

Parkins Care Angels Limited

# Unit 4, Bentinck Court

## Inspection report

Bentinck Road  
West Drayton  
Middlesex  
UB7 7RQ

Tel: 01895431675

Website: [www.parkinscareangels.co.uk](http://www.parkinscareangels.co.uk)

Date of inspection visit:  
05 May 2021

Date of publication:  
14 June 2021

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Unit 4, Bentinck Court, also known as Parkins Care Angels, is a domiciliary care agency. It provides personal care to mostly older people living in their own homes in the London Borough of Hillingdon. It also supports some adults who are living with dementia and adults with disabilities. At the time of our inspection the service was providing care and support to 70 people. 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

The provider had not always operated robust monitoring systems to ensure the effective management of record keeping, personal data and the timeliness of people's care visits.

The provider had made improvements to how the service was managed and the care people received. These included improvements to risk management plans to help minimise the risk of harm to people, their care plans and care staff training.

People told us they felt safe and the majority of people found their care staff experienced, caring and capable. Some people felt new staff were less experienced and competent.

There were systems and processes in place to protect people from the risk of harm. The provider recruited staff using safe recruitment processes.

Staff received supervision and training and felt supported by the registered manager and senior staff. Staff told us they enjoyed their work and were proud to work for the organisation.

People were supported to maintain their health and access healthcare services. Staff worked with other agencies to provide people with joined up care. People received their medicines as prescribed. There were arrangements in place for preventing and controlling infection.

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.

We have made recommendations about the systems and management of staff timeliness and data.

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 and update

The last rating for this service was requires improvement (published 5 November 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show

what they would do and by when to improve.

#### Why we inspected

We carried out an announced comprehensive inspection of this service on 20 August 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, person-centred care and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Unit 4, Bentinck Court on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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 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.

# Unit 4, Bentinck Court

## 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

The inspection was conducted by one inspector 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.

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 we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 30 April 2021 and ended on 12 May 2021. We visited the office location on 5 May 2021.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We visited the office where the service was managed. We spoke with the registered manager who was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke also with the care coordinator, finance manager, and training officer. We looked at a variety of records related to the running of the service. These included the care and risk management plans of three people using the service, the staff files for three care workers and records the managers kept for monitoring the quality of the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at service management records. We spoke with nine people who use the service and five relatives. We also spoke with two staff and four adult social care professionals who regularly work with the service.

# 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 requires improvement. At this inspection this key question has improved to good.

This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- The provider made sure sufficient numbers of staff were deployed to meet people's needs safely. However, the provider did not have a formal system for proactively monitoring and recording missed or late care visits so as to identify and reduce the frequency of these from happening.
- At the time of our inspection the provider was using a digital monitoring system to alert the office team of care staff arrival times with only a small number of people. For others, the provider was reliant on people or care staff calling the office if a care worker was running late. Staff we spoke with knew how to report running late to people, colleagues and the provider. Some people told us they were informed if this happened, but some people said they had not always been informed if their care worker would be late. We discussed this with the registered manager so they could address this.

We recommend the provider seek and follow best practice guidance on monitoring and improving the quality and safety of the service effectively to make sure people receive their care at the times they needed it.

- The provider told us they arranged care visits so staff had enough time to travel between visits and didn't have to travel too far. The care visit schedules we viewed and care staff we spoke with confirmed this. This reduced the risk of missed or late care visits happening. Staff said they had enough time both to support people without rushing and to travel between their care visits. Adult social care professionals told us, "They give [the people] their allocated time, they do spend that time with the [people]." One person told us they had felt rushed by a care worker during their visits. They had reported this to the provider and who had addressed this.
- We received mixed feedback about some of the care staff. The majority of people found care staff experienced, caring and capable. However, some people and adult social care professionals told us they felt newer care staff might be less experienced and competent and people found this less reassuring. One person said the provider had then changed their care worker when they had requested this. We noted the registered manager had recently improved training to ensure staff received more face to face, room-based training to help them be more competent.
- People were visited consistently by the same staff and this meant people could develop relationships of trust with the staff supporting them regularly. One person told us, "I've had the same two carers for a long time and I am happy and safe."
- New staff completed an induction and training sessions when they joined the service, including shadowing more experienced staff on care visits. Staff said this was helpful for then being able to work

independently. One care worker commented, "I had done quite a bit of shadowing by then, you can do as much shadowing as you like."

- Recruitment records showed the provider had completed appropriate pre-employment checks with new staff, such as employment history and criminal background checks. This helped to make sure so they only offered roles to those fit and proper applicants.

#### Assessing risk, safety monitoring and management

At our last inspection the provider had not always assessed and managed risks to people's safety and wellbeing so they were supported to stay safe. Staff were not always given comprehensive information about risks to people's safety and how to support them to avoid harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider assessed and managed risks to people's health and safety. Risk management plans considered issues such as mobility, continence, skin integrity, medication and nutrition and actions to take to mitigate the risks to people.
- Staff were provided with guidance on people's health conditions, such as diabetes, and how to recognise if a person was becoming unwell due to this and what staff should do in that event.
- Staff undertook training on how to support people safely. For example, staff completed practical training and online learning to understand how to use moving handling equipment appropriately.
- Service records showed care staff reported concerns regarding people's safety and the provider sought to address these with the person, their relatives and other adult social care professionals. For example, staff raised concerns about a person's health and well-being when they were discharged from hospital and their care needs had changed.

#### Using medicines safely

- The provider managed people's medicines support safely.
- The provider used medicines administrations records (MARs) that set out the necessary information for the safe administration of people's medicines. Staff had appropriately completed the MARs we viewed to indicate they had supported people to take their medicines as prescribed.
- People's care plans set out when staff needed to follow specific guidance to support a person with their medicines to make sure they could take it safely.
- The registered manager audited the MARs on a monthly basis to ensure they were completed correctly. The branch manager also checked people's medicines support records when they conducted spot-checks at people's homes.
- Staff received training on providing medicines support and a care worker told us they found this helpful. The provider assessed staff competency to support people with the medicines to make sure staff could do this safely and effectively.
- The provider worked with other agencies, such as GPs, pharmacists and social workers, to ensure people were supported with their medicines safely. For example, when a person was discharged from hospital with new prescriptions or if a person needed new equipment to help them manage their medicines more safely.

#### Preventing and controlling infection

- There were arrangements in place for preventing and controlling infection.
- The provider supplied suitable personal protective equipment (PPE) to staff so they could support people safely. This included face masks and shields, goggles, gloves, aprons, hand sanitiser and shoe covers. Staff told us they always had adequate supplies of these. One care worker commented, "[The office staff] always



make sure we have enough." Managers told us they would sometimes deliver these to staff, which staff confirmed. People also told us staff wear their PPE. Staff commented, "They always make sure we have enough."

- Records showed the provider conducted regular checks of staff to see if they were wearing their PPE as required and took action if this was not always the case.
- All staff completed weekly COVID-19 tests and the registered manager maintained detailed records of these to monitor completion. The majority of staff had accessed COVID-19 vaccinations by the time of our inspection.
- The provider was maintaining a COVID-19 safe office environment at the time of our inspection.

#### Learning lessons when things go wrong

- The registered manager maintained a system for recording incidents and accidents. Staff recorded what had happened, actions taken and who it was reported to, such as informing a community nurse of concerns about a person's health. Staff we spoke with knew the reporting procedure and how to record incidents. They said they could always contact a senior member of staff for advice when something happened and felt supported to report issues and concerns.
- The registered manager audited these records on a monthly basis and identified learning to improve the service and lessen the chance of incidents re-occurring. Records of team meeting minutes showed this was the discussed with care staff.

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

- There were systems in place to safeguard people using the service from the risk of abuse. People, relatives and adult social care professionals told us they felt people were safe.
- We saw the provider had recently raised a safeguarding concern regarding a person's well-being to the local authority and was working with social care professionals around this.
- Staff had completed safeguarding awareness training. Managers and staff we spoke with knew how to respond to safeguarding issues and reporting concerns. Staff said they felt comfortable raising concerns to their seniors, that they were listened to and that managers dealt with concerns promptly.

# 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 requires improvement. At this inspection this key question has now improved to good.

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; End of life care and support

At our last inspection we found the provider had not always ensured people received care and support in a planned way and there was a risk that staff would not always know how to support people in a way that reflected their needs and personal preferences. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Care plans set out personalised information about people and their preferences for their care and support. For example, one person's plan set out detailed information about the drinks and food they preferred and how staff needed to prepare this. Other people's plans gave staff specific guidance on the grooming products and equipment to use when providing their personal care.
- People's care plans gave basic information about them. For example, their preferred name, marital status, religion, cultural background and some life history, such as their previous employment.
- We received mostly positive feedback from people saying they received care that met their needs and preferences. Some people told us when they had not been happy with how a care worker had supported them they raised it with the provider who addressed their concern. However, one person told us they felt they had to remind staff about their dietary requirements when staff did their food shopping. We saw this was set out in the person's care plan.
- People gave us mixed feedback about their care plans. While some people were happy with their plans, some people were not sure what was recorded in them or if their plans had been reviewed or updated with them. Care plans we saw were up to date or were in the process of being reviewed to reflect people's care arrangements. Care staff told us they found care plans helpful and informative. For example, one care worker told us, "[The care plan] is always handy [with] their medical history, their needs, what to support them with" and "When I was new, I read the care plans and learnt all about them and what they needs were."
- The service was not providing end of life care to anyone at the time of our inspection. People's care needs assessments included information about their end of life preferences when they had chosen to share this with the provider.

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.

- Staff supported people to meet their communication needs. Care plans set out basic information about people's communication and sensory needs and what staff needed to do to support them. For example, if a person was unable to write or when staff needed to speak slowly and clearly or support a person to wear their hearing aid.
- Staff explained how they worked to communicate effectively with people. For example, one care worker described how they looked for and responded to a person's facial gestures and held their hand.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service supported people to access their local community if this was part of their agreed care arrangements.
- Staff said they recognised that some people may be at risk of social isolation. One commented, "[The person] gets lonely so I sit and have a chat for a while." We saw evidence of staff and the provider continuing to act beyond people's contracted care arrangements to promote people's well-being and inclusion. For example, providing Christmas meals and gifts to people who were socially isolated and would not have received these. We saw staff delivered a preferred takeaway meal for another person to celebrate their birthday. A social care professional also remarked that staff would help a person with extra domestic tasks when they needed this.

Improving care quality in response to complaints or concerns

- The provider had processes in place for handling complaints. People told us they spoke to the registered manager or office staff if they have an issue and could reach them. The registered manager told us the agency had not received any formal complaints since our last inspection. They recognised they had received feedback from some people about not being informed if their carer had been changed and had taken steps to improve this.

# 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 requires improvement. At this inspection this key question has remained the same.

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

At our last inspection we found the provider's audit systems for monitoring the quality and safety of the service were not operated effectively to identify and address improvements to the quality of care provision. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found some improvements were still required, but the provider was no longer in breach of regulation 17.

- Some people's care records were not always kept up to date. We found that some sections of some people's care plans needed updating because there were not always contemporaneous records of their planned care. The registered manager explained this was because at the time of the inspection these people's care needs had been changing a lot in a short space of time. For example, as a person was admitted to hospital a number of times due to their deteriorating health and their needs changed. Other records, such as notes of staff raising concerns regarding the person and liaising with healthcare professionals confirmed this. We discussed this with the registered manager and they promptly updated the care plan sections.
- The provider had processes in place to handle people's personal information, including its safe storage and disposal. However, we were not assured the provider had regularly assessed its data management systems to ensure they remained robust. We discussed this with the registered manager so they could address this.

We recommend the provider seek and follow best practice guidance on managing the safe handling of people's personal information.

- People and relatives had some opportunities to be involved in and influence the service, but we received varied feedback about this. People told us they could contact the registered manager and the provider's office team when they needed to and we observed this happening regularly throughout our visit. One person said, "The staff in the office are very understanding. They can't do enough for me." However, some people said they had rarely been contacted by the provider to have an opportunity to discuss their service.
- The provider asked people and their relatives to complete surveys about their experiences and this had

taken place several months before our inspection visit. Some respondents had signalled they not been informed if a care worker was running late or had changed. Some people also told us this. We saw the registered manager had taken action to improve this, such as addressing performance issues with staff. Most survey results showed people were happy with the care provided and included statements such as, "Everyone that we've had contact with has just been amazing with my [family member]. Friendly, efficient and helpful and treat [the person] with complete respect."

- The registered manager held team meetings with staff to discuss the management and improvements of the service. Staff told us that the registered manager and senior staff listened to them, responded quickly to their issues and supported them. The provider's trainer also explained how they adapted room-based training sessions so they were accessible to staff with hearing impairments.
- The provider carried out a range of checks and audits to monitor safety and quality of the service and took action to address issues found. These included periodic checks of care workers' performance in people's homes and audits of medicines support records and staff files. The provider had conducted quality monitoring calls with people in the month before our visit. These monitored if people were happy with their care workers and their punctuality, felt they were treated with dignity and respect and were supported with all their planned care requirements.
- The provider notified the CQC of significant events as they are legally required to do. The provider displayed the previous inspection ratings on their website and at the service's office as required by regulations. This helped people to find out about the quality of the service.

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

- There was a supportive culture to the service. Staff, most people and their relatives spoke positively about their care and the staff. One relative said, "I am so comforted we have them and it gives me peace of mind."
- People spoke positively of the registered manager. Most people knew them by name and said they were friendly and approachable. One person said, "[The registered manager is] the kindest soul going and so understanding. If you have a good manager it helps the whole organisation." One external agency representative told us a person calls the registered manager "an angel." Staff described the registered manager as "great" and "very supportive."
- Staff told us they enjoyed their work and were proud to work for the organisation. They said they felt well supported in their roles, particularly by the registered manager and trainer. Staff told us they enjoyed their work and were proud to work for the organisation.

Continuous learning and improving 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

- There were systems in place for ongoing learning and improving the service.
- The registered manager had introduced new processes to improve the service since our last inspection. For example, they had recently reviewed training provisions for staff so they could have more room-based learning sessions with the trainer and colleagues in small groups. Staff told us this made a positive difference to their learning and one said, "It's better for team spirits and it sinks in more, we love it."
- The provider had systems for recording complaints, safeguarding concerns and incidents so these could be learnt from to improve the service. The registered manager used these systems to maintain oversight of the service and identify issues for improvement.

Working in partnership with others

- The service worked in partnership with other health and social care agencies, such as social workers, occupational therapists, community support services and district nurses. For example, one adult social care professional told us how staff facilitated communication between a person and other agencies. This meant

the person was able to make their appointments with other professionals. Healthcare professionals told us the staff worked collaboratively with them, saying, "The communication is always very good."