

Urowoli Alatan

# Parkgate Nursing Agency - 1 Boundaries Road

## Inspection report

1 Boundaries Road  
Balham  
London  
SW12 8ET

Tel: 02086734755  
Website: [www.parkgatenursing.co.uk](http://www.parkgatenursing.co.uk)

Date of inspection visit:  
24 March 2017

Date of publication:  
02 May 2017

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We conducted an announced inspection of Parkgate Nursing Agency on 24 March 2017. We gave the provider 48 hours' notice to ensure the key people we needed to speak with were available. At our last comprehensive inspection on 19 February 2016 we found one breach of regulations in relation to staffing. Following this we conducted a responsive inspection of the service on 4 August 2016. At this inspection we found improvements had been made in relation to staffing, but found the service was in breach of regulations in relation to safe care. At this inspection we found the provider was meeting this regulation.

Parkgate Nursing Agency provides care and support to people living in their own homes. There were 40 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 (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Risk assessments and care plans contained detailed information for care staff. All records were reviewed within six months or sooner if people's needs changed.

Care staff assisted people to take their medicines safely. Care workers told us they had completed medicines administration training and understood how to safely administer medicines.

Safeguarding adults from abuse procedures were robust and staff understood how to safeguard people they supported. Staff had received safeguarding adults training and were able to explain the possible signs of abuse as well as the correct procedure to follow if they had concerns.

Staff demonstrated a good level of knowledge about their responsibilities under the Mental Capacity Act 2005. Care records demonstrated that people were provided with care after obtaining their valid consent.

Staff demonstrated an understanding of people's life histories and current circumstances and supported people to meet their individual needs in a caring way. Care records contained a good level of detail about people's needs and preferences.

Recruitment procedures ensured that only staff who were suitable, worked within the service. There was an induction programme for new staff, which prepared them for their role.

Care workers were provided with appropriate training to help them carry out their duties. Care workers received regular supervision and appraisals of their performance. There were enough staff employed to meet people's needs and visits were appropriately arranged to ensure people's needs were met.

Care workers supported people to maintain a balanced nutritious diet where this formed 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 staff gave positive feedback about the registered manager and told us they provided feedback about the service. They knew how to make complaints and told us they felt listened to and there was a complaints policy and procedure in place.

The organisation had effective systems in place to monitor the quality of the service. The registered manager reviewed various areas of the service on a regular basis. Information was reported to the CQC as required.

## 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 who use the service were identified and appropriate action was taken to manage these and keep people safe. Previous issues in this area had been rectified.

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

There were enough staff available to meet people's needs and we found that recruitment processes helped to ensure that staff were suitable to work at the service.

Medicines were administered safely and satisfactory 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 staff were suitable to work at the service.

Medicines were administered safely and records were kept of this.

### Is the service effective?

Good 

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

Staff received an induction, training and regular supervisions and appraisals of their performance.

People were supported to maintain a healthy diet where this formed 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?

Good ●

The service was caring. People using the service and their relatives made positive comments about the care provided by staff.

People using the service and relatives told us that care workers spoke with them and got to know them well. People using the service and relatives confirmed their privacy and dignity was respected and care workers gave us practical examples of how they did this.

Care workers considered people's emotional needs and dealt with these in a sensitive way.

### Is the service responsive?

Good ●

The service was responsive. Care records were updated when people's needs changed.

People's needs were assessed before they began using the service and care was planned in response to these. Care records contained information about people's preferences in relation to how they wanted their care to be delivered.

Care staff encouraged people to maintain their independence. Care records contained information about people's social interests and hobbies and how care staff should support people to access these.

People told us they knew who to complain to and felt they would be listened to.

### Is the service well-led?

Good ●

The service was well-led. People using the service and relatives told us senior staff were approachable.

Quality assurance systems were adequate and information was reported to the Care Quality Commission as required.

# 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 24 March 2017 and was conducted by one inspector. The inspection was announced. We gave the provider 48 hours' notice of our inspection as we wanted to be sure that someone would be available.

Prior to the inspection we reviewed the information we held about the service and we contacted a representative from the local authority safeguarding team.

We spoke with four people using the service and two relatives of people using the service. During our visit we spoke with the registered manager, the nominated individual and two care workers. We also looked at a sample of four people's care records, two staff records and records related to the management of the service.

# Is the service safe?

## Our findings

People told us they felt safe when using the service. They told us, "I feel safe with the carers" and "They keep me safe." Relatives also commented positively. One relative told us "I was really worried about having carers in and wondered whether I should stick around or get CCTV fitted. But it turned out I was worried for nothing. They're absolutely wonderful and both me and my Mum trust them completely."

At our previous inspection we identified a breach of regulations relating to safe care. We found one example of a person with known moving and handling risks without a specific moving and handling risk assessment to assist care staff in managing this risk. In another example we found the provider had been providing care for one person for a period of three weeks without having conducted their own assessments.

At this inspection we found the provider was now meeting this regulation. The provider had conducted their own assessments prior to providing care. Risk assessments were also completed in relation to all known areas of risk involving the person's care. Initial assessments covered the person's medical conditions, their personal care needs, whether they required domestic support and other areas related to the person's wellbeing. This information was then used to produce a care plan known as a 'Homecare Care Passport' around the person's identified needs.

Examples of specific risk assessments included one for a person with specific mobility needs. This identified the specific risks associated with moving the person and gave very detailed instructions which included pictures to assist care staff in moving the person safely. Another example was for a specific fire safety risk assessment for one person who was at risk due to smoking. We found a record of an action plan that had been devised following the risk assessment which included further actions that had been taken as a result to help minimise the risk. This included a visit from the fire service who also gave recommendations that were being followed.

All risk assessments viewed contained detailed and practical guidance for care workers in how to support people to manage risks. This included the contact details of relevant professionals that staff may be required to inform in the event of certain incidents. Risk assessments were updated at least every six months.

Care workers demonstrated that they knew the risks to people well. One care worker gave us a detailed description of the specific risks related to one person's care. They told us the person "has a risk of falls. So I'm really careful when I help [the person]. I always look out for obstacles and make sure the environment is safe."

Staff told us they received training in safeguarding adults as part of their initial induction and demonstrated a good understanding of how to recognise abuse, and what to do to protect people if they suspected abuse was taking place. The provider had a safeguarding adults policy and procedure in place. 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.

Staff received first aid training as part of their initial induction and this covered what to do in the event of an accident, incident or medical emergency. Care workers understood the procedure to follow in the case of an incident occurring. They explained they would contact the emergency services or GP first if necessary after conducting an initial assessment of the situation and would then report the matter to the office and other parties afterwards.

Care workers were responsible for administering medicines to some people and filled in medicines administration record (MAR) charts. These were returned to the office every month and checked by the registered manager or nominated individual who audited these records and queried any discrepancies.

Care workers we spoke with told us they had received medicines administration training and records confirmed this. Care workers were clear about the medicines that people should be taking and provided appropriate support that met people's individual needs.

People using the service and relatives told us they were seen by the same care workers and this ensured they could develop a relationship and get to know one another well. People's comments included, "I have three regular carers and they're all wonderful" and "I get the same three carers coming and they're all lovely." People and their relatives told us and care workers confirmed they had enough time when attending to people and did not seem rushed when working.

We spoke with the registered manager about how they assessed staffing levels. They explained that the initial needs assessment was used to consider the amount of support each person required. As a result senior staff determined how many care workers were required per person and for how long. Care workers also confirmed that they kept the office informed about whether they needed more time to conduct their work. They told us the timings of their visits could be extended if this was required. The registered manager confirmed that the contract could be renegotiated with the referrer if considered necessary, but to date this had not happened.

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



# Is the service effective?

## Our findings

People's rights were protected as staff understood their responsibilities in relation to consent. 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 checked whether the service was working within the principles of the MCA, and found that the provider was meeting the requirements of the Act. People signed specific consent forms which demonstrated that they consented to their care. Where people lacked the capacity to consent to their care, mental capacity assessments were conducted and decisions were made in accordance with legal guidelines. Where people had representatives to act on their behalf, the necessary documentation was in place to demonstrate that their representatives had the legal right to do so.

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 that may indicate that a person lacked the capacity to make a specific decision and told us they would report this to their manager. For example, one care worker told us "We know people really well so can see any changes in behaviour and act on it if we are concerned."

People told us they were encouraged to eat a healthy and balanced diet where this was part of the package of care they received. People's care records included information about their dietary requirements as well as people's likes and dislikes. Care workers told us they prepared people's meals in accordance with the instructions they were given at each visit and they were aware of people's preferences.

Care records contained up to date information about people's health needs. Details about people's health needs were included in their care plan and evidence of correspondence with healthcare professionals were also included in their care record. Where information about people's needs was lacking, the registered manager was proactive in obtaining these. For example, we saw emails between the registered manager and community nurses querying various aspects of one person's care needs.

Staff told us they felt well supported and received regular supervision and spot checks of their competence to carry out their work. The registered manager told us supervisions were supposed to take place every month and care workers confirmed this. One care worker told us "These are really useful. If you're doing something wrong, they will tell you."

The registered manager told us annual appraisals were supposed to be conducted of care workers performance once they had worked at the service for one year. Care workers told us and records confirmed these were taking place. Care workers told us they found these useful to their practise.

People told us staff had the appropriate skills and knowledge to meet their needs. One relative told us, "They're very good. They come on time and look the part, but most importantly, they know what they're doing". The social care professionals we spoke to agreed and one commented "This is a service I will turn to when I know I have a person with complicated needs who requires care. I know they will do a good job." The registered manager told us and care workers confirmed that they completed training as part of their induction as well as regular ongoing training. Records confirmed that staff had completed mandatory training in various topics as part of their induction prior to starting work. These topics included safeguarding adults, first aid and moving and handling.

## Is the service caring?

### Our findings

People and relatives gave good feedback about the care workers. One person told us, "They are nice and polite", and relatives told us, "I have been pleased with the carers and have put my confidence in them" and "They really are very kind". People told us they were treated with kindness and compassion by the care workers who supported them and said that positive relationships had developed.

Our discussions with the registered manager, nominated individual 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 people so they had got to know each other well. Care workers gave details about the personal preferences of people they were supporting as well as details of their personal histories. They were well acquainted with people's habits and daily routines and the relatives we spoke with confirmed this.

Care staff were mindful of people's emotional needs and moods and were aware of how to respond to these when necessary. One care worker gave us specific details about what usually improved one person's mood and how they best responded to one person when they felt low. Relatives agreed with this. One relative told us "My [family member] has mental health problems and the staff have always responded very well to that." Care records also contained a good level of detail about how care workers should communicate with people and respond to their emotional needs. For example, one care record contained detailed instructions and suggestions for care staff in responding to one person's behaviours which could challenge. Care workers were advised to develop a rapport with the person and build a relationship of trust before attempting to assist the person and were given practical examples of how they could do this.

People we spoke with confirmed that their privacy was respected. One person told us "They are very kind and respectful." Care workers explained how they promoted people's privacy and dignity and gave many practical examples of how they did this. One care worker commented that one person they helped "Knows me well, but I still always explain what I am going to do every time I give personal care before doing anything. I also make sure the door is closed and the curtains are closed."

Care records gave some details about people's cultural and religious requirements, and the registered manager confirmed that these were identified when people first started using the service and where relevant, records included this. When we spoke with care workers they had a good level of knowledge about people's culture and religions and how this influenced and contributed to the support they provided.

## Is the service responsive?

### Our findings

People's care was planned in a way that took account of their individual needs and preferences. Care plans provided detailed information about how a person's needs and preferences should be met. This included information about people's life histories, people important to them and how care staff should interact with family members.

Care records contained information about people's interests and hobbies. The registered manager told us and care workers confirmed they worked with people to keep them active by encouraging them to participate in activities where this formed part of their package of care.

People using the service and relatives we spoke with confirmed they had been involved in the assessment process and had regular discussions with staff about their needs. Relatives also confirmed care staff kept daily records of the care provided and these were available for them to see. These were returned to the office and reviewed by the registered manager on a monthly basis and we saw detailed daily records for the month of December which demonstrated what care had been provided to people.

People using the service and relatives we spoke with told us they were involved in decisions about the care provided and staff supported them when required. One relative told us "They act quite quickly when you want to change something."

Care workers told us they offered people choices as a means of promoting their independence. One care worker told us one person "Is very independent and wants to maintain this. So I do everything I can to help them to be independent for as long as possible." We saw many written examples within care records of suggestions to care workers in how they could involve people in the care being provided in order to promote their independence. For example one care record included a good level of detail about how care workers were to assist with personal care and stated what the person was able to do for themselves.

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 service had a complaints policy which outlined how formal complaints were to be dealt with. People who used the service and their relatives confirmed they knew who to complain to where needed. Senior staff told us how they handled complaints and we saw records to demonstrate this. The service received very few complaints, but we saw evidence that these were managed in line with the policy to people's satisfaction.

## Is the service well-led?

### Our findings

The provider had adequate systems in place to monitor the quality of the care and support people received. We saw evidence of audits on medicines administration as well as ongoing monitoring in other areas.

The provider reported concerns to the Care Quality Commission (CQC) as required.

We saw accident and incident records. There was a clear process for reporting and managing these. The registered manager told us they reviewed accidents and incidents and each one would be reviewed individually with further actions identified and followed as a result.

We saw evidence that feedback was obtained from people using the service, their relatives and staff. Feedback was sought during monitoring review visits which took place approximately once a year or sooner where concerns were identified. Senior staff told us that if issues were identified, these would be dealt with individually. We saw recorded details of this monitoring within the care records we viewed and found feedback to be positive.

Care workers confirmed they maintained a good relationship with the management team and felt comfortable raising concerns with both the registered manager and nominated individual. One care worker told us, "I feel comfortable talking to them" and another said, "They do listen to us. I'm very happy working here." Team meetings took place on a monthly basis and care workers told us they found these useful and felt comfortable speaking in them.

Staff demonstrated that they were aware of their roles and responsibilities in relation to people using the service and their position within the organisation in general. They explained that their responsibilities were made clear to them when they were first employed. Staff provided us with detailed explanations about what their roles involved and what they were expected to achieve as a result. We saw copies of people's job descriptions and saw that the explanations provided reflected these.

Staff worked in collaboration with multi-disciplinary teams including social workers and GPs. We spoke with two healthcare professionals who commented positively about their relationship with staff at Parkgate. One social care professional told us "They work in partnership with us to meet the needs of people and really contribute to people having a better quality of life."