

Miss Minta Patel

Petals Care Agency

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

Petals Care Agency is a domiciliary care agency providing the regulated activity of personal care. At the time of our inspection there were 9 people receiving support with personal care from the service. The service primarily supports older people, including those living with dementia.

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

Systems were in place to help safeguard people from abuse. Risk assessments were in place which set out the risks people faced and included information about how to mitigate those risks. There were enough staff to meet people's needs and robust staff recruitment procedures were in place. Steps had been taken to help prevent the spread of infections. Systems were in place for investigating accidents and incidents. Medicines were managed in a safe way.

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.

Quality assurance and monitoring systems were in place to help drive improvements at the service. There was an open and positive culture at the service, which meant people, relatives and staff could express their views. The provider worked with other agencies to develop best practice and share knowledge.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 2 January 2018).

Why we inspected

We had not inspected this service for over 5 years and we needed to check that they still provided safe care to people.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Good ●</p>

Petals Care Agency

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

The inspection was carried out by 2 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.

Registered Manager

This service is not required to have a registered manager as the provider is a single entity, run by one person. They are in day to day charge of the business.

Notice of inspection

We gave the service 24 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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. 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 by telephone with 1 person who used the service and 4 relatives. We spoke with 4 staff, the provider, the senior care supervisor, the administrative assistant and a care assistant. We looked at care and medicines records of 4 people and reviewed the recruitment records of 4 staff. A variety of records relating to the management of the service were reviewed, including various policies and procedures.

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.

Staffing and recruitment

- The provider told us they had enough staff to meet people's needs. At the time of inspection, staff punctuality was monitored through staff handwritten time sheets. However, the provider told us they planned to introduce an electronic call monitoring system by the end of January 2024. This would make it easier to check that staff arrived on time and stayed for the full amount of time allocated for the call.
- People and relatives told us staff were mostly punctual, and that they sometimes called if they were running late, but not every time. A relative said, "Most of the time [staff are punctual]. They don't always call to say, but it's not often that they are late." We were told staff stayed for the full amount of time required. A relative said, "They don't need to stay for the full amount. They do offer but [person] is very able and they are there for him in case he falls in the shower."
- The provider carried out checks on prospective staff prior to their employment. These included references, proof of identification and criminal records checks.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people from the risk of abuse. The provider had a safeguarding adult's policy in place which made clear their responsibility for reporting any allegations of abuse to the local authority and Care Quality Commission. The provider told us there had not been any allegations of abuse in the past 12 months and we found no evidence to contradict this.
- Staff had undertaken training about safeguarding adults and understood their responsibility to report any allegations of abuse. A member of staff told us, "I would take it to the manager."

Assessing risk, safety monitoring and management

- Risk assessments were in place for people. These set out the risks people faced and included information about how to mitigate those risks.
- Assessments covered risks including moving and handling, pressure ulcers, medicines and choking. Assessments were subject to regular review. This meant they were able to reflect the risks people faced as they changed over time.
- People told us they felt safe using the service. A person said, "They are getting my breakfast, shower and dress. I don't feel unsafe." A relative told us, "I really do think [person] does [feel safe]. I just think because they are there it makes them feel better. Mentally [person] is very aware. The other thing I like is that I can contact them directly."

Using medicines safely

- The provider supported people to take medicine. There was a policy in place to provide guidance on this and staff had undertaken relevant training, which included an assessment to test their competency in this

area.

- Medicine administration records were maintained which provided an audit trail of medicines given. We checked some of these and found them to be accurate and up to date. The provider carried out an audit of completed medicines records so that any errors could be identified in a timely manner. People and their relatives told us staff provided safe support with taking medicines. A relative said "I put them [medicines] in the box and they give them to [person]. They have never missed."

Preventing and controlling infection

- The provider had taken steps to prevent and control the spread of infection. They had a policy on this to help guide staff, and staff had undertaken relevant training. Staff were knowledgeable about infection control issues and told us they wore PPE when providing support with personal care to people. People we spoke with confirmed that staff wore PPE.

Learning lessons when things go wrong

- Although the provider told us there had not been any significant accidents or incidents in the previous 12 months, there were systems in place for learning lessons when things went wrong.
- The provider had an accidents and incidents policy. This made clear that any accidents or incidents should be recorded and reviewed. This was so lessons could be learnt and help to reduce the risk of similar incidents re-occurring.

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

- The provider promoted a positive and inclusive culture. The provider told us that they were happy for people or staff to call them anytime. Staff spoke positively about the provider. A member of staff said, "[Provider] is really friendly. They are on top of everything." Another staff described the provider as 'magnificent' and 'compassionate'. A relative told us, when asked if they could easily contact office staff, "Yes with [provider], sometimes I need to change something. What I do like is that they will always reply."
- There was a person-centred ethos at the service, as shown by personalised risk assessments and staff's understanding of the needs of individuals.

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

- The provider understood their obligations to be open and honest with relevant persons when things went wrong. There were systems in place to identify and address shortfalls. For example, the accidents and incidents policy made clear that accidents should be reviewed to identify any shortfalls in care provided and there was a complaints procedure in place to respond to concerns raised by people.

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

- Managers and staff were clear about their roles. There was a clear management structure in place and staff understood who they reported to. Staff were provided with copies of their job description to help provide clarity about their role.
- The provider was aware of their regulatory requirements. For example, the provider had employer's liability insurance cover in place, and the registered manager was aware of their legal responsibility to notify the Care Quality Commission of significant events.

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

- The provider had systems in place for engaging with people who used the service and others. For example, surveys were carried out of people, relatives and staff to gain their views. The most recent survey was in December 2023 and feedback was positive overall. For example, a relative had written, "Overall the service received is highly satisfactory. We get carers who are supportive, competent, professional and good at time

keeping."

- The provider held monthly staff meetings which gave staff the opportunity to raise issues of importance to them. The most recent meeting included discussions on the Christmas rota, PPE and staff punctuality.
- Equality characteristics were not always fully covered for staff. Staff recruitment forms asked candidates to declare their marital status. This is a protected characteristic under law and should have no bearing on an applicant's suitability for the role. We discussed this with the provider who said they would remove this question from their application forms and would no longer seek this information.

Continuous learning and improving care

- Systems were in place for continuous learning and improving care. For example, spot checks were carried out. These looked at staff punctuality, how well staff followed a care plan, record keeping and staff interaction with people.
- Care plans were subject to regular review to ensure they reflected people's changing needs. The provider carried out various audits, for example, in relation to medicines records and daily records. Regular management meetings were held with the senior staff. These included discussions about the new electronic monitoring systems being implemented and staff recruitment.

Working in partnership with others

- The provider worked with other agencies to develop best practice and share knowledge. For example, they attended a forum for care providers run by the local authority and was affiliated to Skills for Care. Skills for Care is an organisation that provides support to social care services with training and staff development.