

Penkz Limited

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Inspection report

Stanmore Business and Innovation Centre
Howard Road, Harrow
Stanmore
HA7 1BT

Tel: 02084295285

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Penkz Limited 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 28 people using the service at the time of our inspection.

People's experience of using this service:

At the last inspection of 4 March 2020, we found breaches of Regulation 10 (Dignity and respect), Regulation 16 (Receiving and acting on complaints) and Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we identified that improvements had been made to the benefit of people using the service and the service was no longer in breach.

People who used the service had been treated with dignity and respect. They and their relatives told us that they felt safe when attended to by care staff.

People had been protected from abuse. Care 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 were protected from potential risks. Risks to people's health and wellbeing had been assessed. Risk assessments contained guidance for staff on minimising risks to people.

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

Care staff were safely recruited, and essential pre-employment checks had been carried out. There were sufficient staff to enable the service to provide quality care.

People received person-centred care and care staff carried out their duties in accordance with agreed care plans. People had been consulted regarding the care provided and regular reviews of care had been carried out.

The service had arrangements for responding to complaints. People were aware of the complaints' procedure. The records indicated that complaints had been promptly responded to.

The service was well managed. Management monitored the quality of the services provided via checks and audits. These checks and audits were comprehensive, and deficiencies had been rectified. The service worked closely with health and social care professionals to meet the needs of people. There was a written action plan for improving the service.

Rating at last inspection:

The last rating for the service was Requires Improvement (published on 28 April 2020).

Why we inspected:

We undertook this focused inspection as we had concerns regarding the service, and we wanted to check that people were well cared for. The inspection was prompted in part due to concerns received during and following the last inspection about the reliability of the service and the safety of people who used the service. A decision was made for us to inspect and examine those risks. This report only covers our findings in relation to the Key Questions Safe, Caring, Responsive and Well-led. The ratings from the previous comprehensive inspection for the key question not looked at on this occasion was used in calculating the overall rating at this inspection. The overall rating for the service is now Good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Penkz Limited on our website at www.cqc.org.uk.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good ●

Penkz Limited

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 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. The Care Quality Commission (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 16 February 2021, 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, and the care co-ordinator. We looked at five care records, five staff records, training records, policies and procedures, audits, and other records needed for the running of the service.

After the inspection

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

Is the service safe?

Our findings

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

When this domain was last inspected on 4 March 2020 this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- At the last inspection in March 2020, the service did not carefully monitor care staff and as a result people did not receive the agreed care. Some care staff did not complete their tasks or stay the agreed duration. This placed people at risk of not receiving appropriate care. At this inspection, with one exception people and their relatives told us that they had received the agreed care. One person however, stated that sometimes their care staff did not arrive on time. The registered manager stated that he would investigate the matter. We were later informed by the registered manager that they had apologised to the person concerned and subsequent improvements had been made. The service had a computerised monitoring system and this would enable them to monitor punctuality.
- Care staff were safely recruited to ensure they were suitable to work with vulnerable people. They had the appropriate checks prior to being employed. Care staff records contained evidence of Disclosure and Barring Service checks (DBS), references, evidence of identity and permission to work in the United Kingdom.
- People told us they were mostly happy with the care staff provided. One person said, "The carers are wonderful. I feel safe with them." A relative said, "All the carers are wonderful. They can use the hoist properly and they do a proper job." One relative stated that some care staff did their work very well but others sometimes needed to be reminded to do certain tasks. She also stated that the situation had now improved.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. The service had policies and procedures in place to safeguard people from abuse. Care staff had received training and could give us examples of what constituted abuse. They 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 care staff.

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.
- Care 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.

- The service had a current certificate of insurance for public liability.

Using medicines safely

- Medicines were managed safely. Care staff had received training in the administration of medicines. Refresher training had also been provided. People's care records contained useful information regarding the medicines they were taking such as their purpose and possible side effects.
- The five medicine administration records (MARs) we examined indicated that people received their medicines as prescribed. There were no unexplained gaps in the MAR charts we examined.
- Regular checks of MARs and electronic care records had been carried out to ensure that medicine administration procedures were followed.

Preventing and controlling infection

- Suitable arrangements were in place to protect people from COVID-19 and other infections. The service had an infection control policy to provide staff with guidance on how to minimise the risk of infection.
- Care staff had received Infection control training. They were knowledgeable regarding COVID-19 and how to protect themselves and people from the infection.
- The service had a stock of personal protective equipment (PPE) such as shoe covers, gloves, and aprons kept in the office for use by care staff. People and relatives we spoke with said care staff observed hygienic practices and wore PPE when attending to people. A relative said, "I feel safe with the carers. They are careful, I trust them. They are very good and hygienic."

Learning lessons when things go wrong

- The service had learnt lessons from feedback received from people when things went wrong. It had followed up on the action plan following the last inspection and improvements had been made
- 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 caring?

Our findings

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

When this domain was last inspected on 4 March 2020, this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people were supported and treated with dignity and respect, and involved as partners in their care.

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

At our last inspection the provider had failed to ensure that care staff always treated 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. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 10.

- People and their relatives told us that care staff treated them with respect and dignity. They described their regular care staff as "good," "outstanding," and "caring". A relative said, "I am happy with the carers. They are good. They show respect for us and our culture."
- The registered manager told us that the service had taken action against care staff who did not treat people with dignity and respect. Staff had also been carefully monitored via checks and feedback from people and their representatives.
- The registered manager stated that care staff had been constantly reminded of the need to treat all people with respect and dignity. This happened at their staff meetings. This was confirmed by care staff we spoke with.
- 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.

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

- People and their relatives were 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. These contained information on people's background, their interests, how they wanted to be cared for and their preferred times of calls.
- Care staff were aware that they needed to check with people regarding their choices and preferences. A care staff said, "I ask people what they want and encourage them to make decisions for themselves." The registered manager told us that two people had preferences for certain ethnic meals. Care staff had been able to prepare these meals for them.
- The care co-ordinator met at regular 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

- Care staff were aware of the importance of protecting people's dignity and privacy. They stated that when providing personal care, they would ensure that they close the door, close curtains and make sure people were not exposed.
- Care staff promoted people's independence. One care staff told us that they would encourage people to do as much as they possibly can. Another care staff said, "I ask them to show me what they want for their meal." The registered manager told us that care staff had been provided with guidance to encourage people to do as much as they could for themselves.
- A care professional said, "I didn't observe any problems and found them to be very professional in their caring role."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

When this domain was last inspected on 4 March 2020, this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

At the last inspection we noted that 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. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 16.

- We found that the service had responded promptly to complaints made. There was recorded evidence that complaints had been responded to within the timescales set by the service. The complaints had also been checked and audited.
- The service had a formal complaints procedure. People and relatives we spoke with knew how to make a complaint. We also noted that there was a record of compliments received. Several positive comments were received regarding the service provided by care staff.
- One person told us that improvements had been made following a complaint made. A relative told us they were not fully satisfied with some aspects of the care provided. The registered manager promptly made an appointment to follow up on this.

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

- The service provided people with personalised care and support. People had been assessed prior to services being provided. The assessments were comprehensive and included areas such as healthcare conditions, swallowing difficulties, cultural and religious needs. Care plans were then prepared with input and consent of people or their representatives.
- With one exception, people said that their care staff had been able to meet their needs. They stated that care staff carried out tasks as recorded in their care plans.
- At the last inspection, a significant number of people and relatives told us care staff did not attend at times agreed. At this inspection, with one exception, people who used the service and their relatives said that care staff were punctual and if they were late, they were informed by the service. One person said, "My carer is exceptional and does everything without having to be asked - always on time." A relative said, "The carer is very good - usually on time."
- People's care had been reviewed with them and their representatives. People and their relatives confirmed that this happened in practice. Reviews of the care provided were kept in people's care records.
- Care staff 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 diabetes. The care records contained a risk assessment and

information regarding possible complications that people may experience. The guidance included instruction on action to take when people had complications such as low or high blood sugar. Care staff were also advised to summon emergency medical assistance if needed.

- Care staff we spoke with were aware of the needs of people with diabetes and they told us they had received diabetes training. We noted in the care records of one person that care staff were instructed to ensure they attended to the person on time. This was because for health reasons, it was essential that people with diabetes had their meals promptly. There was evidence that this person's care needs had been attended to satisfactorily.

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 care 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.

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

When this domain was last inspected on 4 March 2020 this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

At the last inspection we noted that 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. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- At this inspection we found that the service had made efforts to improve care and management. There was an effective quality assurance system. When deficiencies were identified they were promptly responded to.
- Various checks and audits had been carried out in areas such as medicines, care documentation and punctuality. Spot checks were done to ensure that care staff carried out their duties. People and their relatives confirmed that senior staff had carried out spot checks. One relative said, "They have visited us some months ago to check on the care staff."
- We also noted that disciplinary action had been taken against care staff who did not perform their duties effectively as agreed.
- People and their relatives made positive comments regarding their care staff. With one exception, they were satisfied with the care provided.
- Complaints recorded had been promptly dealt with. They had also been audited to ensure that appropriate action was taken.
- A new computerised monitoring system was in place. This made it easier for the service to identify any shortcomings or missed calls so that action can be taken promptly.

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

- The service promoted a positive culture by ensuring that care workers treated people with respect and dignity. The registered manager constantly reminded care staff of this. People and relatives confirmed that they were well treated.
- The service actively sought the views of people and their feedback was recorded in the care records. People were consulted on how they wanted their care to be delivered. Care plans were well written and included important details such as how to assist people with their meal, medicines and showing respect for people.
- Care staff were carefully supported and monitored to ensure they achieved good outcomes for people.

They informed us that they were happy to work for the service and there was good communication. This ensured that people received good quality care.

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

- The registered manager was aware of the importance of being open, honest and transparent in relation to the running of the service and of taking responsibility when things go wrong. They knew when they needed to report notifiable incidents to us and to the local authority.
- Care documentation contained information related to concerns and complaints and action taken by the service to rectify deficiencies identified.

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 and a care co-ordinator. Care staff we spoke with were clear about their roles and they had received appropriate training.
- There was a wide range of policies and procedures available to provide guidance for care staff on how to fulfil their roles and responsibilities. These had been subject to regular reviews.
- Registered providers are required to inform the CQC of certain incidents and events that happen whilst providing the service. The registered manager was aware of this responsibility and notifications had been submitted when required.

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, their relatives and staff. Visits for care reviews had been carried out to people's homes by senior staff. Telephone calls had also been made to people and their relatives to obtain feedback.
- The service had not yet carried out a satisfaction survey since the last inspection. However, we found that they had the forms ready and the registered manager stated that these would be sent out soon.
- The service had considered the equality and diverse needs of people and effort had been taken to respond to the individual needs of people. This included matching people to care staff who spoke the same language and care staff who could cook certain ethnic meals.

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, occupational therapists and social workers. Feedback we received from two care professionals indicated that the service co-operated with them to meet the needs of people.
- Management staff had also attended weekly provider forums organised by the local authority to support and update them regarding the COVID-19 pandemic.