

Penkz Limited

# Talbot House

## 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 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 13 and 14 July 2016 and was announced. Talbot House is a domiciliary care agency. It provides personal care and support for people who live in their own homes. At the time of this inspection the service provided care for approximately 60 people. The provider met all the standards we inspected against at our last inspection in December 2013.

The service has a registered manager. 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 of the Health and Social Care Act and associated Regulations about how the service is run.

People who used the service and their representatives stated that people had been well treated and people were safe with their care workers. The service had a safeguarding adults policy and care workers had received training in safeguarding people. Potential risks to people were assessed and guidance provided to care workers for minimising these risks. The service had an infection control policy and gloves and aprons were available for care workers. People who used the service and their relatives informed us that care workers observed hygienic practices.

The service had a policy and procedure for the administration of medicines and care workers had been provided with training. We however, noted that there were unexplained gaps in three medicine administration charts (MAR) and there was no documented evidence of regular audits on the administration of medicines. This deficiency places people at risk and we have made a requirement in this report in respect of this.

We examined the recruitment records. The records indicated that care workers had been carefully recruited. Care workers had received appropriate training to ensure that they had the skills and knowledge to care for people. Care workers said there was a good staff team and the registered manager and senior staff were approachable. We however, noted that staff supervision was irregular and there were long gaps in between sessions and not all staff had received annual appraisals. These deficiencies indicated that care workers were not receiving regular support and opportunities to discuss issues related to their work. Some staff had not received all the required training. The registered manager informed us that these would be provided.

People and their representatives informed us that they mostly got on well with their regular care workers. They stated that their care workers did what was agreed. Care plans were prepared with the involvement of people and their representatives. Reviews of care and telephone monitoring had been carried out to ensure that the care provided was relevant. We however, noted that not all complaints had been promptly responded to and one complaint letter was not dated. Two people we spoke with also made complaints regarding some aspects of their care. The registered manager responded promptly and investigated the complaints.

Social and healthcare professionals informed us that the care needs of people had been met and the service kept them informed of progress. Spot checks had been carried out on care staff to ensure they were carrying out their duties. Visits had been made by the care co-ordinator to people to discuss their care and obtain feedback from them or their relatives. A satisfaction survey had been carried out recently and there was an action plan following the findings. Two social care professionals informed us that the service was addressing deficiencies identified. We however, noted that the service did not have adequate quality assurance measures in place. There was insufficient documented evidence of audits and checks and action taken to address deficiencies. Comprehensive audits and checks are needed in areas such as supervision arrangements, complaints, spot checks, staff logging in arrangements, arrangements for medicines, care documentation, policies and procedures. This deficiency may place people at risk of receiving inadequate care and we have made a requirement in respect of this.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what actions 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?

Some aspects of the service were not safe. All necessary action to ensure the health and safety of people had not been taken. We found unexplained gaps in the MAR charts and there were no suitable arrangements for auditing the administration of medicines.

Care workers knew how to recognise and report any concerns or allegation of abuse. Most risk assessments were in place and care workers had been provided with guidance on minimising potential risks to people.

Care workers had been carefully recruited and essential recruitment checks had been undertaken.

**Requires Improvement** ●

### Is the service effective?

Some aspects of the service were not effective. People informed us that their regular care workers were capable and professional in their approach.

Care workers ensured that where needed people were asked for their consent. However, most were not knowledgeable regarding the requirements of the Mental Capacity Act 2005 (MCA) and had not received the necessary training.

There were arrangements for supporting care workers. They had received appropriate training. However, staff supervision had not been carried out on a regular basis.

**Requires Improvement** ●

### Is the service caring?

The service was caring. People and their representatives told us that care workers were pleasant and people who used the service had been treated with respect and dignity.

Care workers spoke with people and interacted with them in a caring and friendly manner and were able to form relationships with people. People and their representatives were involved in decisions about their care and support.

**Good** ●

### Is the service responsive?

**Requires Improvement** ●

Some aspects of the service were not responsive. People's needs had been assessed and detailed care plans were prepared with the involvement of people and their representatives. There was documented evidence that the care provided had been reviewed with people or their relatives.

The service had a complaints procedure and record of complaints received but further improvements were needed to ensure that all complaints and concerns made were documented and fully responded to.

**Is the service well-led?**

Some aspects of the service were not well-led. The service did not have regular and comprehensive audits and checks. As a consequence some deficiencies were not identified and promptly responded to.

A satisfaction survey had been carried out and the results indicated that people and their relatives were mostly satisfied with the management of the service. An action plan was in place to address deficiencies noted.

Care workers were aware of the values and aims of the service. They were aware that people should be treated with respect and dignity and they aimed to provide a high quality service.

**Requires Improvement** 

# Talbot House

## **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 13 and 14 June 2016 and it was announced. We told the provider two days before our visit that we would be coming. We gave the provider notice of our inspection as we needed to make sure that someone was at the office in order for us to carry out the inspection.

It was carried out by one inspector. Before our inspection, we reviewed information we held about the service. This included notifications submitted and safeguarding information received by us. Prior to the inspection the provider completed and returned to us their provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with four people who used the service and six relatives. We also spoke with the registered manager and a nine staff of the company. They included the Care Co- coordinator, Human Resources Officer, Business Development Manager and care workers. We also received feedback from six health and social care professionals.

We reviewed a range of records about people's care and how the care of people was managed. These included the policies and procedures, care records of seven people. We examined five recruitment records, staff training records and supervision records.

# Is the service safe?

## Our findings

People and their relatives we spoke with expressed confidence in care workers who attended to people. They informed us that they felt that people were safe with their care workers and people were well treated. One relative of a person said, "I am happy with the carer. I feel my relative is safe with the carer." A second relative stated, "The carers do check the hoist before using it. My relative is safe with them."

Care workers had received training in safeguarding people. This was confirmed in the training records and by care workers we spoke with. They knew what constituted abuse and what action they would take if they were aware that people who used the service were being abused. They informed us that they would report it to the registered manager or the director. They were also aware that they could report it to the local authority safeguarding department and the Care Quality Commission (CQC). The service had a safeguarding procedure and whistleblowing policy. We noted that the safeguarding procedure still quoted out of date legislation and did not refer to the role of the DBS (Disclosure & Barring Service). The registered manager said that it would be updated.

A small number of safeguarding concerns had recently been reported to us and the local safeguarding team since the last inspection. The service had co-operated with the investigations and the registered manager stated that where improvements were needed, this would be carried out.

There were arrangements to ensure that people received their medicines as prescribed when this was agreed with people or their representatives. The service had a medicines policy and procedure. We examined four medicine administration charts (MAR). We noted that there were unexplained gaps in the medicine administration charts (MAR) of three people. Two people had unexplained gaps in their MAR charts on 5 days. One had unexplained gaps for three days. The registered manager and care co-ordinator stated that in future the MAR charts would be routinely checked as part of their audit arrangements and they would emphasize to care workers the importance of completing them.

Improperly completed MAR charts do not provide information on whether people had received their medicines. This may put people at risk. This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

The care needs of people who used the service had been assessed. Risk assessments had been prepared to ensure the safety of people. These contained action for minimising potential risks such as risks associated with falls, infections, food poisoning and medical conditions such as diabetes and epilepsy. Care documentation we examined did not contain assessments of the skin condition of people. The registered manager informed us soon after the inspection that this had been incorporated into their risk assessments procedure.

Safe recruitment processes were in place, and the required checks were undertaken prior to care workers starting work. This included completion of a criminal records check, evidence of identity and provision of two references to ensure that care workers were suitable to care for people. The registered manager and

care workers informed us that the service had sufficient care workers to attend to the needs of people during the weekdays. They however, stated that at weekends they had experienced some difficulties due to staff not wanting to work at weekends. However, action had been taken and the registered manager stated that care workers had been informed that they needed to work some weekends as this was part of their agreed contract with the service.

The service had suitable arrangements in place to protect people from the risk of infection and gloves and aprons were available for care workers if needed. We saw that these were stored in the office. People and their relatives told us that care workers observed hygienic practices when attending to people who used the service.

The service had a folder for recording accidents. No accidents were recorded. The registered manager stated that none had been reported to them.



## Is the service effective?

### Our findings

People had their healthcare needs monitored when this was part of their care agreement. Care records of people we examined contained important information regarding their medical conditions and healthcare needs. We discussed the care of people with medical conditions such as diabetes and epilepsy with some care workers. They were knowledgeable regarding the care to be provided for these people and the need to inform the registered manager, professionals and relatives if they had any concerns.

The care records of people contained guidance on potential problems which may be experienced by people and signs and symptoms to be aware of. When needed, there were arrangements to support people so that their nutritional needs were met. However, in most cases this was limited to preparing and warming up food for people. Care workers said they encouraged people to eat healthily and ensured they followed food hygiene guidance such as washing hands before preparing food. Care workers knew that if people put on or lost a significant amount of weight they should inform their manager, people's relatives and professionals involved. One person informed us that their care workers assisted them in food preparation and their care worker was hygienic.

Most of the essential training required had been provided for care workers. We saw copies of their training certificates and documented evidence of training in areas such as equality and diversity, health and safety, food safety, moving and handling and the administration of medicines.

New care workers had undergone a period of induction to prepare them for their responsibilities. The induction programme was extensive. The topics covered included policies and procedures, information on fire safety, health and safety and safeguarding. The registered manager informed us that some of the new care workers had enrolled for the Care Certificate. This course has an identified set of standards that social care workers adhere to in their daily working life. New care workers worked alongside experienced care workers to help them build relationships with people and provide care in a consistent way. The induction programme enabled care workers to be assessed against a variety of competencies, for the duration of their probation period. The topics covered included areas such as medicines, staff conduct, equality and diversity, confidentiality and health and safety. Care workers we spoke with informed us that their induction was very helpful in assisting them get to know about their duties.

The registered manager carried out supervision and annual appraisals of care workers. Care workers we spoke with confirmed that this took place and we saw evidence of this in the staff records. We however, noted that some supervision of care workers were not regular and some care workers stated that they had not received supervision in the past six months. Out of the five staff records we examined two care workers did not have a record of supervision. The rest had received supervision within the past six months. The registered manager said he would make effort to ensure that they were carried out regularly. he informed us after the inspection that the staff concerned were experienced care workers and he had booked supervision for them in the near future.

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 lacked mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. With two exceptions, care workers we spoke with were not knowledgeable regarding the MCA. With one exception, they stated that they had not received the relevant MCA training. The registered manager informed us soon after the inspection that training had been booked for care workers.

Failure to provide adequate supervision and all essential training for staff places people at risk of not receiving appropriate care from staff who are well supported. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Staffing.

## Is the service caring?

### Our findings

Feedback we received from people and their representatives indicated that people were treated with respect and dignity. One person who used the service said, "They are lovely, they treat me with respect. They are fine, they are very nice!" One relative said, "I am satisfied with the carers. They are respectful and polite." A second relative said, "They are excellent. They do what was agreed."

Professionals informed us that care workers were respectful towards people. One professional stated that their clients had been happy with their service, care workers were very helpful, cooperative and treated their clients with respect. Another stated that care workers were able to successfully assist their clients who had complex needs.

The service had a policy on ensuring equality and valuing diversity. Care workers we spoke with were aware that all people who used the service should be treated with respect and dignity regardless of their background. They informed us that they made effort to maintain the dignity and privacy of people when attending to their personal care needs. This involved first explaining to people what needed to be done, obtaining their permission when appropriate, closing doors and pulling curtains. Relative we spoke with informed us that care workers maintained the dignity and privacy of people.

The service involved people in their care arrangements and sought feedback from them and their relatives. The care co-ordinator visited people or telephoned them to obtain their views of the service. We saw records of these consultation exercises. This was confirmed by people and relatives we spoke with.

The care records contained information regarding people's preferences and their backgrounds. The care records of people contained information obtained from people or their relatives on how care workers should address them, their choice of care staff and the preferred gender of their care workers. We noted that there had been comments made by a few people regarding difficulties experienced when trying to communicate with some care workers. The registered manager informed us that he was aware of this and action had been taken to address this. We were provided with their guidance document to care staff on how to communicate effectively with people. This involved how to greet people, using simple language, giving people time to respond, finding answers to queries made by people and always adhering to a professional code of conduct.

## Is the service responsive?

### Our findings

Two social and healthcare professionals who provided us with feedback stated that the service had been responsive and was able to meet the needs of people. One professional stated that the agency provided a very good service to the best of their ability for people with very complex needs. Another professional stated that the service maintain good liaison with them and reported concerns promptly and some clients made good progress. However, three professionals stated that they had identified some deficiencies and areas where improvements were needed. They indicated that there was a need for the service to be more responsive in their approach. They also stated that the service had been co-operative and action had been taken to improve areas identified.

There were arrangements for providing care which took account of people's needs. People had been assessed by the registered manager and care co-ordinator to ensure that their needs and preferences were noted. Care plans were informative and detailed. There was evidence that they had been prepared with involvement of people and their representatives. We noted that information had been obtained from people regarding how they wanted to be addressed and how the care was to be provided and important people in their lives. There was a profile of people who used the service and specific tasks which care workers needed to do when supporting people.

Reviews of care plans had been carried out by the care co-ordinator or senior care workers. We saw documented evidence of this. People and their relatives confirmed that the care of people had been reviewed either via the telephone or during visits to peoples' homes.

The service had a complaints procedure and people and their relatives informed us that they knew how to make a complaint. One relative stated that the service had responded promptly to their complaint. We however, noted that two relatives stated that their complaints were not promptly responded to by the service. We discussed this with the registered manager. He responded promptly and investigated the complaints made. One complainant stated that they had previously made a complaint. However, this was not documented in the complaints book together with action taken in response. We also read in the care review form that a person had made a complaint regarding the behaviour of some staff. However, there was no documented evidence of action taken.

We examined the complaints folder. Out of the five complaints examined, three were promptly responded to. One was responded to outside of the 21 day limit mentioned in the complaints procedure of the service. One response was not dated so it was not possible to determine if this was promptly responded to. We further noted that there was no audit of complaints made.

Failure to establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints in relation to the carrying on of the regulated activity is a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Receiving and acting on complaints.

The registered manager acknowledged that improvements were needed. He stated that the service was in the process of effectively responding to complaints. He informed us soon after the inspection that he would very soon be reviewing their complaints handling procedures with all office-based staff and agree on improvements.

## Is the service well-led?

### Our findings

We found that the feedback from health and social care professionals was mostly positive regarding the care provided and the conduct of care workers. This was reiterated by most relatives and people who used the service who said they were mostly satisfied with the services provided. We however, found that some aspects of the service were not well led and this had led to complaints regarding the quality of the service being inconsistent and the lack of action to address certain deficiencies we identified.

Certain policies and procedures had not been updated to reflect changes in legislation and there was no policy for addressing the requirements of the MCA 2005. The safeguarding procedure and the complaints procedure in the policies and procedures folder in the office needed to be updated.

Some checks had been carried out by the registered manager and care co-ordinator. However, we were not provided with documented evidence of regular comprehensive audits and checks of the service carried out by the registered manager and senior staff of the company. There was no evidence of audits of complaints and concerns. This means that some complaints were not documented and promptly responded to. Although reviews and spot checks had been done, there was no careful systematic scrutiny of these to identify what needed to be done in response to any dissatisfaction. An example of this was that some staff had regularly not logged out following a visit and effective action had not been taken to stop this. It was also not possible to check if all staff had received a spot check. There was no spreadsheet to inform on whether all staff had received regular supervision. The registered manager informed us soon after the inspection that he had arranged a staff meeting to emphasise the importance of care workers logging in and out of visits. He said that this would be monitored and the service would introduce a surcharge from wages as a deterrent measure.

This lack of close scrutiny and quality monitoring may put people at risk of harm or of not receiving appropriate care. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.

The registered manager stated that he was in the process of addressing the deficiencies identified. Soon after the inspection, he sent us his interim action plan for improving the service. This included having a list of people who required special close monitoring on account of their healthcare needs.

Satisfaction surveys of the service and care provided had been carried out. The latest survey indicated that most people were satisfied with the services provided. The registered manager and some senior staff of the company informed us that they are aware of deficiencies and areas where improvement was needed. We saw the action plan following the satisfaction survey.

The service kept a record of compliments received. These included the following:

"We have been very pleased with the improvement in communication and timings of visits. Thank you."

"I would like to thank you all for the care you all gave to my relative. I could not have managed without you."

"Carers all arrived smartly attired and were always charming and thoughtful when engaging with my relative. They were efficient but showed kindness throughout the time in the home."

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 12 HSCA RA Regulations 2014 Safe care and treatment  The registered provider did not do all that was reasonably possible to mitigate against health & safety risks to people.
Regulated activity	Regulation
Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints  The registered provider failed to establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints in relation to the carrying on of the regulated activity.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The service did not have effective quality assurance systems for assessing, monitoring and improving the quality of the service.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The registered provider failed to provide adequate supervision and all essential training for care workers of the service.



