

Parkins Care Angels Limited

Unit 4, Bentinck Court

Inspection report

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31 July 2017

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

This inspection took place on 27 and 31 August 2017. We gave the provider two days' notice of the inspection as the location provides a domiciliary care service and we needed to be sure that someone would be available to assist with the inspection. The last inspection of the service was in May 2015 when we identified one breach of the legal requirements as the provider had not identified that some care plans had not been updated and some medicines records contained errors. The provider sent us an action plan on 26 June 2015 when they told us they had taken action to address the concerns we identified. At this inspection we found that there had been improvements in the recording and auditing of people's medicines records but further improvements were needed to the recording of the care and support people received.

The service provides personal care to 94, mostly older, people living in their own homes. 24 people were funded by the local authority and other people funded their own care.

The service had a manager who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider did not always check new staff before they started to work with people, did not review and update their assessments of possible risks to people and did not operate effective quality monitoring systems to identify where they needed to make improvements.

You can see what action we told the provider to take at the back of the full version of the report. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

Care workers received training the provider considered mandatory that enabled them to care for and support people using the service. The provider and registered manager supported care workers with individual supervision sessions and planned to introduce a system of annual appraisals.

Care workers were able to demonstrate that they knew people's needs well and people's relatives told us they usually had the same care workers. This ensured continuity of care and relatives told us the care workers had got to know their routines, likes and dislikes. People using the service, their relatives and representatives told us their care workers were caring.

People's nutrition and health care needs were met and they received their medicines safely.

Care workers were able to tell us about individuals they cared for and supported and they spoke affectionately and caringly about their work with people.

Most people using the service and their relatives told us they received care which met their needs and reflected their care plans. People's care records included information about their care and support needs, including their health care, personal care, mobility, medicines management and nutrition.

The provider recorded, investigated and managed complaints they received from people using the service and others.

The provider had appointed a qualified and experienced manager who was responsible for the day to day running of the service. People using the service, their relatives and representatives told us they found the provider and registered manager approachable and supportive.

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 ●

Not all aspects of the service were safe.

The provider did not always carry out pre-employment checks on new care workers.

The provider did not always review their assessments of possible risks to people using the service to make sure they were up to date and reflected people's care needs.

People received their medicines safely.

Is the service effective?

Good ●

The service was effective.

Care workers received training the provider considered mandatory in various topics relevant to their specific job roles.

The provider and registered manager supported care workers with individual supervision sessions and planned to introduce a system of annual appraisals.

Care workers were able to demonstrate that they knew people's needs well and people's relatives told us they usually had the same care workers. This ensured continuity of care and relatives told us the care workers had got to know their routines, likes and dislikes.

Is the service caring?

Good ●

The service was caring.

People using the service, their relatives and representatives told us their care workers were caring.

Care workers were able to tell us about individuals they cared for and supported and they spoke affectionately and caringly about their work with people.

Is the service responsive?

Good ●

The service was responsive.

Most people using the service and their relatives told us they received care which met their needs and reflected their care plans.

People's care records included information about their care and support needs, including their health care, personal care, mobility, medicines management and nutrition.

The provider recorded, investigated and managed complaints they received from people using the service and others.

Is the service well-led?

Some aspects of the service were not well led.

Some of the provider's systems for monitoring quality in the service were not effective and there was no evidence the provider had taken action when they identified issues they needed to address.

The provider had appointed a qualified and experienced manager who was responsible for the day to day running of the service.

People using the service, their relatives and representatives told us they found the providers and registered manager approachable and supportive.

Requires Improvement 

Unit 4, Bentinck Court

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 checked 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 27 and 31 July 2017. We gave the provider two days' notice of the inspection as the location provides a domiciliary care service and we needed to be sure that someone would be available to assist with the inspection. One inspector carried out the inspection.

Before the inspection we reviewed the information we held about the provider and the location. This included the last inspection plan, the provider's action plan they sent us in response to the inspection report and statutory notifications the provider sent us about significant incidents and events that affected people using the service.

During the inspection we spoke with the registered manager, the care co-ordinator and one of the directors of the company. We also looked at the care records for 10 people using the service, staff records for eight care workers, medication records for 15 people and other records, including audits and checks the provider and registered manager carried out to monitor quality in the service.

Following the inspection we spoke with 16 people using the service or their representatives and 10 care workers.

Is the service safe?

Our findings

People using the service may have been at risk of unsafe care as the provider had not fully checked the background of care workers who were supporting them. The provider had systems in place to carry out checks on new care workers before they started to work with people using the service but they did not always follow these. Their recruitment procedures included a formal interview and checks to ensure care workers they employed were suitable to work with people using the service.

The staff records we reviewed each included an application form, interview record, a Disclosure and Barring Service (DBS) criminal records check, proof of identity and the right to remain and work in the UK. However, not all of the recruitment records included references from previous employers or people known to the applicant and, in some cases, care workers had started to work with people before the provider had obtained references. For example, one care worker's record included no references and three others showed that the provider had only requested references between one and three months after they had started work with the service. People using the service may have been at risk of unsafe care as the provider had not fully checked the background of care workers who were supporting them.

This was a breach of regulation 19 of the health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had completed assessments of the risks people were exposed to and they gave care workers clear guidance on how to manage different risks they had identified. For example, we saw evidence care workers had responded appropriately to falls, accidents and incidents, by notifying other relevant people, taking action to keep people safe and to reduce the risk of these reoccurring. We saw that where care workers were not able to gain access to a person's home, the provider had a clear procedure in place to report this and make sure the person was safe. Staff knew about the procedure and incident reports showed they followed this when necessary.

However, the provider did not always give care workers up to date information about possible risks to people using the service and how to mitigate these. They did not always follow their own policy which required them to review people's risk assessments "annually or more frequently if necessary." As a result, care workers may not have had up to date information about a person's care needs and the provider may not have identified new risks to people using the service. One person's manual handling and medicines management risk assessments were dated 31/12/14 and 22/09/14 respectively and there was no evidence the provider had reviewed these. A second person's medicines management risk assessment and consent form were not dated. A third person's records included a manual handling risk assessment dated 08/12/14 that said the person required one 30-minute visit from one care worker each day. However, the person's latest review showed the care had been increased to one care worker visiting four times a day and the provider had not updated the risk assessment to reflect this increase in the person's care needs. A fourth person's environmental and manual handling risk assessments were dated September 2014 and there was no evidence the provider had carried out any reviews.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People using the service, their relatives and representatives told us they felt people were safe using the service. Their comments included, "My [family member] is completely safe," "I feel totally safe," "I trust them and I know my [family member] is safe with the carers" and "I never worry about [family member's] safety. The usual carer is very good, I'm very confident with her, she has a lot of common sense."

Care workers told us they had completed safeguarding training. When we asked what they would do if they had concerns about a person using the service, their comments included, "I would report any abuse to the manager and if they didn't do anything I would take it further", "I would tell [the registered manager] if I had any concerns or go to social services", "I would report any abuse straight away", "I'd tell the manager or the directors and if they didn't do anything I would tell social services or CQC", "I would tell my manager or social services" and "First port of call would be my manager then I would go higher if I thought nothing was being done". This showed that care workers understood and followed the provider and local authority's procedures to keep people safe.

The provider had an appropriate policy and procedures for safeguarding adults and they had reviewed these in May 2017. The provider had worked with the local authority to recognise, report and investigate suspected abuse and care workers and office staff had completed training in safeguarding people using the service.

People received their medicines safely and as prescribed. People who received support with their medicines were happy with this support. One person commented, "They do give [family member] her tablets and there have never been any problems." The information about each person's medicines was clear and up to date. The provider liaised with GPs and pharmacists and care workers accurately recorded the medicines they gave to people. The provider collected medicine administration record (MAR) sheets each month and audited these to check for any problems or discrepancies.

Is the service effective?

Our findings

People using the service, their relatives and representatives told us they felt their care workers were well trained and knew how to care for and support people using the service. Their comments included, "I think they are well trained, they certainly know what they are doing," "We had carers before who did not have a clue but Parkins' carers are good. If they are not sure they ask and they pick things up very quickly" and "We've never had a problem, new carers read the care plan and talk to us and we've never felt they were poorly trained."

Training records showed care workers received training the provider considered mandatory in various topics relevant to their specific job roles. This included safeguarding, dementia awareness, moving and handling, first aid, health and safety and food hygiene. They also completed a period of induction training and shadowed more experienced care workers when they started work with the provider. Care workers told us they found the training helpful. Their comments included, "The training is very good", "The training was a bit hard to start as I was new to care work but it was really helpful. Now I feel very confident", "The training is good. I've never worked in care before but I'm learning a lot. I've been out with more experienced carers and I can always ask [the registered manager]", "I'm doing my level 3 qualification in care. All the training has been very good" and "I've done all the in-house training, it's been great."

The provider told us the company had invested in a system that allowed them to check the competency of new care workers. Care workers who were new to the care sector were enrolled on National Vocational Qualification training which covered the 15 standards needed to gain the Care Certificate. The Care Certificate is a set of standards for the induction of new social care and health workers.

The provider and registered manager supported care workers and the staff records we reviewed included records of supervision meetings with a senior member of staff held in December 2016 and July 2017. The records of supervision meetings were brief but we saw care workers had the opportunity to discuss their work and personal development. Where issues were raised by care workers we saw the provider had taken action in response. For example, they arranged additional training for one care worker and arranged for another to take on more responsibilities as part of their personal development.

However, for care workers employed for more than 12 months, we saw no records of an annual appraisal of their performance. We discussed this with the registered manager who told that 10 care workers had completed a self-appraisal form but they had not met with them to discuss these and finalise their appraisal. They told us this would be part of a service improvement plan they had started to draw up and which they would implement shortly.

Care workers were able to demonstrate that they knew people's needs well and people's relatives told us they usually had the same care workers. This ensured continuity of care and relatives told us the care workers had got to know their routines, likes and dislikes.

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.

We checked whether the service was working within the principles of the MCA and found that people using the service or their relatives had been involved in their care planning and had signed to demonstrate they had given consent to the care and support they received. Where the provider felt a person may lack capacity to make a decision, they worked with the local authority and the person's family to ensure they completed assessments and made decisions in the person's best interests. The provider had also recorded where a family member had Lasting Power of Attorney for health and welfare issues and they worked with them to make decisions about people's care.

Care workers told us that people could withdraw their consent at any time and that they always asked people for their consent before they offered support. One care worker said, "If someone lacks capacity they can still make choices about some things so I always offer choices and respect what the person decides." A second care worker told us, "I explain as I go along and make sure the person knows what I'm doing and is happy about it."

Care workers supported people to maintain a healthy and balanced diet but people's comments varied on the support they received. One relative told us, "It's OK, I leave meals and [family member] says the carers prepare them for her." However, a second relative commented, "It's all so rushed, I leave food but they don't have time to do anything except throw something in the microwave because they have to get on to their next call."

People using the service and their relatives told us people's health care needs were met. Their comments included, "We deal with [family member's] appointments but the carers always let us know how she is and if they think she's not well they tell us" and "They do help with medication and they tell us if they think she needs to see the doctor."

Is the service caring?

Our findings

People using the service, their relatives and representatives told us their care workers were caring. Their comments included, "My [family member] has never been so happy and I trust them 100%", "The carers are brilliant", "The carers are so kind, they consider everybody's needs, not just my [family member's]", "They are very good and I have no complaints", "They are brilliant. We had poor carers from another agency before but these are so good, I can't fault them", "They are fine, lovely, no complaints", "They are lovely, very good, we've had no problems" and "The regular carers are excellent, they are proactive and go the extra mile."

We also saw that a social care professional had commented, "I just wanted to say thank you to you and all your carers for supporting [person's name] to stay as independent as possible in her own home, for as long as you did. You all went above and beyond and were instrumental in keeping [person's name] safe and cared for."

Care workers were able to tell us about individuals they cared for and supported and they spoke affectionately and caringly about their work with people. One care worker commented, "I love my job, I really feel as if I am making a difference." A second care worker said, "I look forward to going to work every day to see my clients. It is the best job I've ever had." A third care worker commented, "I try and look after people the way I'd want someone to look after my mum. It is not just about helping people with their personal care, it's important to speak to people and understand they are individuals who have had lots of experiences. It makes all the difference if you chat to people when you're supporting them."

People's care records showed the provider consulted them and their representatives about the care and support they needed. A representative from the provider visited people to discuss their needs before support started and people signed their care plans to show they agreed with the care they received. We also saw that the provider involved people in reviews of their care and support.

Is the service responsive?

Our findings

Most people using the service and their relatives told us they received care which met their needs and reflected their care plans. They received regular care visits, at the right time from care workers who understood their care and support needs. They told us the care workers met their needs and stayed for the right amount of time. Their comments included, "It's not always the same carer but we understand and they do try and let us know", "I'm very pleased, it's usually the same carer and they let me know if there's any change", "They keep the same small group of carers so my [family member] knows them all", "My [family member] is doing very well, thanks to the care she is getting", "I have the same two carers and they are very good", "They are obliging, always on time and will stay longer if they need to", "The carers are always the same and they are never late", "It's always the same carers, always on time and they stay as long as I need them to", "We have the same carer, she's very good, always on time and stays the right time. It's going very well" and "They always let us know if there are any changes."

Two people commented less positively on the care and support they received. They told us, "They don't always stay the right time, it's meant to be 30 minutes but sometimes they are only there for 10" and "I'm very happy with the care but the carers are changing all the time and I never know who's coming." We discussed this with the registered manager and they told us they would remind care workers about the importance of staying the correct amount of time. They also said they would speak with the care coordinators to make sure people were told when there was a need to change their care worker.

People's care records included information about their care and support needs, including their health care, personal care, mobility, medicines management and nutrition. The daily logs care workers completed at each visit indicated that they followed people's care plans and people received the care and support they needed. The plans also included people's cultural and faith needs and we saw the provider had an equality and diversity policy and information for care workers on the care implications for people of different faiths and cultural backgrounds. For example, the guidance for care workers stated, "strict observation and care should be taken over the choice, storage, preparation and serving of food" for Muslim clients and "utmost respect must be observed for the five symbols of the faith and these should not be touched or removed without permission" for Sikh clients.

We asked care workers how they met people's religious and cultural needs. Their comments included, "We have people with different beliefs and I respect their diversity," and "I respect people's cultural needs and religion, for example, I don't prepare meals that are against their dietary requirements. Everything I need to know is in the care plan."

People using the service and their relatives told us the provider responded to complaints. Their comments included, "I have used the complaints procedure, it was dealt with and never happened again," "I did make a complaint and they dealt with it," "I've never made a complaint but they are very open and trustworthy. If I had a complaint I'm sure they would take it seriously," "We've never had to make a complaint but we know there is a procedure. If we needed to we'd ring [the registered manager]" and "Generally they are pretty good. It's only ever been small problems and they have been sorted out."

The provider recorded, investigated and managed complaints they received from people using the service and others. The provider had a complaints procedure and we saw they had reviewed this in March 2016. There was evidence that each complaint had been investigated and the provider had written to the complainant explaining the outcome and apologising for the issues which led to the complaint.

Care workers told us they felt valued by the provider who asked for and responded to their views on the care and support they provided for people using the service. They told us, "I really enjoy the work I do, [the provider] is very supportive", "We are asked what we think and any issues you bring up are dealt with. I am happy with my work and the office support," "Our managers make us feel good. I think they really want to know what we think about the job and how we could do it better" and "I feel supported by senior staff and managers. I can always call and ask any questions and they will always support me with answers to any questions or issues."

Is the service well-led?

Our findings

At our last inspection of the service in May 2015 we found the provider had systems in place to monitor the quality of the service but these were not always operating effectively. For example, the provider's audits of care records had not identified that people using the service or their representatives had not always signed their care plans. Some care plans were also overdue for review or were not dated and it was not possible to establish if they were up to date. The provider's audits had also failed to identify errors in people's medicines records.

These were breaches of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At the inspection in July 2017 we found that the provider had made improvements to the way they audited people's medicines records. They had introduced an audit form that the provider's care co-ordinator completed each month when care workers returned Medicines Administration Record (MAR) sheets from people's homes to the provider's office. The audits we checked showed that people were receiving their medicines safely.

However, we also identified that some of the provider's systems for monitoring quality in the service were not effective. For example, they had not identified that some people's care plans were not reviewed, references were not obtained for new care workers, people's changing care needs were not recorded, risk assessments were not reviewed and some time sheets did not reflect accurately the care and support people received.

Where people needed support from two care workers the provider had systems in place to meet this need but it was not always possible to evidence that people received the care and support they needed. For example, care workers' rotas frequently showed that they were expected to be with two clients at the same time. We saw numerous examples where one call was scheduled from 9:30am – 10am, followed immediately by another call from 10am – 10:30am. The rotas did not allow time for the care workers to travel between people's homes.

We discussed this with the registered manager and one of the company's directors who explained that the rota was indicative and showed the order of calls for each care worker. They told us the actual times the care workers were with people were recorded on their time sheets. However, two of the time sheets also showed that care workers were with two people at the same time. Two care workers had signed and submitted one time sheet that showed they were with one person from 10:15am – 10:45am and also with another person from 10:30am – 11am. The registered manager told us this should not have happened and said they were planning to introduce a system of electronic call monitoring that would require care workers to sign in and out electronically when they arrived at and left a person's home.

The provider also carried out checks on care workers when they were with clients to monitor the care and support people received and they also asked people using the service for their views on their care. We saw records of 33 spot checks on care workers in June 2017. The reports lacked detail and there was no evidence the provider had taken action when they identified issues. For example, one record showed a carer arrived

at a person's home wearing flip-flops, contrary to the provider's dress code. A second care worker was noted to wear a dirty uniform and a third carer did not have their identity badge when visiting clients. We discussed this with the registered manager who told us they had addressed these issues with the care workers concerned but they had not documented this.

We also saw records of 27 'client and carer quality monitoring forms' that people using the service had completed. While most people were happy with the care they received, we again saw no evidence of action by the provider when issues were raised. For example, some people commented, "Not happy with AM carers, one carer sits on her phone," "[Person's name] would like a regular carer at AM call" and "Sunday AM seems to be a problem, late and rush in and out." When we asked the registered manager about these comments they told us they had spoken with the care workers concerned but they were unable to show us evidence this had happened.

These were repeated breaches of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had appointed a qualified and experienced manager who was responsible for the day to day running of the service. They held recognised qualifications in care and management and told us they had worked in home care services since 2008 as a co-ordinator, line manager, risk assessor and trainer. The Care Quality Commission (CQC) registered the manager in 2013.

People using the service, their relatives and representatives told us they found the providers and registered manager approachable and supportive. Their comments included, "The communication is very good. There's a number you can ring 24-7 and someone always answers", "They communicate very well and always let me know if I need to know anything" and "[Registered manager's name] is very approachable and helpful."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not assess the risks to service users and do all that is reasonably practicable to mitigate any such risks.</p> <p>Regulation 12 (2) (a) and (b)</p>

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The registered person did not operate effective recruitment procedures to ensure people had the qualifications, competence, skills and experience which are necessary for the work to be performed by them.</p> <p>Regulation 19 (2)</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not operate effective systems to assess, monitor and improve the quality and safety of the services.</p> <p>Regulation 17 (2) (a)</p>

The enforcement action we took:

We issued a Warning Notice and required the provider to comply with the Regulation by 19 October 2017.