

Urowoli Alatan

Parkgate Nursing Agency - 1 Boundaries Road

Inspection report

1 Boundaries Road
Balham
London
SW12 8ET

Tel: 02086734755
Website: www.parkgatenursing.co.uk

Date of inspection visit:
16 February 2016

Date of publication:
29 April 2016

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out an announced comprehensive inspection of this service on 28 January 2015. Breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to medicines management and staff training and support. During this comprehensive inspection on 16 February 2016 we checked that the provider had followed their plan and to confirm that they now met legal requirements.

Parkgate Nursing Agency provides care and support to people living in their own homes. There were 26 people using the service when we visited.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission 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.

At this inspection, we found that improvements had been made so that medicines were managed safely but we found that there were still some improvements to be made in relation to staff training and support.

Care workers told us they had completed medicines administration training within the last three years and were clear about their responsibilities.

Risk assessments and support plans were provided by the referring social worker. The managers of the organisation visited people to assess whether the information they had been provided was correct, but they did not produce their own care plans or risk assessments. As a result we found some information had not been updated in one person's care record. However, the registered manager confirmed that she had visited the person and that their needs had not changed. This was confirmed by the referring social worker after our inspection and we were sent a copy of their report with updated risk assessments.

Safeguarding adults from abuse procedures were documented and care workers understood how to safeguard people they supported. Care workers were able to explain the possible signs of abuse as well as the correct procedure to follow if they had concerns.

Care workers demonstrated a good knowledge of their responsibilities under the Mental Capacity Act 2005.

Care workers demonstrated a good knowledge and understanding of the people they supported, however, these details were not recorded in people's care records.

People using the service and their relatives told us they were involved in decisions about their care and how their needs were met.

Recruitment procedures ensured that only care workers who were suitable, worked within the service. There was an induction programme for new care workers, which prepared them for their role. However, care workers training records were incomplete and care workers did not receive formal supervision or appraisals of their competence to carry out their roles to ensure any development needs were met.

There were enough care workers employed to meet people's needs and where two care workers were required at a visit the provider ensured that this was always the case so that people's needs were met safely.

People were supported to maintain a balanced, nutritious diet, where this was part of the package of care being provided to them. People were supported effectively with their health needs and were supported to access a range of healthcare professionals.

People using the service and care workers felt able to speak with the registered manager and provided feedback on the service. They knew how to make complaints and there was a complaints policy and procedure in place.

The provider's systems for monitoring the quality of the service was not always effective. The registered manager reviewed all care records and daily notes completed by care workers, but this did not identify the issues we found. We saw evidence that feedback was obtained by people using the service and the results of this was positive. There was no evidence that either member of the management team supported or monitored care workers completion of training modules.

We have made a recommendation in relation to quality monitoring.

During this inspection we found a breach of regulations in relation to staff training and support You can see what action we told the provider to take at the back of the full version of the report.

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. Risks to people's safety were managed appropriately, although assessments were completed by the placing social workers and not by the provider. Medicines were administered safely and records were kept of this. There were enough staff available to meet people's needs and we found that recruitment processes helped to ensure that suitably qualified staff worked for the service.

Procedures were in place to protect people from abuse. Care workers knew how to identify abuse and knew the correct procedures to follow if they suspected abuse had occurred.

Is the service effective?

Requires Improvement ●

Some aspects of the service were not effective. Care workers received an induction but did not receive supervision or appraisals to support their development. Training records were not clear about the full range of training care workers had completed.

The service was meeting the requirements of the Mental Capacity Act 2005. Care workers demonstrated a good knowledge of their responsibilities under the act.

People were supported to eat a healthy diet when this was included as part of their package of care. People were supported to maintain good health and were supported to access healthcare services and support when required.

Is the service caring?

Requires Improvement ●

The service was not consistently caring. Care records did not document people's personal preferences to ensure that their care met their individual needs.

People and their relatives told us that care workers spoke to them and got to know them well.

Is the service responsive?

The service was not consistently responsive. People's needs were assessed before they began using the service, however, care plans only contained limited details about people's views as to the type of care they wanted.

People were encouraged to be active, but only where this was part of the package of care provided.

People told us they knew who to complain to and felt they would be listened to. Complaints were investigated and responded to appropriately.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led. Quality monitoring systems were not always effective as they did not identify the shortfalls we found during the inspection.

People and their relatives told us the registered manager was approachable.

Feedback was obtained from people and their relatives in person and in written form.

Requires Improvement ●

Parkgate Nursing Agency - 1 Boundaries 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 16 February 2016 and was conducted by a single inspector. The inspection was announced. We gave the provider 48 hours' notice because the service is a domiciliary care agency where office staff may be out of the office supporting care workers. We needed to be sure that someone would be in.

Prior to the inspection we reviewed the information we held about the service. We contacted a representative from the local authority safeguarding team and spoke to two social workers who had referred people to the service to obtain their feedback.

We spoke with three care workers both over the telephone and in person. We spoke with three people using the service, four relatives of people using the service, the registered manager and a senior care worker. We also looked at a sample of four people's care records, four care workers records and records related to the management of the service.

Is the service safe?

Our findings

At our last inspection we identified some concerns around the administration of medicines and made a recommendation to the provider with regards to recording the safe administration of medicines when supporting people. We found care workers were administering medicines in people's homes, but were not filling in medicine administration charts to document the medicines they had given people. At this inspection we spoke with the registered manager about how the service managed people's medicines. We were told that some care workers prompted people to take their medicines and where this was part of their duties they recorded this on 'monthly medication sheets'. These sheets were then returned to the office and reviewed by the registered manager every month. We saw copies of the sheets for three people whose files we viewed. These were fully completed.

Care workers told us they had completed medicines administration training within the last three years. Care workers were clear about the medicines that people should be taking and provided appropriate support that met people's individual needs.

People told us they felt safe when using the service. People told us "I feel very safe in their company" and "I feel safe with them."

The service had a safeguarding adults policy and procedure in place. Care workers told us they received training in safeguarding adults as part of their mandatory training and demonstrated a good understanding of how to recognise abuse, and what to do to protect people if they suspected abuse was taking place. Care workers also said they would use the provider's whistleblowing procedure if they felt their concerns had not been taken seriously. Whistleblowing is when a care worker reports suspected wrongdoing at work. A care worker can report things that are not right, are illegal or if anyone at work is neglecting their duties, including if someone's health and safety is in danger. A member of the safeguarding team at the local authority confirmed they did not have any concerns about the safety of people using the service.

Care workers told us they had received emergency training as part of their mandatory training which included what to do in the event of an accident, incident or medical emergency. Care workers told us what they considered to be the biggest risks to individual people they cared for and they demonstrated an understanding of how to respond to these risks. For example care workers explained the importance of reporting any incidents to their manager and also assessing whether an ambulance was needed.

We looked at four people's support plans and risk assessments. Initial information was provided to the service from the referring social worker who completed their own assessments about the support needs of people using the service. Social services decided the amount of care required and commissioned the provider to provide this. Thereafter, the registered manager or other member of the management team visited the person to confirm that the details in the referral were correct. The registered manager explained that they did not conduct their own risk assessments or write their own care plans. She explained that where they had any questions they would request a report from the relevant member of the multidisciplinary team

involved in the person's care. Either the registered manager or other member of the management team produced a 'job description' on the basis of the information provided. This included details about the tasks required to be carried out and some practical advice for care workers in how to carry out their duties.

From the care records we viewed, we saw a high level of involvement from occupational therapists, district nurses and social workers. We saw evidence that social workers were requested to provide updated care plans when people's needs had changed. However, the length of time taken to respond to requests varied as members of the management team relied on social workers to provide these. One care record included a care plan that was dated 10 September 2014. We spoke with the registered manager and she confirmed that she had visited the person on numerous occasions to check whether there had been any changes to this person's care and confirmed that there had not been any changes. However, she had not conducted any assessments on any of her visits. She showed us documentary evidence of her checks and a current job description. After our inspection we were sent an updated care plan which had been sent from the social worker to the registered manager and this confirmed that there had been no changes to the person's care needs. People's job descriptions were updated every three months and this followed a visit from the registered manager to the person's home. People and their relatives confirmed that the registered manager visited frequently.

People and their relatives told us enough care workers were provided to meet the needs of their family member. However, we also received two complaints from people about care workers not spending the entire allocated time for their visits. Comments included "They'll leave early if they finish their jobs early" and "There are times when they leave early." We informed the management of the service about these complaints and they confirmed they were looking into this issue.

We spoke with the registered manager about how she assessed staffing levels. She explained that the social worker's assessment of people's needs were reviewed when they were first contacted. As a result she determined how many care workers were required per person and for how long. She told us that if as a result of their checks, more care workers were needed than requested by the referring social worker, she would negotiate with them. The registered manager confirmed that to date, this had not occurred.

We looked at the recruitment records for four care workers members and saw they contained the necessary information and documentation which was required to recruit care workers safely. Files contained photographic identification, evidence of criminal record checks, references including one from previous employers and application forms.

Is the service effective?

Our findings

At our previous inspection we found it was difficult to determine what training had been completed by care workers. At our most recent inspection we found there was still some confusion around what training care workers had completed as completion of practical training was unclear. There was a training room which included equipment that people practised using, but this was also not listed on the training matrix and we did not see records documenting the completion of this training. Care workers told us they had completed moving and handling training and we saw moving and handling equipment in the training room which the registered manager told us people used, but we did not see records documenting the completion of this.

People told us care workers had the appropriate skills and knowledge to meet their needs. People and their relatives said, "They definitely know what they're doing. They're marvellous" and "They do what I ask of them. They do things the way I like." The registered manager told us and care workers confirmed that they completed training as part of their induction as well as ongoing training.

Care workers told us they had completed training in moving and handling people. One care worker told us, "We have had lots of training. We get online training and training at the office. We practise using any new equipment at the office."

Care workers told us they felt well supported and received regular supervision of their competence to carry out their work and this included formal observations. Two care workers told us they had received supervision every month since they had joined the service and the other care worker told us they had received supervision every three months. The registered manager told us that supervision focussed on the care they were providing to the people using the service but did not include discussions around their training needs or their personal development.

At our previous inspection we found the service was not conducting appraisals of care workers performance. At our current inspection we spoke with the registered manager again and she confirmed that formal appraisals were still not being conducted. This meant that staff were not always receiving adequate support to ensure they were effective in their roles.

This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We found that the provider was meeting the requirements of the MCA. We spoke with care workers about

their understanding of the issues surrounding consent and the MCA. Care workers explained what they would do if they suspected a person lacked the capacity to make a specific decision. They described possible signs people could demonstrate if they lacked capacity and told us they would report this to their manager.

Care workers provided minimal assistance with people's diets. People and their relatives told us care workers would only heat food for them in the microwave, however, nobody complained about this. People told us "Food is mostly microwaved. I'm quite happy with that. I'm happy with the cooking" and another person said "They will heat food if I ask them. It is all fine." People's care records included information about their dietary requirements and appropriate advice had been obtained from their GP or speech and language therapist where required. Care workers provided us with clear information about people's dietary requirements. One care worker told us about one person's medical condition and how this affected the food they were able to eat.

Care records contained information about people's health needs. The service had up to date information from healthcare practitioners involved in people's care, and the management staff told us they were in regular contact with people's families to ensure all parties were well informed about peoples' health needs. When questioned, care workers demonstrated they understood people's health needs.

Is the service caring?

Our findings

Relatives we spoke with gave good feedback about the care workers. One relative told us, "The care has been good. They are friendly" and another relative commented, "They try their best. They are caring." People also gave good feedback about their care workers. They told us "They're wonderful. I'm more than happy" and "I'm very happy with them."

However, we found that some aspects of the service were not caring. For example, people's care records did not contain any information about people's likes, dislikes or preferences in the way care was provided. People's care plans contained information about people's care needs and the work that was required to be carried out, but there was very little recorded detail about people's individual requirements. There was no recorded detail about people's cultural and religious requirements or their life histories. People's 'job descriptions' contained some individual advice for care workers in how to provide care, but these did not contain person centred information about how to provide an individual service for people that met their preferences. Care workers told us they always obtained verbal advice from the management team about the needs of new clients, but the lack of detail in care records meant they did not have access to documented advice to help them deliver a service that met people's individual needs.

Our discussions with the registered manager and care workers showed they had a good knowledge and understanding of the people they were supporting. Care workers told us they usually worked with the same person so they had developed a relationship and got to know each other well. All care workers gave details about the personal preferences of people they were supporting in relation to their routines or how they wanted their care to be provided. People confirmed that care was provided in accordance with their wishes. Their comments included "They do things the way I'm happy with" and "They do exactly what you want."

Care workers told us people made their own choices and lived their lives how they wanted. One care worker told us, "I always ask people what they want and what they would like me to do. I always remember that I am in their home. It is not my home. I cannot do what I like."

Care workers explained how they promoted people's privacy and dignity. For example, one care worker said "I always close the door when I am giving personal care" and another care worker told us "I protect their confidentiality and treat them humanely." People we spoke with also confirmed their privacy was respected. One person told us, "They always ring the bell or call out before they come in. They are respectful like that" and "They do show respect."

Is the service responsive?

Our findings

People using the service and relatives we spoke with told us they were involved in decisions about the care provided and care workers supported them when required.

People's needs were assessed before they began using the service and care was planned in response to these. Assessments included physical health, dietary requirements and mobilising. The care records we looked at included a support plan which had been provided by the referring social worker. This documented whether people had been involved in the preparation of the care plan and whether their family had been consulted. However, there were very limited details about the person's views and there were no individual details about people's preferences. Therefore information was limited to ensure that care workers had all the information they needed to meet people's individual needs. Care records were task orientated with timings within which tasks were required to be carried out listed clearly. These included specific hourly and weekly costs of the care specified.

There was evidence that care records were updated to reflect people's changing needs. The management of the service visited people regularly and requested updated reports from healthcare professionals if they felt their needs were changing. We saw evidence of updated reports from speech and language therapists, occupational therapists and GPs. These included updated advice for care workers. When questioned, care workers told us they read these reports directly and were able to demonstrate that they were aware of people's needs.

People using the service and relatives we spoke with confirmed they had been involved in the assessment process and had regular discussions with care workers about their needs. Relatives also confirmed care workers kept daily records of the care provided and these were detailed and legible. They told us they found these records useful in keeping updated about their family member's daily activities.

The registered manager told us they worked with people to keep them active by encouraging them to participate in activities, but only when the package of care allowed time for this. The relatives we spoke with confirmed the care worker supported their family members to be active if this was part of the package of care which the council was willing to pay for. Relatives told us "They only provide care in the house" and "They do take [my relative] out occasionally if we ask them."

The service had a complaints policy which outlined how formal complaints were to be dealt with. Some people and relatives we spoke with told us they had made complaints in the past and they had been dealt with. Some people and their relatives had additional complaints but told us they were in the process of settling these with the registered manager. They told us the registered manager listened to them. Comments included "I did complain once, they were on it straight away" and "[The registered manager] has championed improvements. I cannot fault her." We saw records of previous complaints and saw these were dealt with in line with the service policy.

Is the service well-led?

Our findings

The provider was not operating systems to monitor the quality of the service, however these were not always effective as they had not identified the shortfalls that we identified during the inspection. The registered manager told us she reviewed all care records and written daily notes every four weeks, however, these checks did not identify that an updated care plan had not been received for one person. We also saw documentation relating to the wrong people in two files we saw. We alerted this to the registered manager who rectified the errors by putting the documents in the correct files.

There was also no evidence that the registered manager or other member of the management team supported or monitored care workers completion of training modules.

The registered manager told us she made regular contact with people to confirm that their care needs had not changed. People and their relatives confirmed that the registered manager had visited to see if their family members were well and whether the care package was going well.

We saw evidence that feedback was obtained from people using the service in 'service user feedback sheets'. The sheets we viewed contained good feedback about the care provided. The registered manager told us she would respond individually to any issues fed back through the feedback sheets, however, we did not see any negative feedback in the feedback sheets.

Care workers confirmed they maintained a good relationship with the management team and felt comfortable raising concerns with them. One care worker said, "They are friendly. You can talk to them about any problems," and another care worker said, "They are very, very good managers."

The provider had a clear process for dealing with accidents and incidents. Forms were available which included a space to fill in what had occurred, and what could be done to prevent a reoccurrence. Forms included further actions which were to be carried out following an incident. The registered manager told us accidents and incidents would be discussed at team meetings and we saw evidence of individual issues documented in previous staff meeting minutes.

The registered manager told us that individual safeguarding concerns or complaints would be discussed in a similar way so that they could learn from these and improve the service.

We recommend that quality monitoring systems are reviewed to ensure that they effectively identify and address any shortfalls.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider did not ensure care workers received appropriate support, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they were employed to perform. Regulation 18(2)(a).