time. It can be a challenge because they are so busy. Yes, they will let us know, not always but sometimes" and "Yes, definitely. They will let us know they are on the way, I have never had any issues with timing." Where issues with timeliness of calls have been raised, records showed that management had taken suitable action.
- The provider had robust systems and processes in place to ensure staff were recruited safely. Staff recruitment files contained an application form, satisfactory references, photographic identification and a Disclosure and Barring Services (DBS) check. A DBS provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Using medicines safely

- People received their medicines safely. Staff were aware of the providers medicines policy and knew what

steps to take should they identify medicines errors. This included, recording the incident, notifying management and seeking guidance from the GP or 111.

- Records confirmed all staff had received medicines management training in the last 12 months. People received their medicines when they needed them. A relative said, "Yes. morning and night, no issues. They [staff] double check that mum actually swallows [medicines]."

#### Preventing and controlling infection

- The registered manager had arrangements in place for preventing and controlling infection and was following current guidance on COVID-19.
- Staff, people and their relatives confirmed they had access to personal protective equipment (PPE), for example, masks, gloves and aprons.

#### Learning lessons when things go wrong

- The registered manager was keen to ensure lessons were learned when things went wrong.
- The registered manager evidenced and gave us examples of whereby swift action was taken to address incidents in relation to staff lateness, to mitigate repeat occurrences.



# 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 our last inspection we rated this key question good. The rating for this key question has remained good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and their relatives were positive about the service. Comments included, "We always have continuity with them on the phone. I feel like we are a team and we are always updated with any information. I can only sing their praises", "They train the staff very well they are always available and in emergencies they step in. If one carer can't make it there will always be someone else that can come" and "A sterling job done by them all."

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

- Systems were in place to ensure that governance and quality assurance was regularly monitored. This included regular checks of medicines administration records, spot checks of staff and competency checks.
- Important incidents were alerted to the Care Quality Commission when required. The registered manager understood when they needed to inform other professionals of important occurrences.
- The registered manager understood their responsibilities under the duty of candour, and the need to apologise where mistakes were made.

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

- The provider regularly sought people's views to drive improvements throughout the service.
- People were asked to complete a questionnaire that looked at all aspects of the care provision, for example, the quality of care, the service's ability to understand people's needs, listening to concerns, staff time keeping and information sharing.
- We reviewed a sample of the completed questionnaires from June 2022 and found that people were generally satisfied with the service. However, where people had raised concerns in relation to staff timekeeping, the service had taken swift and decisive action to address this with staff in a team meeting.
- Staff were also provided with opportunities to share their views, this was through one-to-one sessions, team meetings and general discussions. We reviewed the July 2022 team meeting minutes and found this was well attended by staff. Issues discussed included medicines management, staff timekeeping, training to be completed and COVID-19 updates.

Continuous learning and improving care; Working in partnership with others

- The provider was keen to ensure the service continuously improved and placed great emphasis on sharing information from lessons learned, to mitigate repeat incidents.
- Records showed that other healthcare professionals views were sought such as occupational therapists (OT) and district nurses. Where one person had commenced receipt of the service with a pressure sore this had greatly reduced through partnership working with other agencies. A relative said, "They are very engaged with district nurses, GP, OT's. We all work as a team and that is very effective."