

Home-Care Perfection Limited

Home-Care Perfection - Main Office

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

About the service

Home-Care Perfection is a domiciliary care service that provides care and support for people in their own homes. 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. At the time of the inspection the service was supporting 6 people with personal care.

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

Medicines were not managed safely. Specific risk assessments were not in place increasing potential risk to people. The service did not have an effective audit system in place to monitor the quality of the service. Lessons learnt were not evident due to the lack of auditing of systems and processes. We made a recommendation for the provider to review their systems and processes.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Staff followed good infection control practices, including wearing personal protective equipment when supporting people. Staff received feedback about the quality of care and support they provided. Safe recruitment processes were followed.

People received a detailed pre assessment before the service agreed to proceed with the care package ensuring they could meet people's needs. People told us they received care from consistent and regular staff members. Staff received a thorough induction and had support and training which provided them with the necessary knowledge to meet people's needs.

Staff knew people well and relatives reported staff were caring, compassionate and patient with people. People were treated with dignity and respect and had their privacy and independence promoted.

Care plans were person centred and detailed with people's histories. People and relatives were complimentary about the care provided by the service.

The registered manager was approachable, and people, relatives and staff spoke highly of the management at the service.

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

Rating at last inspection

This service was registered with us on 13 August 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. We have found evidence the provider needs to make improvements. Please see the safe, effective and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We have identified breaches in relation to medicine management, management of risks, best interest decisions and good governance at this inspection.

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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Home-Care Perfection - Main Office

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 1 inspector onsite and 1 inspector who conducted remote calls to staff. An Expert by Experience supported remotely with calls to people and relatives who use the service. 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.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure the provider or registered manager would be in the office to support with the inspection.

Inspection activity started on 7 December 2022 and ended on 14 December 2022. We visited the location's office 7 December 2022.

What we did before the inspection

We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are

required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 5 relatives about their experience of the care provided and we spoke with 7 staff members. This included the registered manager, the provider and care staff. We reviewed a range of records which included, 2 people's care records, daily notes and medication records. We looked at 2 staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including policies and procedures and training documents.



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 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.

Using medicines safely

- Medicines were not managed safely.
- Systems were not in place to manage medicines therefore we were not assured people were receiving medications as prescribed. For example, 1 person was prescribed medication to be taken before food. We saw staff were providing this medication after food which meant there was a risk the medicine would not be effective.
- Guidance was not in place for 'as required' medicines. This meant staff did not have information about the specific circumstances when these medicines should be given.
- Body maps and medication administration records for the application of topical cream were not detailed to support staff to understand the appropriate, safe application of creams.
- The registered manager was not monitoring the medication administration records and we saw no evidence staff were following the National Institute for Health and Care Excellence (NICE) guidelines for supporting people to take their medicines.
- Staff had not received any medication competency checks or assessments.

We found no evidence that people had been harmed however, medicine management systems were not always safe and placed people at risk of harm. This was a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded during and after the inspection. They confirmed actions had and were being taken to address the risks.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People did not have specific risk assessments in place to support staff in understanding their needs and how to mitigate and manage risks. For example, one person was at risk of falls from their chair, but there was no risk assessment in place to identify this risk or provide an action plan for staff to follow.
- Short term care plans were not implemented in response to people's changing needs. For example, one person had returned from hospital with significant changes to their pressure area care. There was no short-term care plan in place to identify to staff the acute needs and requirements of this person, therefore the person was at increased risk of harm.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded during and after the inspection. They confirmed actions had and were being taken to address the risks.

- There was a low level of accidents and incidents. However, the provider should ensure they have suitable and robust systems in place to capture and monitor future near miss events.
- The provider had a robust environmental risk assessment for people's home to ensure safety of staff whilst providing cares.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training and knew how to raise concerns.
- Relatives said they felt people were safe. One relative said, "[person] is 100% safe, we would be lost without the carers".

Staffing and recruitment

- Safe recruitment processes were followed, and checks were completed to ensure only suitable staff were employed.
- Staff received a thorough induction and shadowing processes and had guidance and support from the first day of employment.
- People and relatives were happy with the call times and they stated they were support by the same staff.

Preventing and controlling infection

- The provider had a comprehensive infection prevention and control policy.
- Staff used personal protective equipment (PPE) and had regular compliance spot checks.
- Staff were provided with sufficient supplies of PPE to carry out their roles safely, and the office contained adequate supplies.

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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The service was not acting within the legal framework of the MCA. For example, one person was assessed to have capacity however, a decision had been made for limitations to be placed on food and drink accessibility within their home. There was no best interest decision or consent documented in their care file for the implementation of this restriction.
- Some staff had not completed their MCA training and other staff who had could not describe their understanding of the principles of the MCA or how to apply this in their everyday work.

The provider had failed to ensure people's care and support was delivered in line with the MCA. This was a breach of regulation 11(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff worked with other agencies. However care records did not show clearly where other professionals had been contacted to ensure people's health needs were met. District nurses and GP contact was not captured in the documentation.
- Relatives said their relatives health needs were supported. One relative told us, "[relative] had a bed sore, they called the district nurse and also informed the doctor".
- Staff had a good knowledge of which healthcare professionals were involved in people's care.

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

- Staff supported people with their meals when this was part of their care plan. Plans contained details of their likes and dislikes and the level of support they required.

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

- People's needs were assessed before being offered a service. The pre assessment process was detailed and robust and information gathered from people and their relatives was used to develop their care plans.
- Care plans were detailed and described the support each person required or each call. They also detailed people's personal choices and preferred routines.

Staff support: induction, training, skills and experience

- Staff received regular supervisions and appraisals and followed a detailed induction programme.
- Staff told us they received regular training and updates and spoke highly of their induction and support offered from peers and the registered manager.

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 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

- People and relatives told us staff were caring and treated people kindly. The feedback we received was overwhelmingly positive. One relative said, "The carers are caring and compassionate, they have patience in abundance", and "The carers fulfil the whole care plan and they are very good with my [relative]".
- Staff we spoke with demonstrated caring values and understood how to provide personalised care to the people they were looking after.
- Staff were able to read people's care plans prior to providing care for the first time They could also access updated versions of the care plans instantly on the phone application, ensuring they had the knowledge and skills to support the person.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People and relatives told us they were actively involved in the completion of the care records and were involved in decisions about their care.
- Relatives told us, "The carers always ask first, they say is that OK? They don't just do things out of the blue".
- Care records were written in a way which promoted staff to ensure people maintained and developed their independence wherever possible.
- Staff had formed good relationships with people and their relatives. Staff described how they maintained and promoted people's independence and involved them in care decisions.

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 Good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- People were listened to and the registered manager had dealt with and responded to all complaints efficiently. However, the provider did not have effective systems for learning lessons when things went wrong. Complaints and concerns that had been raised were not robustly documented or monitored for patterns or trends to improve the service.
- People and relatives told us they knew how to raise a concern, but the majority said they had not needed to complain as yet.
- We reviewed multiple compliments and thanks from people and relatives. Compliments showed people were satisfied with the support they and their loved ones received.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People were supported by staff who knew them well. Care records provided information about people's backgrounds, needs, wishes and preferences.
- The service kept in regular contact with people and relatives to assess the effectiveness of care plans.
- Staff had received training about how to support people who were at the end of life.

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.

- Care records were digital with people and relatives being provided with access to these remotely from their own devices. Care plans were also printed off and placed in people's houses to ensure they could review the documentation as and when they required.

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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Governance systems were not effective and in some instances were not in place. This resulted in a lack of oversight for medication, risk assessments, call monitoring, complaints, accidents and incidents. Shortfalls identified on inspection were not identified by the registered manager or provider as effective audits were not in place.
- The registered manager was unable to drive the quality and improvements in the service due to the lack of oversight.
- There was no evidence of lessons learnt as the providers system for recording near misses and low-level accidents was ineffective.

We found no evidence that people had been harmed however, systems to assess, monitor and improve the service were not effective or robust. This was a breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations.

The registered manager and provider responded during and after the inspection. They confirmed actions had and were being taken to address the risks.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The service had a positive culture which focused on good outcomes for people and providing person centred care.
- Staff praised the registered manager and stated they received sufficient support and felt confident in their leadership. One staff member told us, "I feel supported in my role, the registered manager gets in touch with us regularly to check how we are doing".
- The service worked with other stakeholders and external agencies but failed to keep contemporaneous documentation on the contact and communication between the agencies.

We made a recommendation for the provider to review their system and implement new initiatives to capture partnership working.

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; Engaging and involving people using the service, the

public and staff, fully considering their equality characteristics

- The registered manager understood their duty of candour and although there had been no notifiable events to report to CQC, they were aware of the requirement and the process.
- Feedback was gathered regularly from people, relatives and staff, and we saw positive feedback provided.
- People and relatives were positive about the communication with the registered manager and provider.
- Staff meetings were not regularly held due to current work pressures and limitations. However, regularly communication was maintained between the registered manager and staff using communication platforms.
- Staff were happy working at Home-Care Perfection and described the staff morale as good. A staff member said, "My job is rewarding and satisfying, it's a nice working environment and everyone is supportive".

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	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider failed to comply with the principles of the Mental Capacity Act and did not complete best interest decisions where restrictions were imposed on people. Regulation 11 (1)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to manage medicines safely and were not monitoring the safe administration of medications. Regulation 12 (1) (2) (g)</p> <p>The provider had failed to monitor and manage risks effectively with the lack of appropriate risk assessments. Regulation 12 (1) (2) (a) (b)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to maintain good governance and oversight of the service due to the lack of audit systems. Regulation 17 (1) (2) (a) (b)</p>