Perfect Care Limited

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Inspection report

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13 September 2018
18 September 2018

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 11, 13 and 18 September 2018 and was announced. We gave the service 24 hours' notice of the inspection to ensure that the people we needed to speak with were available.

Perfect Care Limited is a domiciliary care service. It provides personal care and support to people living in their own homes. At the time of our inspection Perfect Care Limited provided a service to 165 people to maintain their independence at home. Of those, 151 people received the regulated activity personal care. CQC only inspects the service being received by people provided with personal care; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

Perfect Care Limited was last inspected by CQC on 21 and 22 March 2016 and was rated Good. At this inspection we found the evidence continued to support the rating of 'Good' and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risk or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service had a registered manager in place. 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 in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was not present during our visit. However, a registered manager from another of the provider's locations was present and was acting as manager at the time of the inspection.

People who used the service told us they felt safe. Relatives and external professionals expressed no concerns regarding safety. The acting manager understood their responsibilities with regard to safeguarding. Staff had received training in prevention of abuse and were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures.

Accidents and incidents were appropriately recorded. Health and safety checks had been carried out and risk assessments relating to the environment and the delivery of care were in place. Appropriate arrangements were in place for the safe management and administration of medicines.

There were appropriate numbers of staff employed to meet people's needs and provide a flexible service. The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff. Staff were suitably trained and received regular supervisions and appraisals.

People who used the service, relatives and external professionals were complimentary about the standard of care provided by Perfect Care Limited. Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People's needs were assessed before they started using the service. Care and support plans were in place detailing how people wished to be supported and people were involved in making decisions about their care. The plans made good use of personal history and described individuals care, wellbeing and support needs. Staff knew the people they were supporting and provided a personalised service.

People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs. People were supported during visits to and from external healthcare specialists.

The provider had an effective complaints procedure in place and people who used the service and their relatives were aware of how to make a complaint.

The provider had an effective quality assurance process in place. Staff said they felt supported by the management team. People who used the service, their relatives and staff were regularly consulted about the quality of the service.

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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Perfect Care Limited

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.

This inspection took place on 11, 13 and 18 September 2018 and was announced. The provider was given 24 hours' notice of our visit to ensure that the people we needed to speak with were available. The inspection was carried out by an adult social care inspector, an assistant inspector and one expert by experience. The expert by experience had personal experience of caring for someone who used this type of care service.

Inspection site visit activity started on 11 September and ended on 18 September 2018. It included a visit to the provider's office on 13 September 2018 to speak with the acting manager and two branch managers; and to review care records and policies and procedures. We also made telephone calls to people who used the service, relatives and staff to gain their views and experiences.

During our inspection we spoke with nine people who used the service about the care and support they received and ten relatives. We also spoke with five care staff. We looked at the care records of seven people who used the service and the personnel files for four members of staff. We also looked at records relating to the management of the service, such as audits and surveys.

Before we visited the service, we checked the information we held about this location and the service provider, for example, we looked at the inspection history, complaints and statutory notifications. A notification is information about important events which the service is required to send to the Commission by law.

We contacted professionals involved in caring for people who used the service, including commissioners, safeguarding officers and social workers. We also contacted the local Healthwatch and no concerns had been raised with them about the service. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Good

Is the service safe?

Our findings

People who used the service consistently told us they felt safe in the presence of staff and that their needs were met safely. They said, "Yes, very safe. They always tell you who they are when they come and they always come when they say they'll come", "They lock up when they're leaving and make sure I've got everything before they go" and "They help me with my shower and if I didn't feel safe I wouldn't have one. They take good care of me; I've no complaints." One relative said, "Yes, I trust them a great deal. I feel comfortable leaving the house while they're here".

There were sufficient numbers of staff, appropriately deployed to ensure people's needs were met and to keep people safe. Staffing levels could be adjusted according to people's needs and we saw that the number of staff could be increased if required. Some people informed us they had recently seen changes to their usual care staff and a member of staff told us, "Staff have gone and there's a lot of new staff come." We discussed this with the acting manager who told us there had been a high turnover of staff at the service recently and described how the provider was addressing this through ongoing recruitment and incentive schemes.

The provider had an effective recruitment and selection procedure in place and carried out relevant security and identification checks when they employed new staff to ensure they were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), three written references and proof of identification. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults.

The provider's safeguarding policy provided staff with guidance regarding how to report any allegations of abuse. The acting manager understood their role and responsibilities with regard to safeguarding and notifying CQC and the local authority of incidents. Staff had been trained in how to protect vulnerable people. The staff we spoke with demonstrated a good awareness of safeguarding and whistleblowing procedures.

Accidents and incidents were appropriately recorded. The provider's accident and incident reporting policy provided staff with guidance on the reporting of injuries, diseases and dangerous occurrences and the incident notification requirements of CQC. Monthly analysis was carried out to identify any causes or contributory factors and corrective actions took place. The staff we spoke with were aware of the reporting procedures for accidents and incidents.

The provider had a business continuity plan in place to cover any emergency situations so that people would continue to receive safe and effective care. Risk assessments were in place for people who used the service. An environmental risk assessment was carried out for each person's home that staff visited. Staff had completed infection control training and appropriate personal protective equipment (PPE) was available.

Appropriate arrangements were in place for the safe administration and storage of medicines. The provider's medication policy covered all key areas of safe and effective medicines management. People had electronic medication care plans in place which described the level of support people required with the administration of medicines and known side effects. Staff who administered medicines were trained and were required to undertake an annual competence assessment. Medicine audits were up to date.

Good

Is the service effective?

Our findings

People were supported by staff who had the knowledge and skills required to meet their needs. All the people and relatives we spoke with were confident the staff knew what they were doing when they were caring and supporting them. People told us, "Yes. They just seem competent; they know what they're doing", "All the care things they needed to do they've been great" and "The one I have is absolutely brilliant with me". Relatives said, "They [staff] assist him well", "They [staff] seem to cope very well", "I would say they're all very pleasant. He's always spotless with his hair done and things after they've been" and "They [staff] know how to use his equipment".

Staff were supported in their role and received regular supervisions and an annual appraisal. New staff completed an induction to the service and were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training and forms a set of minimum standards for new staff working in health and social care. Mandatory training was up to date and where gaps were identified, training was planned. Mandatory training is training that the provider thinks is necessary to support people safely. Additional training was provided in anticipation of people's changing needs. For example, training in dementia and end of life care.

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 lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The acting manager had a good understanding of their legal responsibilities with regard to the MCA and staff had received appropriate training.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. The care records we looked at contained evidence of consent and showed how people were supported to make their own decisions with regard to their care and support. Where people lacked capacity, we found that the care records clearly detailed how staff were to work with people and who had the legal right to make decisions on behalf of the individuals.

People's needs were assessed before they started to use the service and continually evaluated in order to develop support plans. People's care records included nutrition and hydration support plans which identified dietary requirements and preferences. Some people received support from staff to help them shop for their food and help prepare or make their own meals and drinks. People told us, "They [staff] do my breakfast and my dinner", "I generally put out what I want and they cook it for us" and "They [staff] made me a hot meal on a night".

The provider had a food and nutrition policy and staff had completed training in food hygiene and nutrition and diet. The acting manager told us how staff knew about the nutritional needs of the people they worked with and how any concerns or changes in a person's health or demeanour were reported back to senior staff

or relatives to ensure preventive measures were taken to help their health and wellbeing.

Some people had Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms in place, which means if a person's heart or breathing stops as expected due to their medical condition, no attempt should be made to perform cardiopulmonary resuscitation (CPR). Records were up to date and showed the person and been involved in the decision-making process.

People were supported to access and receive healthcare services. Care records contained evidence of visits to and from external specialists including GP's, occupational therapists and district nurses. Relatives told us, "There's once or twice they've [staff] prompted me to call a doctor out", "They've [staff] suggested I speak to the district nurse on occasions" and "They'll [staff] tell me if she's wheezy or something".

Good

Is the service caring?

Our findings

Staff were caring and respected the people they supported. People told us, "They [staff] are very friendly", "They [staff] are very kind" and "Nice to be looked after by people who genuinely care". Relatives said, "They're kind to [name] and they're very friendly. [Name] looks forward to them coming", "I think they're very good", "The girls do the job that they come to do well, I must say" and "They [staff] chat lovely to him. They always make a fuss of our dog as well, so they're very caring."

People were comfortable with the staff that supported them. People told us, "Quite impressed, always friendly, very polite", "Oh, we talk all the time; they know what I like", "They [staff] are a member of our family now they look after you so well" and "They [staff] are very good, very chatty." Relatives said, "[Name] is very relaxed in their company. They're a nice set of young women", "She has dementia and they talk really nice to her" and "When they've finished, they sit and talk to him."

Care records described how staff were to respect people's privacy and dignity and staff had received appropriate training. People told us, "They always knock on the bedroom door and ask if I'm decent before they come in" and "When I'm having a bath they make sure I have a towel round me. I have a male carer at times who's very careful and gentle with me. He always knocks on the bedroom door before coming in". Relatives said, "They're [staff] very dignified with him", "They come in and always knock on the door before they come in. They always respect us" and "The carers always ask him whether he wants a shower and they have a big towel to cover him".

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. People told us, "They [staff] always ask, what can I do for you now, and do you need a hand with this", "[Staff name] offers to do lots of little things for me which is very helpful" and "Recently I had a hospital appointment out of the blue, they came back later just to take me home, and to get ready for bed". Relatives said, "They're very careful with him and never rush him. I trust them", "They treat him very well. Despite his dementia, they talk to him all the time" and "They ask if he would like his hair washed. They're just very nice to him".

People's independence was promoted where possible and care records described what people could do for themselves and what they needed staff to support them with. People told us, "They'll [staff] ask me if I can do this and that and if not, they'll do it for me" and "I can shower myself, but they hang around to make sure I'm alright". Relatives said, "They [staff] have to help her with her dressing, but where they can they let [Name] do it for herself", "They [staff] seem to encourage her to do things in a relaxed manner; they don't rush her at all", "They [staff] try to keep her as mobile as possible [by encouraging her to walk]" and "They encourage him to do things for himself".

People's communication support needs were recorded and these described how people were given information in a way they could understand and the level of support they required with their individual communication needs. People's choices were also documented in their support plans.

Records were kept securely and could be located when needed. This meant only care and management staff had access to them, ensuring the confidentiality of people's personal information as it could only be viewed by those who were authorised to look at records.

Information on advocacy services was made available to people who used the service. Advocates help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities.

Good

Is the service responsive?

Our findings

Since the last inspection, the provider had invested in innovative technology to enhance the service they provided to people. The electronic operating system contained rostering and monitoring information including people's support plans. All staff had been given a secured smartphone which gave them access to the information they needed to deliver people's care and support. Visit notes were documented by staff on their device and could be accessed by managers in real time. A member of staff told us, "We all have our own individual phones and we use them to clock in and out. We have our rotas and people's care plans are on there."

People had their needs assessed and their care records demonstrated a good understanding of their individual needs. People's care records were person centred, which means the person was at the centre of any care or support plans and their individual wishes, needs and choices were taken into account. For example, an 'About me' document was used to record information that was important to the person such as their preferred name, life history, important routines, things that may worry or upset them, how they communicate, their friends/family and their care requirements.

People had support plans in place covering a wide range of needs including personal care, nutrition and hydration, mobility, medicines and skin integrity which detailed how people wished to be supported. Support plans and risk assessments could be updated immediately if staff observed changes to people's needs. A member of staff told us, "They (care plans) are fine. I would say care plans are updated normally straight away if something changes. You get either an email or a text sent out if there's any changes."

The service was responsive to people's changing needs and liaised with external healthcare professionals to ensure people's needs were met. For example, we saw advice had been sought regarding one person's equipment needs following discharge from hospital and another person had been supported to maintain their skin integrity through liaison with the community nurses.

The registered manager described in their Provider Information Return how the service was responsive to people's short-term needs. For example, "Some people coming out of hospital may just need a shopping call or an out/about visit due to feeling socially isolated. These interventions could lead to successful outcomes for people, improving their mobility and confidence." The acting manager told us how the service supported people with their end of life care needs and staff had received training in end of life care and dying, death and bereavement.

People and their relatives were involved in making decisions about their care and had given their written consent to the care and support they received. Care records were regularly reviewed, updated and evaluated. People told us, "My daughter arranged most of it, but someone came to talk to me." Relatives said, "We discussed what we wanted", "They [Managers] come out quite often. We've had about 3 reviews up to now", "Someone came and discussed things with us" and "One of the managers comes round every 3 months to reassess".

Handover meetings took place where people's care needs were discussed and accountability sheets were completed. Each day a care coordinator monitored peoples calls on a live screen to ensure all staff booked in and out of their individual visits and reduced the risk of missed calls.

People were actively encouraged to raise concerns. The provider's complaints policy described the procedure for people to follow when raising a concern or making a complaint, and the timescales they could expect to receive a response. Complaints were recorded, investigated and the complainant informed of the outcome including the details of any action taken. Complaints were reviewed to establish if there were any trends or lessons learned. People and their relatives told us they knew who they could go to with any concern or complaint and all felt that they would be listened to and that the concern would be addressed.

Good

Is the service well-led?

Our findings

The service had a registered manager in place. The registered manager had been registered with CQC since 11 May 2017. The registered manager was not present during our visit however a registered manager from another of the provider's locations was present and was acting as manager at the time of the inspection.

The service had a positive culture that was person centred, open and inclusive. Staff we spoke with felt supported by the provider and the management team, and told us they were comfortable raising any concerns. We received positive feedback regarding the management of the service from people who used the service and their relatives. One person told us, "The staff that come here are very approachable. I've met the manager once and she was easy to talk to." Relatives said, "If you need anything, you can ask them" and "If I ever ring up they're always there and they always have a kind word for you". One professional told us, "The manager and staff are accessible, approachable and deal effectively with any concerns people raise."

We looked at what the provider did to check the quality of the service and to seek people's views about it. The provider carried out regular audits to ensure people who used the service received a high standard of care. These included audits for care records, health and safety and safeguarding. The audits were up to date and included action plans for any identified issues. The registered manager also undertook 'spot checks' in the community to monitor the quality of the service delivered by staff. Management meetings were held regularly and included discussions about lessons learned.

Regular surveys were carried out where people could provide feedback on the quality of the service. The provider collated the results to identify themes and ways to improve. We saw positive responses to the 'customer satisfaction surveys' from 2018. People's comments included, "Keep up the good work. All staff give 110%", "I am very happy with Perfect Care", "Well pleased", "[Name] is my main carer, she is excellent, very prompt and reliable. I trust her totally. Could not cope without [Name]" and "I am content with everything". The service had also received compliments from people and their relatives in 2018 which had included, "All the carers are very good and they are a credit to the company" and "[Staff Name] has made a really big impact into [Person's Name] wellbeing and social ability. Really good carer".

Staff were regularly consulted and kept up to date with information about the service and the provider. For example, a monthly 'Team Brief' was sent to staff which informed them about such things as call times, sickness, rotas, new staff and training. Staff were sent a questionnaire to feedback on their role and what it was like working for the service. We saw positive responses to the 'staff surveys' from July 2017 and August 2018. Staff told us, "I love the job", "I'm getting a lot of job satisfaction from it" and "All the carers I work with are great, you feel part of a team. We do have that community within the staff". This meant that the provider gathered information about the quality of the service from a variety of sources and had systems in place to promote continuous improvement.

The service worked well with health and social care agencies to achieve positive outcomes for the people who used the service. One professional told us how the service worked on a multi-agency basis, supported

people to identify and achieve their goals and co-operated with other services, sharing relevant information when needed.

The registered manager had notified the CQC of all significant events, changes or incidents which had occurred at the service in line with their legal responsibilities. The provider had policies and procedures in place that considered guidance and best practice from expert and professional bodies and provided staff with clear instructions.