

Urowoli Alatan

Parkgate Nursing Agency - 1 Boundaries Road

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Summary of findings

Overall summary

We conducted an inspection of Parkgate Nursing Agency on 4 January 2016. At this inspection a breach of regulations was found in relation to staff training and support. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to this area.

We undertook this focused inspection to check the provider had followed their plan and to confirm that they now met legal requirements in relation to the breach found. We also received some information of concern prior to our inspection which we followed up during this inspection. This report only covers our findings in relation to the above. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Parkgate Nursing Agency on our website at www.cqc.org.uk.

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 our previous inspection we found that risk assessments and support plans were provided by the referring social worker. The managers of the organisation told us they 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. At our recent inspection we found the provider was completing some risk assessments. However, we found one example where a risk assessment had not been completed for one person who had an identified moving and handling risk and for one other person we found they had been provided with care and support for a period of three weeks and senior staff from the service had not visited the person to conduct any assessments which could have put the person at risk of avoidable harm.

The provider reported risks to relevant agencies such as the local authority and worked with them to help mitigate against possible risks. The provider also worked with other organisations such as the fire service and implemented advice from them to help protect people from harm.

At our previous inspection we found 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. At this inspection we found supervisions were being conducted and these included a discussion of care workers training needs. Training records were clear and comprehensive and each care worker had a training plan that detailed what learning they were required to complete by the end

of the year. Appraisals had not yet been conducted, but were planned for the end of the year.

During this inspection we found a breach of regulations in relation to safe care and treatment. 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?

Aspects of the service were not safe. Risks to people's safety were not always managed appropriately as identified risks had not always been appropriately assessed to ensure that management plans were in place to protect people from avoidable harm. In addition care plan documentation was not always accurate to ensure that staff provided safe care.

Requires Improvement



Is the service effective?

We found that improvements had been made to the effectiveness of the service. Care workers received an induction and ongoing refresher training. Training records were clear about which training care workers had completed and which training remained to be completed.

Care workers received supervisions of their performance and these were conducted to provide the foundations of a comprehensive appraisal which was planned for the end of the year.

We could not improve the rating for effective from Requires Improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement



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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 4 August 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, including any notifications about serious incidents and any changes to the service.

We looked at a sample of four people's care records and records related to the management of the service.

Is the service safe?

Our findings

At our previous inspection we found that the provider was not carrying out risk assessments or developing care plans for people using the service. This meant that we could not be assured that people were kept safe from avoidable harm as the provider had not taken steps to assess and mitigate risks to people who used the service.

At this inspection we found the provider was completing some of their own risk assessments and support plans. We looked at four care records and found some examples of identified risks being explored through risk assessments with written advice for care workers produced as a result to help mitigate the risk and keep people safe. This included a risk assessment into environmental risks both inside and outside the home and an 'emergency provision' assessment which assessed access to emergency services.

There was evidence that the provider reported risks to relevant agencies such as the local authority and worked with them to help mitigate against possible risks. We found evidence that the provider worked with other organisations such as the fire service and implemented advice from them to help protect people from harm.

However, we found one example where a person with a known moving and handling risk did not have a specific moving and handling risk assessment completed. We found a report from an occupational therapist dated March 2016 which concluded that the person had a history of falls and a repeated risk of falls. In a general 'care service provision risk assessment' completed by one of the managers of the service, they stated that the person did not have a history of falls and required the aid of a frame or wheelchair. The manager agreed that the reference to the person not having a history of falls was incorrect, but did not feel that the person had a continued risk of falls on the basis of their assessment. They were unable to provide an explanation as to why there was no specific moving and handling risk assessment.

In another example we found the provider had been providing care for one person for a period of three weeks. We saw they had received a short term interim support plan from the referring social worker, which was not dated. However, we found an email from the social worker dated 11 July 2016 which confirmed that care was supposed to be provided the next day. The manager told us that care was provided from 13 July 2016. However, we could find no record of the service having conducted their own assessments of this person's car needs. The manager confirmed no senior staff member had visited the person to conduct any assessments prior to care being provided. They told us the information in the social worker's interim support plan was not correct and that the person had very limited needs based on the views of the care workers who had visited the person. This meant the person was being provided with care on the basis of an incorrect support plan which meant their needs may not have been met.

The above issues constitute a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service effective?

Our findings

At our previous inspection we found that it was difficult to determine what training had been completed by care workers to ensure that they had the skills and knowledge to meet people's needs effectively. At this inspection we were presented with clear information about what training care workers had completed and what training was planned for each care worker for the year ahead. Training modules included safeguarding adults, infection control and moving and positioning people among many others.

Care workers completed an induction prior to starting work which included various topics including safeguarding adults, dementia care, challenging behaviour and moving and handling training among others. Thereafter, each person had their own training plan in which they were required to complete refresher training in 18 areas throughout the course of the year. Care workers could request further training if requested and we saw evidence of specific requests of refresher training sessions being granted for example in moving and handling people.

At our previous inspection we found that staff supervision sessions focussed on the care that care workers were providing to the people using the service but did not include discussions around their training needs or their personal development. At this inspection we found that care workers training needs were discussed in supervision sessions which took place every two months and care worker's needs and progress were discussed and recorded to ensure that they were adequately supported to carry out their role and meet people's needs effectively.

At our previous inspection we found the service was not conducting appraisals of care workers performance. At our recent inspection we found the managers had planned appraisal sessions for care workers and were conducting supervision sessions which were to prepare care workers for these. Although appraisals had not been conducted at the time of our inspection, we found preparatory work was being conducted with care workers to ensure a meaningful and comprehensive appraisal meeting at the end of the year.

Although we found that concerns had been addressed, work was still in progress and sufficient time had not passed to assure us that these improvements could be sustained. Therefore we have been unable to change the rating for this key question. A further inspection will be planned to check if improvements have been sustained.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not always assess the risks to the health and safety of service users receiving care and did not do all that is reasonably practicable to mitigate any such risks. Regulation 12(1)(2)(a)(b).</p>