

Perfect Community Care Limited

Perfect Community Care

Inspection report

St. Marks Church & Community Centre
Tollgate Road
London
E6 5YA

Tel: 07759487093

Website: www.perfectcommunitycare.co.uk

Date of inspection visit:
26 April 2019

Date of publication:
17 June 2019

Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service effective?

Inspected but not rated

Is the service caring?

Inspected but not rated

Is the service responsive?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

About the service:

Perfect Community Care is a domiciliary care agency that was providing personal care to one person at the time of the inspection.

During this inspection we were unable to provide the service with a rating. This is because the service had not been providing care and support over a long enough time period for us to review.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

People's experience of using this service:

People who used the service told us they were kept safe.

People were safeguarded from the risk of abuse at the service and staff knew how to whistle blow if they witnessed poor practice.

Risk assessments were in place to protect people from known risks and management and staff took steps to always ensure people's risk was minimised.

Safe recruitment practices were followed to ensure vulnerable people were kept safe.

People were reminded to take their medicines and staff observed this had been done.

Staff received training and the management of the service had policies and procedures for the safe administration of medicine.

Staff had completed appropriate training for their role which was up to date.

People were involved in the initial assessment of needs to ensure the service could fully support them.

Consent to care and treatment was sought before care began.

People were encouraged to make their own choices in relation to aspects of their care.

People received support with light meal preparation.

People were encouraged to be independent to prevent them losing their skills.

People's religious needs equality and diversity was respected.

Care plans contained people's preferences, communication needs, likes and dislikes.

People gave positive feedback about the management of the service and the service they received.

People had not made any complaints about the service.

Rating at last inspection:

The service was registered by CQC on 4 May 2018. This was the service's first inspection since registration.

Why we inspected:

This was a planned comprehensive inspection based on CQC's scheduling process to check the safety and quality of care people received.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Details are in our Safe findings below.

Inspected but not rated

Is the service effective?

Details are in our Effective findings below.

Inspected but not rated

Is the service caring?

Details are in our Caring findings below.

Inspected but not rated

Is the service responsive?

Details are in our Responsive findings below.

Inspected but not rated

Is the service well-led?

Details are in our Well-Led findings below.

Inspected but not rated

Perfect Community Care

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Perfect Community Care is a domiciliary care agency. It provides personal care to people living in their own houses, flats and specialist housing. It provides a service to older adults, younger disabled adults and children.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection started on 26 April 2019 and finished on the same day. We visited the office location on 26 April 2019 to see the registered manager; and to review care records, policies and procedures.

What we did:

Before the inspection, we asked the provider to complete a 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.

During the inspection we spoke to the Registered Manager. We viewed one care plan, three staff recruitment files, training records, criminal records check, policies and procedures relating to the management of the service.

After the inspection we spoke with the one carer and a person who used the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. We were unable to rate the service as there was not sufficient information available to us to fully assess how safe this service was. This was because the service had not been providing care and support to people over a long enough time period for us to review.

Systems and processes to safeguard people from the risk of abuse

- The registered manager and care staff received training in safeguarding adults and were aware of the different types of abuse. Care staff followed the safeguarding procedure of reporting allegations of abuse to the registered manager in the first instance. Staff also knew other organisations they could contact such as the local authority, people's GP, police or the Care Quality Commission (CQC).
- Staff knew how to whistleblow should their concerns not be acted upon or if they witnessed poor care.

Staffing and recruitment

- The service had enough staff to support people and the person using the service told us staff were very flexible and arrived on time.
- Staff completed an application form detailing previous experience in care and completed a criminal records check.
- Two references had not been obtained in accordance with the provider's policy. We raised this with the registered manager and they chased the second reference and provided evidence after the inspection.

Assessing risk, safety monitoring and management

- People told us they felt safe with their carer. One person said, "Yes, I feel safe."
- Staff told us they kept people safe by always observing them in their home. Staff told us they also kept walk ways in people's home clear. A member of staff said, "I check the environment, I check there is nothing they can trip over. I check the corridor, if anything will injure them I remove it." The same member of staff told us they checked bath water temperature to reduce the risk of burns during personal care.
- Staff knew the risks to people receiving a service. The registered manager had assessed people for risks and put plans in place to reduce those risks. For example, records showed a person at risk of falls received one to one staff support in the bathroom and the kitchen to prevent a slip.

Using medicines safely

- Staff had completed medicine training and the service had a medicine policy and procedure.
- At the time of the inspection staff reminded people to take their medicine and did not support with administration.
- The provider had completed a medicines risk assessment to confirm the person was responsible for managing their own medicines. The provider also listed all the medicines the person was taking and recorded, for audit purposes, that they had reminded the person to take their medicines.

Preventing and controlling infection

- The registered manager provided staff with personal protective equipment (PPE) to reduce the risk of

infection, and mini first aid kits. A member of staff said, "We have gloves and aprons and cleaning stuff. I also have a first aid kit, I carry it everywhere." We saw supplies of PPE and the first aid kits in the main office.

Learning lessons when things go wrong

- The service recorded incidents and completed an action plan with guidance to prevent the incident from happening in the future. The registered manager advised staff were informed of incidents and were supported to learn from them.

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.

We were unable to rate the service as there was not sufficient information available to us to fully assess how effective this service was. This was because the service had not been providing care and support to people over a long enough time period for us to review.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager told us after they had been approached to provide a service, they made an appointment to complete an assessment of people's needs. The registered manager said, "I asked [person] what she wanted and needed. After completing the plan I asked again, does this meet your needs."
- The person using the service told us the registered manager came to ask what they wanted from their care package.

Staff support: induction, training, skills and experience

- Staff joining the service were supported with an induction by the registered manager.
- Staff were given the skills to do their role which included completing training in; health and safety, manual handling, mental health awareness, basic food hygiene, record keeping, control of substances hazardous to health (COSHH), equality awareness, general data protection and consent in social care awareness.
- Staff received supervision from the registered manager and staff we spoke with told us it was useful. A member of staff said, "Yes, I've had it a couple of times with [registered manager] I get support from her."
- At the time of the inspection staff were not due for an appraisal. However the registered manager had a policy and documentation in place to complete these when the time arose.

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

- Staff helped prepare light meals and hot and cold drinks of people's choice.

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

- The registered manager worked with people's social worker, community district nurse, dentist, physiotherapist and their GP.
- The registered manager advised they provided an escort service to people's health appointments if they needed it. Records confirmed staff supported people to attend the nail and foot clinic.

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 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 registered manager and staff sought people's consent before delivering care. Records confirmed people had consented to the care package commencing.
- The registered manager said, "I can't just go there, I have to get [person's] consent."

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.

We were unable to rate the service as there was not sufficient information available to us to fully assess how caring this service was. This was because the service had not been providing care and support to people over a long enough time period for us to review.

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

- People liked their carers. One person said of their carers, "They are good to me."
- Staff received equality awareness training which helped them understand people's different needs and to not discriminate.
- The registered manager and staff explained how they built caring relationships with the people they supported. The registered manager said, "The more you work with people, people get relaxed and can build relationship with them."
- The registered manager respected people's individuality. They said, "We respect people's cultures and religion. Need to respect people for who they are."

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

- People told us they were involved in their care and were asked for their views all the time.
- The registered manager told us they asked people to be involved in their care and that people did express what they wanted. The registered manager said, "[Person] wanted someone from their own country so they could understand their language and cooking. I introduced [person] to a carer from her country."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected.
- Staff told us they closed doors while people received personal care.
- People's religious beliefs were respected by the service.
- Staff encouraged people to maintain their independence. A member of staff said, "I wash their back, then I give them privacy to do things themselves. I help when they need me. Don't want them [people] to lose their skills."

Is the service responsive?

Our findings

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

We were unable to rate the service as there was not sufficient information available to us to fully assess how responsive this service was. This was because the service had not been providing care and support to people over a long enough time period for us to review.

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

- The registered manager could tell us what personalised care meant. They said, "It's putting the person at the centre, finding out all information, what they like to do, their health needs, backgrounds, likes and dislikes."
- Care plans contained some personalised details but information around people's preferences that were known by the registered manager were not included. However, the registered manager sent us updated care plans with this detail after the inspection.
- Care staff knew people's preferences and told us they were there to support people in what they wanted to do.
- A member of staff said, "I read the care plan, it tells you everything you need to do, what they want and don't want."
- Records confirmed that care was being reviewed by the registered manager and people were asked whether the plan of care continued to meet their needs.
- People's communication needs were documented in their care plan and they were written in line with The Accessible Information Standard' (AIS). The Accessible Information Standard applies to people using the service (and where appropriate carers and parents) who have information or communication needs relating to a disability, impairment or sensory loss.
- Care plans stated the method in which people communicated and their preferred language.

Improving care quality in response to complaints or concerns

- At the time of the inspection the service had not received any complaints.
- The registered manager had a complaints policy and procedure and provided information on how to make a complaint to people in their information pack when they started to receive a service.
- Complaint documentation was available in different formats such as easy read and picture format.
- The registered manager asked people at reviews if they wanted to make any complaints about the service, records confirmed people did not have any concerns.

End of life care and support

- At the time of the inspection no one required end of life care.
- The registered manager sent us a copy of the end of life policy and care plan in preparation for when people did wish to receive end of life care from the service.

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. We were unable to rate the service as there was not sufficient information available to us to fully assess how responsive this service was. This was because the service had not been providing care and support to people over a long enough time period for us to review.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager understood their responsibility to be open and transparent. They said of duty of candour, "Its being open and not hiding anything. If anything happens we inform the CQC and others. Things are bound to happen, its wrong if something happens and staff don't let me know, we are not being transparent. We can learn from it."
- The registered manager and staff were committed to providing high quality care. The registered manager said, "I hold duty of care to [person], have to make sure [person] is safe. I always encourage staff to update me if things change or I may know before staff, so I let them know."
- Staff confirmed the registered manager shared all information with them, a member of staff said, "She tells us everything."

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

- The registered manager had systems in place to monitor the quality of the service and guidance from a quality assurance monitoring policy.
- Records confirmed spot checks, audit of daily logs and monitoring of medicines recording took place.
- Telephone spot checks had not been recorded, the registered manager advised they would do so in the future.
- People confirmed the registered manager had visited for a spot check and spoke to them on the phone to ask about the quality of care.

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

- People told us they liked the registered manager and were able to speak to them when they needed to.
- Staff we spoke to also gave positive feedback about the registered manager. A member of staff said, "[Registered manager] is a lovely person, that's why I stay with her."
- Records showed people using the service had completed a questionnaire to comment on the quality of the service and where their care could be improved.
- Staff told us they also provided feedback. we found, however, that this had not been recorded.

Continuous learning and improving care

- The registered manager ensured they kept up to date with changes in care and read guidance about

best practice. The registered manager said, "I read the newsletter from CQC, I take my time to read and learn from it. I learnt about certain creams that are flammable."

Working in partnership with others

- The registered manager advised they had attended meetings with other providers of social care. The registered manager said, "I learnt different things, providers talked about their experiences, what they are facing. Eased my anxiety."