

# Penkz Limited

# College Road

## Inspection report

Stanmore Business and Innovation Centre  
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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?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

College Road is a domiciliary care agency. The agency provides personal care to people living in their own homes in the community in the London borough of Harrow. There were approximately 30 people using the service at the time of our inspection.

People's experience of using this service:

Not all people who used the service had been treated with dignity and respect at all times. Some staff were not gentle in their approach and behaved in an unpleasant manner towards people and their relatives.

Some people and their relatives did not always receive person-centred care as staff did not always arrive on time or stayed the agreed duration. In some instances, staff rushed to complete their jobs.

Some people's complaints were not effectively responded to. Although there was a record of complaints made, these did not clearly indicate if the complaints had been promptly responded to.

Some aspects of the service were not well managed. Management monitored the quality of the services provided via checks and audits. These checks and audits were however, not sufficiently comprehensive and did not always rectify deficiencies noted.

People had been consulted regarding the care provided and a recent satisfaction survey had been carried out. However, the written action plan in response to concerns expressed had not yet been completed.

There were arrangements to protect people from potential risks. Risks to people's health and wellbeing had been assessed. Risk assessments contained guidance for staff on minimising risks to people.

There were arrangements to protect people from abuse. Staff had received training on how to safeguard people and were aware of the procedure to follow if they suspected that people were subject to, or at risk of abuse.

People received their medicines as prescribed. Staff had received medicines administration training and knew how to administer medicines safely.

Staff were safely recruited, and essential pre-employment checks had been carried out. They had received appropriate training and support to ensure that they were able to carry out their duties. The registered manager and senior staff carried out regular supervision sessions, annual appraisals and spot checks.

The healthcare needs of people had been assessed and staff worked closely with healthcare professionals to meet the needs of people.

Staff encouraged people to have a healthy diet where this was part of their contracted responsibilities. They were aware that if there were significant fluctuations in people's weight, they should alert their manager, relatives and professionals involved.

Staff understood their obligations regarding the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

The last rating for the service was Good (published on 7 September 2017).

Why we inspected:

This was a scheduled planned comprehensive inspection.

Enforcement:

We found three breaches of the Health and Social Care Act 2018 (Regulated Activities) Regulations 2014 in relation to person-centred care and Good governance.

Follow up:

We will continue to monitor the service through the information we receive. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

Some aspects of the service were not safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not well led.

Details are in our well-led findings below.

**Requires Improvement** ●

# College Road

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one adult social care inspector.

#### Service and service type:

This service is a domiciliary care agency providing personal care to people living in their own homes. It provides a service to older adults and some younger adults. 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

We visited the office location on 4 March 2020, to see the registered manager and office staff and to review care records, policies and procedures and other records associated with the running of the service.

#### What we did before the inspection:

We reviewed information we held about the service such as reports about the service from the local authority and statutory notifications. A statutory notification is information about important events, which the provider is required to send us by law.

#### During the inspection:

We spoke with the registered manager, the deputy manager, the administrator and the care co-ordinator. We looked at six care records, six staff records, training records, policies and procedures, audits, satisfaction surveys and other records needed for the running of the service.

After the inspection

We spoke with six people who used the service, four relatives of people who used the service and four care staff. We received feedback from two care professionals.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

At the last inspection this key question was rated as good. At this inspection this key question had deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from abuse. The service had policies and procedures in place to safeguard people from abuse. Staff had received training and were aware of action to take if they suspected people were subject to, or at risk of abuse.
- People and relatives told us that people were safe when cared for by staff. One person said, "I feel safe with my carers. My carers are very nice" A relative said, "Yes, I trust the carers. My relative is safe with them."

Assessing risk, safety monitoring and management

- People were protected from potential risks as the service had suitable arrangements. Risks to people's health and wellbeing had been identified and documented. There was guidance for staff on how these risks could be minimised.
- The risk assessments included risks assessments for moving and handling, anticoagulant medicine, risk of falls, and risks associated with people's living environment.
- Staff we spoke with told us they had been informed of people's care needs prior to visiting them. They were aware of potential risks to people and action to take such as contacting their senior staff or the emergency services if needed.

Staffing and recruitment

- Staff were safely recruited to ensure they were suitable to work with vulnerable people. They had the appropriate checks prior to being employed. Staff records contained evidence of Disclosure and Barring Service checks (DBS), references, evidence of identity and permission to work in the United Kingdom.
- The registered manager stated that the service had adequate staffing levels to meet the needs of people. Staff told us they had enough travel time between visits and they were able to complete tasks allocated. We however, noted that there was inadequate monitoring of staff as people told us that some staff did not always complete agreed tasks or stay the agreed duration. This placed people at risk of not receiving appropriate care. The registered manager informed us that he was aware of this and had taken disciplinary action against staff concerned.

Using medicines safely

- Medicines were managed safely. Staff had received training in the administration of medicines. Refresher training had also been provided. Medicine administration records (MARs) indicated that people received their medicines as prescribed. There were no unexplained gaps in the MAR charts we examined.
- Weekly checks of MARs had been carried out to ensure that medicine administration procedures were followed. We however, noted that although the registered manager stated that checks and audits had been

done, these had not been routinely documented to state when they had been carried out and what was checked. The registered manager agreed that this would be done.

#### Preventing and controlling infection

- Suitable arrangements were in place to protect people from infections.
- The service had an infection control policy to provide staff with guidance on how to minimise the risk of infection.
- Staff had received Infection control training and were aware of infection control measures. The service had a stock of personal protection equipment (PPE) such as shoe covers, gloves, and aprons kept in the office for use by staff when visiting people. People we spoke with said staff observed hygienic practices.

#### Learning lessons when things go wrong

- The service had learnt lessons from feedback received from people when things went wrong. It was in the process of making improvements.
- There was a process in place for reporting incidents and accidents. No accidents or incidents had been recorded. The registered manager stated that there had not been any reported accidents or untoward incidents.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection this key question was rated as Good. At this inspection this key question remained Good. People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service assessed people before their care was provided. This ensured their needs could be met. Assessments covered people's environmental, physical, mental health and social care needs.
- People's cultural, religious or other special needs and preferences were identified so staff could understand and meet these.
- We noted that the assessment of one person was not sufficiently informative. The term "OK" was used to describe the physical and mental condition of two people. This term did not provide sufficient information as to condition or level of functioning of people. The registered manager agreed this would be reworded.

Staff support: induction, training, skills and experience

- People were supported by skilled and competent staff. They had received a comprehensive induction and shadowed experienced staff to ensure they were familiar with their duties.
- Staff confirmed they had completed a wide range of essential training including safeguarding of adults, moving and handling, health and safety, food hygiene, and first aid.
- Staff were well supported by management. There was documented evidence of regular supervision and an appraisal of their performance. Staff told us that the registered manager was approachable and helpful.
- The registered manager told us that they had a reward scheme for staff who worked well. This was aimed at promoting excellence and good practice among staff.

Supporting people to eat and drink enough to maintain a balanced diet

- The service supported people to eat healthily. Staff had been provided with training on food hygiene and the importance of nutrition and hydration. Care plans had guidance for staff on encouraging people to eat healthily.
- Where support with meals was required, they had recorded individual food preferences such as what people liked to eat and how the food was to be prepared.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked closely with local authority service purchasers, health and social care professionals. Staff told us that if needed, they could contact relevant professionals to ensure that people received appropriate care.
- We received positive feedback from a care professional who told us that the agency worked well with them and they had not experienced any problems. However, a second care professional stated that the service was slow in rectifying deficiencies identified.

Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to access healthcare services where this was part of the care agreement.
- Most people arranged their own healthcare appointments or had family who supported them in making appointments.
- Staff monitored people's wellbeing. They were aware that if there was any deterioration in people's health, they should inform people's relatives or contact the registered managers so that if needed, the appropriate care professionals could be informed.

Ensuring consent to care and treatment in line with law and guidance

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA.

- The service worked within the guidelines of the MCA. Care plans included information about people's capacity to make decisions.
- Staff had received MCA training. They were aware that when a person lacked the capacity to make a specific decision, their representatives including relatives and professionals would be involved in making a decision in the person's best interests.
- There was documented evidence in care records that people or their representatives had been involved in decisions made regarding people's care arrangements. People and their relatives confirmed that staff had consulted with them and where appropriate, their consent had been sought.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as good. At this inspection this key question had deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- People were not always treated with respect and dignity. Out of the ten people we spoke with, four people told us they had instances when some staff were not kind or respectful. People and their relatives described their regular staff as "lovely," "very nice," and said that these staff tried their very best to meet their needs. They however, also stated that some staff were not always pleasant or respectful in the way they talked with them or cared for their relatives.
- A person who used the service said, "Some staff appeared miserable and do not communicate well." A relative said, "some carers are negative in their attitude and one office staff was not sympathetic when I contacted the office to complain." A second relative said, "The carers are lovely to my relative generally, although some new staff were not always gentle. They also talk in their own language when attending to my relative." A third relative said, "Some of the carers speak in an unpleasant way towards us. One of them was also a bit rough."

The service did not always treat people with respect and dignity at all times. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Dignity and respect.

- The registered manager told us that he was aware of the staff issues mentioned. He said he had taken action and was constantly reminding staff to treat people with dignity and respect. This happened at each of their quarterly staff meetings. He stated that he had also followed up on complaints made and a meeting had been scheduled to discuss the issues mentioned.
- Further guidance on treating people with respect and dignity was provided in people's care plans. This was evidenced in the care plans of people we examined.
- The service had a policy on ensuring equality and valuing diversity. Staff we spoke with had a good understanding of equality and diversity and respecting people's human rights, their individual beliefs, culture and background. One staff told us that they treated people who used the service like family members and showed them respect. Feedback we received from people and their relatives indicated that staff were respectful of people's culture and religion.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were consulted involved in the planning of people's care. They had signed to indicate this. The information obtained from them was used in preparing people's care plans. The plans contained information on what they liked, their interests, how they wanted to be cared for and their preferred times of calls.

- The service had recorded the preferences of people in relation to the gender of the staff who attended to their personal care. This was confirmed by a relative we spoke with.
- The care co-ordinator met at six monthly intervals with people and their relatives to seek their views. This was confirmed by people and their relatives. Results of these meetings had been documented in people's records. Telephone monitoring was also carried out.

#### Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us that staff respected people's privacy. They told us that staff do close the doors when attending to people's personal care.
- Staff were aware of protecting people's privacy. They stated that when providing personal care, they would explain to people what they would be doing. They were also aware of the need to close the doors and curtains and make sure people were not exposed.
- Staff promoted people's independence. The registered manager told us that staff had been provided with guidance to encourage people to do as much as they could for themselves.

# Is the service responsive?

## Our findings

At the last inspection this key question was rated as good. At this inspection this key question had deteriorated and is rated requires improvement. This meant that people's needs, wishes and preferences were not always reflected in their care plans. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The service did not always provide people with personalised care and support. People had been assessed prior to services being provided. Care plans were then prepared with the consent of people or their representatives.
- Some people said staff had been able to meet their needs. However, a significant number of people and relatives told us that people's needs were not fully met as staff did not attend at times agreed and some staff did not stay for the duration mentioned in people's care plans. This meant that people did not receive the care they needed. Four people who used the service and three relatives said that staff regularly came late and sometimes it was late by a couple of hours. They said that this caused them annoyance and was inconvenient. It also meant they could not be confident about when staff would turn up. One of them stated that this also disrupted their household routine.
- Some people and relatives also told us that staff did not stay the agreed duration. One person said, "The carers do not always do as expected. The care provided is variable and not consistent. Some carers are alright while others do not provide good care." Another person said, "They are often rushing to get out." A relative said, "Some carers do not do a proper job. They do not do what they are supposed to do. They are mostly late."
- We examined the electronic printout of actual arrival and departure times of staff visits to people. A high proportion of these visits did not correspond with visit times agreed with people and their representatives. The registered manager informed us that approximately forty-five percent of visits made in the previous month were outside of the agreed time period.
- A care professional told us that feedback they received from people who used the service indicated that staff were always late.
- The registered manager informed us that they were aware of the problems mentioned and had taken action to ensure that staff were punctual and stay the required duration. He also stated that the issue was also related to public transport problems and some people were only funded for short duration visits. He told us that they now had a new electronic system that would enable them to improve timekeeping and check that staff had completed all their scheduled tasks.
- People's care had been reviewed with them and their representatives. Most people and their relatives confirmed that this happened in practice. Reviews of the care provided were kept in people's care records.
- Care workers completed daily records which included personal care given and any difficulties experienced by people. This was done electronically and monitored by office staff to ensure people received the required care.
- We examined the records of a person with a pressure sore and found that staff had worked in accordance with what was required of them. We noted that this person's care was carried out in conjunction with the community nurses and staff were responsible for re-positioning the person concerned every two hours. The monitoring chart indicated that this had been done. We discussed the care of a person with diabetes. Staff

had been provided with guidance on how to care for this person. However, the guidance was not sufficiently comprehensive as it did not include guidance on action to take when people had complications such as hypoglycaemia or hyperglycaemia and at what stage they should summon emergency medical assistance. The registered manager told us that the guidance would be made comprehensive.

- Staff we spoke with were aware of the needs of people with diabetes and they told us they had received diabetes training.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service had a communication policy. The communication needs of people had been assessed and this was recorded in the care records so that care staff knew how to meet these needs.
- The registered manager stated that the service employed a mix of staff who spoke a number of languages. He added that where possible staff could be matched with people who spoke the same language so that communication with people could be improved.
- The registered manager stated that they currently did not have anyone who required special arrangements to improve communication. However, he stated that if needed, they would produce policies and procedures in various formats such as large print and in pictorial format so that they could be easily understood by people.

#### Improving care quality in response to complaints or concerns

- The service had a formal complaints procedure. We looked at concerns and complaints recorded. Although there was a record of complaints in the complaints folder made, with one exception these did not clearly indicate if the complaints had been promptly responded to. We noted that the date complaints were received had been recorded but it was not clearly stated when the complaints were responded to or if they had been resolved.
- People and relatives we spoke with knew how to make a complaint. Feedback from them indicated that with one exception, concerns and complaints they raised were not always promptly responded to or resolved. Most of them said that although they complained, the situation had not improved.

The service did not operate an effective system for handling and responding to complaints by people and their representatives. This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Receiving and acting on complaints.

#### End of life care and support

- At the time of our inspection, the service was providing end of life care for one person. The service had consulted with this person and their representatives and end of life preferences and arrangements had been recorded.



# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Some people were not receiving high-quality, person-centred care and the service had not acted swiftly and effectively to rectify concerns and complaints received. As a result, people did not always receive the agreed care. People also told us that this had been an ongoing issue for several months.
- People and relatives told us that some staff were not reliable and understanding. They stated that some senior staff did not always take their concerns seriously.
- The registered manager understood the duty of candour and stated that where errors and shortcomings had occurred, they had apologised to people when appropriate. We noted that in some care records there was documented evidence that action had been taken in response to concerns expressed.

Continuous learning and improving care

- The service had made effort to improve care when deficiencies were identified. However, there continued to be shortcomings and a significant number of people expressed disappointment with the management of the service.
- The registered manager told us that they carried out checks and audits on medicines, care documentation and punctuality. In addition, spot checks were done to check that staff carried out their duties as agreed.
- The registered manager stated that their checks and audits had identified certain issues such as punctuality and issues related to care documentation and they had acted to improve these areas.
- We noted that these checks and audits were not sufficiently comprehensive. Prompt and effective action had not been taken to deal with some deficiencies identified in this report. People continued to complain that staff attended late and did not stay the agreed duration.
- Out of the ten people we contacted, seven (four people who used the service and three relatives) said that carers regularly came late and sometimes they were late by a couple of hours. They stated that this had been an ongoing issue for several months. They found this upsetting and inconvenient. With one exception, they had complained to the service, but all said the situation had not improved.
- We saw no system of regular documented checks and audits in areas such as complaints, risk assessments, training, spot checks and care reviews done. This is needed to evidence they had been done. Complaints recorded did not clearly state the dates they were responded to. Some people stated that although they had complained, the situation had not improved. Office staff told us that medicine charts were checked and audited but the audits were not documented to evidence they had been done and on what date. We also found deficiencies in the guidance for caring for a person with diabetes. Some people

had not always been treated with respect and dignity.

The service did not have a sufficiently comprehensive and effective quality assurance system for identifying deficiencies and promptly rectifying them. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.

- The registered manager stated that a new computerised monitoring system was in place. However, this was a recent introduction and the impact of this system had yet to be determined.

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

- Staff told us they were well managed and supported by the management of the service. They informed us that they were happy to work for the agency and they had confidence in their managers. They informed us that there was good communication and they worked well together. Three monthly staff meetings had been held where staff could express their views and receive updates regarding the care of people.

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

- The service had a registered manager who was supported by a deputy manager, an administrator and a care co-ordinator. Staff we spoke with were clear about their roles.
- There was a wide range of policies and procedures available to provide guidance for staff on how to fulfil their roles and responsibilities. These had been subject to regular reviews. We however, noted that the whistleblowing policy had not been updated to include details of organisations that staff can complain to such as the CQC, the local safeguarding team and the police. The registered manager stated that it would be updated.
- Registered providers are required to inform the CQC of certain incidents and events that happen whilst providing its service. The registered manager was aware of this responsibility and notifications had been submitted.

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

- There were systems in place to gather feedback about the quality of service from people who used the service, their relatives and staff.
- The service had carried out a satisfaction survey recently. The results had been analysed. However, there was no action plan in response to comments made. The registered manager stated that they would soon be meeting with staff and an action plan would then be produced. The action plan was sent to us after the inspection.

Working in partnership with others

- The service maintained good working relationships with partner agencies. This included working with other health and social care professionals, such as community nurses, pharmacist and social workers. Feedback we received from two care professionals indicated that the service co-operated with them to meet the needs of people. However, one care professional stated that the service was slow in making improvements needed.



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	Regulation 10 HSCA RA Regulations 2014 Dignity and respect  The service did not always treat people with respect and dignity at all times.
Regulated activity	Regulation
Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints  The service did not operate an effective system for handling and responding to complaints by people and their representatives.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The service did not have a sufficiently comprehensive and effective quality assurance system for identifying deficiencies and promptly rectifying them.