



Inspection Report on

Parkrow Care Ltd

**Fairways
Cardiff
CF5 6BE**

Date Inspection Completed

06 October 2020

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About Parkrow Care Ltd

Type of care provided	Domiciliary Support Service
Registered Provider	Parkrow Care Ltd
Registered places	N/A
Language of the service	English
Previous Care Inspectorate Wales inspection	This was the first inspection under the Regulation and Inspection of Social Care (Wales) Act 2016.
Does this service provide the Welsh Language active offer?	This is a service that does not provide an 'Active Offer' of the Welsh language because it does not intend to become a bilingual service.

Summary

Parkrow Care Ltd is a domiciliary support service that operates in the Cardiff and the Vale region. At the time the inspection took place, the service was operating in the Vale only. Parkrow Care Ltd is also the name of the company that owns the service. The Responsible Individual (RI) and manager for the service is Karen Hull. This means they have responsibility for both the strategic and day-to-day operations of the service.

People receive a good standard of care and support which enables them to achieve their personal outcomes. They enjoy positive relationships with care workers. They and their representative are involved in planning and reviewing their care. Reviews should be more frequent. Measures are in place for promoting safe practices. The RI is reviewing some of these. A suitable recruitment process ensures care workers are safe to work at the service. The RI oversees their supervision and training needs. People benefit from a well-run service overall, but quality assurance needs improving.

Well-being

People's well-being is promoted by a good standard of care and support. People achieve their desired goals from the support they receive. We received good feedback from individuals using the service and representatives we spoke with. People rate the quality of care and support they receive highly and hold the care workers in high regard. People's needs are met by care workers who have sufficient time to spend with them.

People and their representative are involved in planning and reviewing their care; but those reviews need to be more frequent and consider the extent to which people are achieving their desired goals. People told us they have received written information about the service and know who to contact if they have a complaint.

Protocols are present for assisting people with their medication. The RI is reviewing them to ensure the level of assistance people require, and record keeping, are current and in line with relevant guidance. Measures are in place for reducing risks associated with cross-infection. Care workers told us they have sufficient supply of personal protective equipment (PPE). This helps them, and the people they support, stay safe. People are protected from the risk of harm and abuse. Staff are aware of their safeguarding responsibilities and feel confident raising any concerns with their line manager.

The service is generally well-run, but quality assurance needs some improving. Care workers told us they feel supported, sufficiently trained, valued and able to contribute their suggestions about how the service is run. Turnover of care workers is low which promotes good continuity for people. A satisfactory recruitment system is in place. Written information about the service is present, but it needs reviewing. People's care calls are planned in line with their personal plan and staff have time for travelling between visits.

The RI oversees the delivery of people's calls. We were informed of some changes to the management structure during 2020 which, coupled with the pandemic, had affected the training, supervision and spot checks of care workers. The RI is addressing these areas and we noted positive progress in this respect during the inspection. There is evidence the RI maintains an active role in the service, but they need to better document regular discussions with care workers and individuals, for quality assurance purposes. A system is in place for reviewing the quality of care, but it needs improving. A system for managing incidents and safeguarding concerns is in place and there is evidence the service liaises appropriately with relevant bodies.

Care and Development

People receive a good standard of care and support from a service they can rely on. We spoke with people using the service, relatives and obtained feedback from local authority commissioners. Feedback provided was consistently positive. It indicates people hold the service in high regard. People receive a level of consistency with their service and are supported to achieve their desired goals, in line with their personal plan. Everyone we spoke with told us care workers did their jobs well and rated the care they received highly. We considered the promotion of the Welsh language during the inspection. We were told there was no demand for a service in Welsh; but the RI will review this if the need arises. The RI told us they work closely with other professionals and we note they liaise appropriately with relevant bodies. Care workers told us they have sufficient time to assist people with the care and support required, as well as having time to chat with them. Turnover of care workers is low which promotes good continuity for people. Record keeping by care workers is consistent and of a good standard.

Personal plans identify people's particular care and support needs, which are consistent with information contained in local authority documentation. People told us their needs were assessed before their service started. We spoke with the RI regarding the comprehensiveness of written initial assessment information, which they told us they would consider further. A policy for starting a service is present and outlined in the written guide (the service's guide for people that contains important information about it). Written guidance for care workers is sufficient and clear, although we considered people's personal goals could be specified more clearly in their personal plan. Individuals and/or their representative are involved in developing and reviewing the personal plan. Those reviews need to be more frequent though and consider the extent to which people are achieving their desired goals. Risk assessments are present, accompanying the personal plans, but they should evidence the involvement of people and/or their representative to make them meaningful.

Protocols for assisting people with medication are in place. Information regarding the level of assistance people need with medicines is reflected in their personal plan. We were told that the current people using the service require minimal (i.e. prompting only), or no assistance with medicines. Feedback from care workers and examination of care records indicated occasions whereby care workers provided more assistance. The RI told us they were addressing this with care workers, to ensure they adhered to personal plans. We noted they are also reviewing arrangements for recording medicines, at the time of the inspection. We also discussed reviewing the personal plans to ensure they accurately reflect the current level of medication assistance needed, and any relevant risks. The RI assured us they will follow this up. A medication policy is present and staff receive relevant training, which ensures they have the right skills and knowledge to assist people.

Measures are in place for minimising cross-infection risks. All care workers we spoke with told us they have sufficient supply of PPE. This enables them to deliver care and support safely. Care workers demonstrate a good understanding of PPE requirements. An infection control policy is present which care workers can access. Regular team meetings, chaired by the RI, keep care workers up to date with current PPE requirements. The RI told us a care worker 'spot check' system is in place, for quality assurance purposes, but management changes and the pandemic affected the frequency of the checks. They told us a programme of spot-checks will recommence in October 2020.

Procedures are in place for keeping people safe. Policies are present for safeguarding and whistleblowing. Staff receive safeguarding training. Some are overdue, affected by reduced training availability during the pandemic, but the RI is addressing this. We are told further training is booked for November 2020 for all staff needing it. Care workers are aware of the safeguarding and whistleblowing policies, in addition to their individual responsibilities. All feel comfortable raising any concerns with their line manager. There is evidence the service refers safeguarding concerns promptly to the local authority. People using the service, and their representative, know who to contact if they have a complaint.

Leadership and Management

People are given written information about the service, but it needs updating. A statement of purpose and written guide are present, but they need reviewing. Relevant policies and procedures are in place and reviewed regularly by the RI, although some would benefit from further review. We are satisfied the provider has responded to incidents appropriately, notifying relevant bodies.

Satisfactory information about care workers employed is present. Personnel records we examined contained full and satisfactory information. We discussed one aspect of documentation with the RI. People can feel confident care workers are suitable to support them because they are thoroughly checked.

A programme of training and supervision helps to promote a skilled and supported workforce. A policy for supporting and developing staff is present. All care workers we spoke with told us they felt sufficiently trained and supported. This enables them to carry out their roles effectively. All care workers commented positively on the support they receive from their line managers. Care workers are valued and have opportunities to contribute their ideas and suggestions. The RI oversees the training needs of the care workers. Some are overdue training, which the RI is addressing. The RI oversees care workers' supervision. A matrix we looked at indicated some discrepancies, but we saw they were addressed just prior to the inspection. We were informed changes to management and the pandemic had affected training and supervision. Regular team meetings are held to support staff, keep them up to date with policies and protocols and for them to share their ideas.

Quality monitoring arrangements need some improving. There is evidence the RI maintains an active role in the service and has contact with individuals and/or their representatives and care workers. The written evidence to support this, for quality assurance purposes, needs to be better though. We looked at arrangements for reviewing the quality of care and support provided and found they needed improving. This is to ensure feedback from people connected with the service (i.e. individuals, representatives, care workers and commissioners) is sought and evaluated more regularly. This will enable the service to continuously monitor and improve. We discussed the relevant requirement with the RI and will follow it up at the next inspection.

Areas for improvement and action at the previous inspection

None. This was the first inspection under the Regulation and Inspection of Social Care (Wales) Act 2016.

Areas where immediate action is required

None

Areas where improvement is required

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| (1) Ensure personal plans are reviewed with individuals and their representatives at least every three months and consider the extent to which individuals achieve their personal outcomes. | Regulation 16(1)-(4) |
| (2) Ensure the RI maintains a system for monitoring, reviewing and improving the quality of care and support at least every six months. | Regulation 80(2) |

Date Published: 10 November 2020