

Patkay Care Services Ltd

# Patkay Care Services Ltd

## Inspection report

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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?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Patkay Care Services Ltd is a home care agency providing personal care to people in their own homes. At the time of our inspection there were 12 people using the service.

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. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

The recruitment of staff was not safely managed as some staff had started work before their DBS check was received. Some information was missing from recruitment records.

Some audits around medication and call times needed further detail to improve these. The registered manager was dedicated to making these improvements. Feedback from everyone who received care or worked at this service showed they felt it was well managed. Staff had regular meetings and felt there was effective communication. People felt involved in the planning and reviewing of their care needs.

One person and relatives of people using this service told us they felt safe when staff provided their care. Staff had been trained and understood their safeguarding responsibilities. There were sufficient numbers of staff and people were cared for by staff who were familiar with them and their care needs. People received their medication as prescribed from staff who were trained and assessed as competent.

Staff knew about the importance of offering people choice in their daily routines. People were supported to meet their dietary needs. Staff said they received a thorough induction as well as ongoing support. The registered manager was keen to ensure staff communicated key changes about people's health and we saw they worked well with healthcare professionals.

Feedback we received about the staff was consistently positive. The registered manager strongly promoted people's equality, human rights, diversity and inclusion.

People had sufficiently detailed care plans which described the care they needed. Reviews were taking place and these included gathering feedback about the service provided.

A system for reporting and responding to complaints and concerns was in place. One person and relatives told us they knew how to complain if they were dissatisfied. The registered manager took appropriate action in response to these issues.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported

this practice.

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

This service was registered with us on 15 March 2021 and this is the first inspection.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

You can see what action we have asked the provider to take at the end of this full report. The registered manager was responsive and has updated systems in response to our feedback.

#### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to the safe recruitment of staff. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 not always 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 caring.

Details are in our effective findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our effective findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our effective findings below.

**Requires Improvement** ●

# Patkay Care Services Ltd

## Detailed findings

### Background to this inspection

#### The 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by one inspector on both days of inspection. On the same day as the second day of our inspection, an Expert by Experience made phone calls to people and their representatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

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

Inspection activity started on 26 September 2022 and ended on 5 October 2022. We visited the location's office on 29 September and 5 October 2022.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service, including Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

### During the Inspection

We spoke with 1 person who received a service and 7 relatives of people who received a service. We also spoke with 5 members of staff. We reviewed a range of records. This included 2 people's care records, as well as 4 medication records. We looked at the recruitment of 2 staff members as well as records relating to the management of the service, including policies and procedures.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at further quality assurance records.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated as 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.

### Staffing and recruitment

- Staff were not safely recruited as background checks were not in place when staff started their employment.
- Both staff files we looked at were missing a last employer reference. Both staff members had a clear DBS check, although these records had been received after the staff member started their employment. A formal record of both interviews had not been made, which we discussed with the registered manager. A second staff file we looked at contained comments relating to a different staff member. The registered manager said this was because they had spoken with the referee and recorded their comments on a form with the wrong name.

This was a breach of regulation 19 (Fit and Proper Persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as background checks needed before staff commenced work were not in place.

- The provider used electronic call monitoring for staff to sign in and out of calls. Visit times for the first week in August 2022 showed call times were not always consistent with agreed call times. However, feedback we received indicated staff were on time and relatives said their loved ones were cared for by a consistent staff team familiar with their care needs and preferences.
- Staff told us they were able to stay for the full duration of the call and they had sufficient travel time built into their schedules.

### Assessing risk, safety monitoring and management

- People did not always have up-to-date risk assessments as part of their care plans.
- We looked at risk assessments for two people and saw one of these did not refer to risks around a person's mobility, specifically in response to a recent incident. Another person was at risk around their medicines and nutrition, although this was not reflected in their risk assessment.
- We discussed these concerns with the registered manager who said they would ensure the risk assessments would be fully updated to reflect these risks. Staff we spoke with were aware of these risks and what action they needed to take.

### Systems and processes to safeguard people from the risk of abuse

- People were safe and protected from the risk of abuse.
- Relatives consistently told us they felt confident staff protected their loved ones from harm. One relative told us, "(Person) is very safe, so there are no issues there."

- We saw action had been taken in response to safeguarding incidents. The provider recorded safeguarding incidents and reported these events to the local authority.
- Staff received safeguarding training and were able to describe appropriate action they would take if they became aware of an allegation of abuse.

#### Using medicines safely

- Staff received medication training and had their competency checked to ensure they were safe to administer medicines. Staff confirmed this happened.
- Medication administration records we looked at showed people largely received their medicines as prescribed. Care plans were clear about whether families and or staff had responsibilities for the management of medicines.
- A medication audit for August 2022 found some, but not all of the issues we looked at regarding occasional gaps in medicines administration. The registered manager told us they would strengthen their auditing process.

#### Learning lessons when things go wrong

- There was a culture of learning lessons when things did not go to plan.
- The registered manager shared with us where they updated a system or process in response to a particular event, which reduced the risk of the same thing happening again.

#### Preventing and controlling infection

- Suitable steps were taken to prevent and control infections.
- One person and relatives consistently told us staff wore PPE when they visited their homes. One relative said, "They (staff) never come into the house without wearing masks."
- Staff were clear about their responsibilities around preventing the spread of infections.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- People's needs were assessed before they started receiving a service. This meant the registered manager ensured they were able to safely meet the person's needs.

Staff support: induction, training, skills and experience

- Staff received regular ongoing support from the registered manager through monthly supervisions. One staff member told us, "We all have a lot to learn and its really good to speak to your manager."
- Staff were given the opportunity to shadow experienced workers when they started their employment. They also received a formal induction. One relative told us, "They (staff) are well trained in what they provide."
- Training records we looked at showed high levels of completion which helped to ensure staff were capable of performing the care tasks required to meet people's needs. All staff completed the Care Certificate which is an agreed set of standards health and care workers agree to follow.

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

- People had eating and drinking sections in their care plans and were appropriately supported.
- One person needed specific equipment to meet their nutritional and hydration needs. They had a detailed care plan which described the process staff needed to follow to safely assist this person.
- One person said, "They (staff) always ask if they can do anything that I want and warm things up if I want them to." One relative said, "They (staff) give (person) drinks and give them small snacks."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to meet their healthcare needs.
- In the July 2022 staff meeting, the registered manager reminded staff of the importance of sharing updates where they saw a deterioration in people's health, so this could be acted on.
- Relatives we spoke with were complimentary about the responsiveness of staff in meeting healthcare needs. One family member described an emergency staff responded to appropriately. They described staff reacting calmly and said the action taken was proactive. They said "(Staff) are very friendly and always ask (person) how they've been and look out for their general wellbeing." Another family member said, "The care workers get straight on to the phone if our GP has forgotten anything."
- Care plans contained details of key health professionals linked to the person's care, such as their GP and district nurses.

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 MCA 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 <, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.>

- People's care plans contained mental capacity assessments.
- Consent to care was recorded for two care packages which had recently started.
- The importance of offering people choice was a priority for the registered manager. Staff knew about the importance of offering people choice in their daily routines.
- Where relatives were legally responsible for decision making for their loved ones, this was recorded by the registered manager, so this was clearly identified for staff.

# 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.

This is the first inspection for this newly registered service. This key question has been rated as 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

- The registered manager demonstrated a commitment to providing personalised care which promoted people's equality, human rights, diversity and inclusion.
- Care plans asked people for their preferred pronouns and also showed people had been given the option of stating their sexuality and religious beliefs.
- The registered manager was clear they wanted the staff team not to be judgemental and to respect people's beliefs. Staff received training in equality and diversity to help them understand the importance of this.

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

- One person and relatives told us they felt involved in making decisions about their care and said staff were kind and caring.
- Feedback we received consistently showed how people and their relatives were involved in planning their package of care as well as ongoing reviews. One relative told us, "I was consulted about the care plan (before the package started)." The same person said, "I enjoy the (staff) that come, they are interested in me and we have a good laugh."
- One person said, "We have been with (Patkay Care Services Ltd) since (date). The care plan was set up with me and two family members."
- One relative said, "We have been with this company for (duration) and the care plan is constantly being updated." Another family member commented, "We are listened to. For example, a delivery person left (person's) medicines in our green bin and the staff now look out for this."
- A further relative spoke about staff going, 'Above and Beyond'. They said staff were supporting them to access the community during the week and described this as, "Great."

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence, dignity and privacy.
- Care plans we looked at showed how people were supported to remain independent with their daily living activities. A staff member told us, "We promote people's independence by allowing them to do what they can do and want to do. If they struggle with a task, we will help them."
- Relatives we spoke with confirmed staff supported people to maintain their privacy and dignity. Their comments included, "They (staff) put the towel over (person) to keep his dignity", "(They) move person on a chair. No one can see in, but staff keep the curtains closed. They are very good with dignity and keeping (person) clean" and "They prompt (name) to go into the shower. They don't go in, they just keep an eye on them."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated as good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans we looked at contained sufficient information to meet people's care needs.
- Two care plans we looked at didn't show people's history, likes, hobbies and other interests had been completed. The registered manager was able to share these details with us and said they would add this to the care records.
- Other sections of the care plan were detailed in what support staff were expected to provide at each call. Equipment people needed for moving and handing transfers and management of skin integrity was listed in their care plan.
- Care plans were reviewed every six months or sooner, if needed. For example, where people's care needs changed, this prompted a review of the relevant sections of the care plan. One relative said, "(Person) started with a (type of equipment), but is now walking with (different equipment). What a transformation and the staff have adjusted throughout."
- People were offered electronic access to their care records if they wished to see this.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were recorded in their care plans.
- One person's care plan referred to staff communicating using short sentences and being patient in allowing the person time to think and respond.
- Staff were required to ensure people had equipment such as hearing aids and spectacles to help meet their communication needs. Verbal communication needs were also recorded in sufficient detail.

Improving care quality in response to complaints or concerns

- There was a suitable system for recording and responding to concerns and complaints.
- People and relatives told us they had not raised any complaints or concerns, but knew who to direct these to for the provider. One relative said, "I've no complaints, but if I need anyone (registered manager) says I can ring them night or day."
- The registered manager had a record of issues raised with them and was able to demonstrate that suitable action had been taken in response to these events.

#### End of life care and support

- Several packages of care provided at the time of inspection were specifically to support people who had end of life care needs.
- End of life care needs were recorded in the care plans we looked at.

# 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.

This is the first inspection for this newly registered service. This key question has been rated as requires improvement. This meant the service management and leadership was inconsistent.

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

- Auditing systems had not identified improvements needed in the safe recruitment of staff. We found a breach of regulation in this area.
- We identified that more robust checks of care calls were needed. Whilst feedback showed call times were punctual, the registered manager was unable to provide evidence to show audits had been carried out. Where calls appeared to have run late, they had gathered more details, although this follow up action was not recorded.
- Where people needed support from two members of staff, these records did not always show staff signing in at the same time.
- Spot checks were regularly taking place on all staff which helped to ensure the care people received was suitable.
- Feedback was routinely gathered during reviews to ensure people and relatives were happy with the service provided.

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

- People, relatives and staff enjoyed a positive culture where the focus was on delivery of person-centred care. One person and relatives all said they felt the service was well-led.
- Feedback about the service on a public website where people and their representatives can leave reviews was found to be very positive.
- Relatives feedback about the service included, "They (registered manager) ring me to see if we are all right and they came out to see us and look at the equipment. We are listened to all of the time" and "(Registered manager) visited and we discussed everything. They understood the situation straight away and I was really Impressed."

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

- People and relatives were involved in their care delivery which was personalised to their likes, beliefs and cultural needs.
- Relatives told us, "I gave feedback a few months ago and the (registered) manager has been to see me to see how we are getting on" and "We share information which they (staff) take their time to listen to, especially with his (communication needs)."
- We saw evidence of staff meetings taking place which demonstrated how they were encouraged to be part

of these discussions. One staff member told us, "The registered manager always keeps us informed and we can always ask for more advice or guidance."

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 openly made us aware of two incidents they referred to local authority safeguarding teams. However, these events had not been reported to the Care Quality Commission (CQC). Following our inspection, the registered manager reported these events and refreshed their knowledge of events which are legally reportable to the CQC.
- The registered manager worked openly and honestly with us throughout the inspection.
- One person and all relatives we spoke with consistently told us they were very satisfied with the care provided and would strongly recommend the service they received.

Continuous learning and improving care

- The registered manager was able to describe changes made in response to a complaint which helped to improve the service.
- The registered manager was dedicated to providing a high-quality service and showed they were eager to learn and improve their service.

Working in partnership with others

- Staff worked with a range a range of health and social care professionals.
- Through our discussions with the registered manager and from looking at care records, we could see that contact with partners was made appropriately.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed  Safe recruitment procedures were not followed as interview records were absent, along with last employer references and DBS checks at the point staff commenced working.