

Penkz Limited

# College Road

## Inspection report

79 College Road  
Harrow  
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### Ratings

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

# Summary of findings

## Overall summary

This inspection took place on 15 August 2017 and was announced. College Road is a domiciliary care agency. It provides personal care and support for people who live in their own homes. At the time of this inspection the service provided care for approximately 50 people. The agency transferred to its present location in May 2017 from another location in Harrow. It was previously registered as Talbot House.

At our previous comprehensive inspection on 13 and 14 July 2016 we rated the service as "Requires Improvement". We found four breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The first breach was in respect of Regulation 12 HSCA RA Regulations 2014 Safe care and treatment. The registered provider had not ensured that medicine administration charts (MAR) were properly completed. This may put people at risk. At this inspection we noted that audits and checks had been carried out to ensure that they were properly completed. Where there were unexplained gaps, follow up action had been taken. The service had a policy and procedure for the administration of medicines and care workers had been provided with training.

The second breach was in respect of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Staffing. The provider had failed to provide adequate supervision and all essential training for care workers. This placed people at risk of not receiving appropriate care from care workers who were well supported. At this inspection we noted that care workers had been provided with supervision. This consisted of a mixture of individual supervision and group supervision. However, the group supervisions were not clearly specified in care workers supervision records. We have therefore recommended that this be done.

The third breach was in respect of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Receiving and acting on complaints. The provider failed to establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints. This means that concerns some people had were not being responded to. At this inspection there was evidence that complaints had been appropriately dealt with.

The fourth breach was in respect of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance. The provider did not have adequate scrutiny and quality monitoring of the service. This may put people at risk of harm or of not receiving appropriate care. At this inspection we noted that the service had the necessary checks and audits for ensuring quality care.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act and associated Regulations about how the service is run.

People who used the service and their representatives stated that people had been well treated and people

were safe with their care workers. The service had a safeguarding adults policy and care workers had received training in safeguarding people. Potential risks to people were assessed and guidance provided to care workers for minimising these risks. The service had an infection control policy and gloves and aprons were available for care workers. People who used the service and their relatives informed us that care workers observed hygienic practices.

The care records of one person did not contain a risk assessment. The registered manager stated that this was kept at the home of the person concerned. He also stated that this person's contract was due to be terminated. We recommend that all copies of risk assessments of people be kept in the office so that care workers and senior staff in the office are fully informed regarding potential risks to people and care workers.

We examined the recruitment records. The records indicated that care workers had been carefully recruited. Care workers had received appropriate training to ensure that they had the skills and knowledge to care for people. Care workers said there was a good staff team and the registered manager and senior staff were approachable.

People and their representatives informed us that they mostly got on well with their regular care workers. They stated that their care workers did what was agreed. Care plans were prepared with the involvement of people and their representatives. Reviews of care and telephone monitoring had been carried out to ensure that the care provided was relevant. Two people we spoke with were not satisfied with the services provided. We were able to raise some of the points with the registered manager who responded promptly.

Two social care professionals informed us that they had no concerns regarding the care provided to their clients. Spot checks had been carried out on care workers to ensure they were carrying out their duties. Visits had been made by the care co-ordinator to people to discuss their care and obtain feedback from them or their relatives. A satisfaction survey had been carried out recently and there was an action plan following the findings.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe. The service had arrangements for safeguarding people and care workers knew how to recognise and report any concerns or allegation of abuse.

Arrangements were in place to ensure that people received their medicines from care workers.

One person's risk assessment was not kept in the office and we have made a recommendation for this to be done.

Care workers had been carefully recruited and essential recruitment checks had been undertaken.

Good 

### Is the service effective?

One aspect of the service was not effective. Care workers had received appropriate training and support. However, the supervision arrangements needed to be reviewed to clearly detail all supervision sessions including group supervision.

People informed us that their regular care workers were capable. Their dietary needs had been attended to where this was part of the care agreement.

Arrangements were in place to meet the requirements of the Mental Capacity Act 2005 (MCA).

Requires Improvement 

### Is the service caring?

The service was caring. People and their representatives told us that care workers were pleasant and respectful.

There were arrangements to ensure that people were treated with respect and dignity regardless of their diverse background.

People and their representatives were involved in decisions about their care and support.

Good 

### Is the service responsive?

The service was responsive. People's needs had been assessed

Good 

and care plans were prepared. There was documented evidence that the care provided had been reviewed with people or their relatives.

The service had a complaints procedure. Complaints were recorded and followed up in accordance with the provider's procedure.

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

The service was well-led. The service had a quality assurance system with regular checks and audits.

A satisfaction survey had been carried out and the results indicated that people and their relatives were mostly satisfied with the management of the service.

An action plan was in place to address deficiencies noted. Concerns identified at the last inspection had been responded to.

**Good** ●

# College Road

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 15 August 2017 and it was announced. We told the provider two days before our visit that we would be coming. We gave the provider notice of our inspection as we needed to make sure that someone was at the office in order for us to carry out the inspection. It was carried out by one inspector. Before our inspection, we reviewed information we held about the service. This included notifications submitted and safeguarding information received by us. Prior to the inspection the provider completed and returned to us their provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with four people who used the service and four relatives. We also spoke with the registered manager, the care co-coordinator, human resources officer, business development manager and four care workers. We also received feedback from two social care professionals.

We reviewed a range of records about people's care and how the care of people was managed. These included the policies and procedures and care records of six people. We examined six recruitment records, staff training records and supervision records.

## Is the service safe?

### Our findings

The service had arrangements to ensure the safety of people who used the service. The feedback we received from people and professionals indicated that the service was concerned about ensuring safe care. One relative of a person who used the service stated, "I am satisfied. I feel my relative is safe with the carers when I am not at home. I am as happy as can be." A second relative said, "I am satisfied with the care provided. The carers have all done a terrific job. They did arrive late previously but this is improving. They do give medicine to my relative." A third relative said, "My relative is safe with the carers. They treat her properly. They do not cook but they give medicines and they sign after that."

Care workers had received training in safeguarding people. This was confirmed in the training records and by care workers we spoke with. They knew what constituted abuse and what action they would take if they were aware that people who used the service were being abused. They informed us that they would report it to the registered manager or the director. They were also aware that they could report it to the local authority safeguarding department and the Care Quality Commission (CQC). The service had a safeguarding procedure and whistleblowing policy. We noted that the safeguarding procedure still quoted out of date legislation and did not refer to the role of the DBS (Disclosure & Barring Service). The registered manager said that it would be updated.

A small number of safeguarding concerns had recently been reported to us and the local safeguarding team since the last inspection. The service had co-operated with the investigations and followed up on agreed action plans recommended. This included closer monitoring and reporting of pressure sores.

At our previous comprehensive inspection on 13 and 14 July 2016 we found a breach in respect of Regulation 12 HSCA RA Regulations 2014 Safe care and treatment. The registered provider had not ensured that medicine administration charts (MAR) were properly completed. This may put people at risk. At this inspection we noted that audits and checks had been carried out to ensure that they were properly completed. Where there were unexplained gaps follow-up action had been taken. In addition, care workers said that if they noticed that a colleague had not signed a MAR chart, they would bring it to the attention of management. The service had a policy and procedure for the administration of medicines and care workers had been provided with training.

The service had assessed potential risks which may be experienced when providing care to people. These contained action for minimising potential risks such as risks associated with people's environment, falls, infections, use of latex gloves and certain medical conditions such as diabetes and pressure sores. This ensured the safety of people. Out of the six records examined, the records of one person did not contain an updated risk assessment providing guidance to care workers on ensuring the security of this person's home. The registered manager stated that this had been done but the risk assessment was kept at the home of the person concerned. He also stated that this person's contract was due to be terminated. Copies of all risk assessments should be kept in the office so that care workers and management staff are fully informed.

We recommend that the provider seeks advice from a reputable source about effective record keeping

within domiciliary care settings.

Safe recruitment processes were in place, and the required checks were undertaken prior to care workers starting work. This included completion of a criminal records check, evidence of identity and provision of two references to ensure that care workers were suitable to care for people. The registered manager and care workers informed us that the service had sufficient care workers to attend to the needs of people. People informed us that their care workers were fairly punctual although on some occasions they were later than expected. We noted that following the findings of their mid-year 2017 satisfaction survey, the service had an action plan in place for improving punctuality. This included reviewing the work schedules of care workers.

The service had suitable arrangements in place to protect people from the risk of infection and gloves and aprons were available for care workers if needed. We saw that these were stored in the office. People and their relatives told us that care workers observed hygienic practices when attending to people who used the service.

The service had a folder for recording accidents and incidents. No accidents involving people were recorded. The registered manager stated that there had been none involving people who used the service. A number of incidents were recorded. These had been adequately completed.

## Is the service effective?

### Our findings

At our previous comprehensive inspection on 13 and 14 July 2016 we found a breach in respect of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Staffing. The provider had failed to provide adequate supervision and all essential training for staff. This placed people at risk of not receiving appropriate care from care workers who were well supported. At this inspection we noted that care workers had been provided with essential training and supervision. We saw copies of their training certificates and documented evidence of training in areas such as health and safety, food safety, moving and handling and the administration of medicines. A training matrix was available on computer and this provided information on what refresher training had been provided and what was outstanding.

New care workers had undergone a period of induction to prepare them for their responsibilities. This was confirmed by care workers we spoke with. The induction programme was extensive. The topics covered included policies and procedures, information on health and safety, food hygiene, safeguarding, administration of medicines, moving and handling. Annual appraisals of care workers had either been carried out or scheduled to take place after the inspection. Care workers we spoke with confirmed that supervision took place. One care worker however, stated that they would like more supervision with the registered manager. Two care worker's supervision record indicated that they did not receive any supervision for the past seven months. The registered manager stated that care workers supervision consisted of a mixture of individual supervision and group supervision. However, the group supervisions were not clearly specified in these care worker's supervision records. This is needed to provide clear evidence that care workers receive regular supervision. In addition we noted that the policy for supervision still referred to previous guidance (Outcome 14 the Essential Standards of Quality and Safety for England, in force from April 2010). This guidance has now been replaced by Guidance for providers on meeting the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We recommend that the policy and arrangements for supervision be reviewed so that care workers are fully supported and where group supervision had been provided this is clearly documented in care workers' records.

The care records of people contained assessments regarding people's nutritional needs. The registered manager stated that care workers were not involved in cooking food for people. In some instances their tasks were limited to warming up food for people in the microwave or making drinks for them. Care workers said they followed food hygiene guidance such as checking that food had not expired and washing hands before preparing food. Care workers knew that if people lost a significant amount of weight they should inform their manager so that action could be taken. One person informed us that their care workers assisted them in warming up their food and their care worker was hygienic.

The registered manager stated that care workers were not contracted to assist people with their healthcare needs. He was however, aware that if people had certain healthcare needs which needed attention, a referral should be made to healthcare professionals involved.

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 lacked 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. People's mental state and their ability to make informed choices and decisions about their personal care and other day to day needs were assessed by the service and where they lacked capacity there was information regarding their representatives or family members who should be consulted. With one exception care workers had received training about the MCA and demonstrated a basic understanding of what was meant by capacity and knew that best interest decisions could be made for people by those important to people and representatives involved in people's care when this was needed.

## Is the service caring?

### Our findings

Feedback we received from most people and their representatives indicated that people were treated with respect and dignity. One person who used the service said, "My carers are respectful, very gentle and very nice." One relative said, "I am satisfied with the carers. They are respectful and polite." A second relative said, "They are excellent. They do what was agreed. A third relative said, " My relative's carer communicates well with us. When providing personal care they protect my relative's privacy and dignity." One person stated that they were not satisfied with the service but they refused to give any details.

The service had a policy on ensuring equality and valuing diversity. Care workers we spoke with were aware that all people who used the service should be treated with respect and dignity regardless of their background. Ensuring equality and promoting diversity was included in the induction of care workers. Two relatives of people informed us that care workers showed respect and had an understanding of their culture.

Care workers informed us that they made effort to maintain the dignity and privacy of people when caring for people. When providing personal care, they said they would explain to people what needed to be done, obtain their permission when appropriate, close doors and close the curtains to protect people's privacy. Relative we spoke with confirmed that care workers maintained the dignity and privacy of people. One relative stated that care workers were gentle and careful when they provided personal care.

The service involved people in their care arrangements and sought feedback from them and their relatives. The care co-ordinator visited people or telephoned them to obtain their views of the service and how they felt about care workers who attended to people and whether there were any problems. We saw records of these consultation exercises. This was confirmed by people and relatives we spoke with.

The care records contained information regarding people's special preferences and their backgrounds. The care records of people contained information obtained from people or their relatives on how care workers should address them, their choice of care workers and the preferred gender of their care workers. Management staff informed us that they would try to match care workers to people according to their preferences. This ensured that people could get along with their care workers.

## Is the service responsive?

### Our findings

Most people who used the service and their relatives informed us that they received the care they needed from care workers. One person said, "I am satisfied with the carers. They do what they are supposed to do. When they visit they make me a drink. Yes, the supervisor has telephoned me to discuss the care." A relative stated, "I know how to make a complaint and have their telephone number. I am satisfied with the carers. They know the care plan for my relative and they respect our culture."

There were arrangements for providing care which took account of people's needs. People had been assessed by the registered manager and care co-ordinator to ensure that their needs and preferences were noted. Care plans were informative. There was evidence that they had been prepared with involvement of people and their representatives. People or their representatives had signed people's care plans. We noted that information had been obtained from people regarding how they wanted to be addressed and how the care was to be provided. Important contacts such as healthcare professionals involved, relatives and next of kin were recorded. There was a profile of people who used the service and information regarding specific tasks which care workers needed to do when supporting people.

Reviews of care plans had been carried out by the care co-ordinator or senior care workers. We saw documented evidence of this in the care records. There was also a spreadsheet on computer which indicated when reviews were needed. People and their relatives confirmed that the care of people had been reviewed either via the telephone or during visits to peoples' homes.

We noted that information regarding people's medical conditions and healthcare needs were recorded in their care files. We discussed the care of people with medical conditions such as diabetes and pressure sores with some care workers. They had a basic understanding of the needs and problems these people may experience. Care workers were aware that people with diabetes should avoid sugar in their diet and they needed to have their meals regularly. They stated that if people had pressure sores, they needed to report this to the registered manager so that people can receive medical attention.

At our previous comprehensive inspection on 13 and 14 July 2016 we found a breach in respect of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Receiving and acting on complaints. The provider failed to establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints. This meant that concerns of some people were not being responded to. At this inspection there was evidence that complaints had been appropriately dealt with. The service had a complaints procedure and people and their relatives informed us that they knew how to make a complaint.

We examined the complaints folder. Information regarding the response dates of two complaints were not documented in the complaints record. The registered manager stated that they had been promptly responded to and provided us with documented evidence of these. The evidence was kept elsewhere in another folder. He agreed that in future such information would be added to the complaints records to provide the information readily.

One person whom we spoke with after the inspection said care workers were pleasant and friendly. However, this person made a complaint regarding some aspects of the service provided by some care workers. This was relayed to the registered manager. The registered manager informed us that prompt action had been taken. He stated that senior staff had contacted this person and a visit to this person had been arranged to discuss their complaint. A second complaint was received by us from the local authority regarding the conduct of a care worker. This is currently being investigated by the local authority safeguarding team.

## Is the service well-led?

### Our findings

At this inspection we noted that the service had responded to concerns and failings identified by us at the last inspection. The feedback we received was mostly positive and indicated that effort had been made to ensure that people receive the required care which met their needs. A relative said, "I am satisfied with them. I feel the agency is well managed." Another relative said, "They are very, very accommodating and respectful. However, they do not always telephone when running late." Another relative said, "The carers are punctual 99% of the time. They do ring if they are going to be late." Feedback from social care professionals indicated that they had no major concerns regarding the management of the service. One professional stated that there had been some minor deficiencies but they were confident that the service could rectify them.

Most policies and procedures had been updated to reflect changes in legislation. These included the safeguarding procedure and complaints procedure. However, we noted that the supervision policy which had been updated still contained reference to previous guidance. The registered manager stated that they would amend it. This was done soon afterwards.

At our previous comprehensive inspection on 13 and 14 July 2016 we found a breach in respect of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance. The provider did not have adequate scrutiny and quality monitoring of the service. This may put people at risk of harm or of not receiving appropriate care. At this inspection we noted that the service had the necessary checks and audits for ensuring quality care. Spot checks had been carried out by the registered manager and care co-ordinator. Other checks such as checks on recruitment records, MAR charts, logging in sheets and punctuality records were carried out by senior staff in the office.

Satisfaction surveys of the service and care provided had been carried out. The latest survey indicated that most people were satisfied with the services provided. However, some deficiencies were noted. The registered manager and senior staff of the service informed us that they were aware of deficiencies and areas where improvement was needed. These deficiencies included some care workers arriving late for calls. We noted that the punctuality of care workers had been monitored electronically and there was an action plan which had been implemented. We saw the action plan following the satisfaction survey. We noted that one relative stated that care workers did not always contact them when running late. This was discussed with the registered manager who agreed that he would instruct care workers to inform people or their relatives if they were going to be late.

The service had a management structure. The registered manager was supported by a deputy manager who was also the care co-ordinator, a business development manager and a human resources manager.

We noted that the service was also subject to regular monitoring by staff from the local authority social services department. They informed us that the service had improved and there were no major concerns regarding the care provided.