

Pearl Residence Ltd

Pearl Residence Office

Inspection report

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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

About the service

Pearl Residence Ltd is a domiciliary care agency providing personal care to people in their own homes. The service is set up to provide support to young adults under 65, older people and those living with dementia, people with a physical or learning disability and autistic people. At the time of our inspection there was one person using the service.

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

People received their calls at a time they wanted, on time and with the same staff member.

Systems were in place to assess the risks to people's health and wellbeing. Environmental risks to people and staff had been assessed. People's care plans were person centred, clear and reviewed. They were involved in planning their care arrangements.

The registered manager knew how to safeguard people from harm and what action they would take if concerns were raised.

There were systems in place to support people with their medicines and the registered manager was trained to administer and manage them. No-one at the service was receiving support with their medicines.

There was a recruitment process in place. No staff had been recruited at the time of the inspection as only one person was using the service. Their care was provided by the registered manager.

Measures to prevent and control infection were in place. Personal protective equipment (PPE) was worn when providing personal care.

Support was available for people to have meals and drinks if required.

A complaints process was in place and no complaints had been received.

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

Audits and quality assurance processes were in place to oversee the management and quality of the service.

At the time of the inspection, the location did not care or support anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

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 15 September 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 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Pearl Residence 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 one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure the registered manager would be in the office to support the inspection.

Inspection activity started on 22 November 2022 and ended on 28 November 2022. We visited the location's office on 24 November 2022.

What we did before the inspection

We reviewed information we held and had received about the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us

to give some key information about the service, what the service does well and improvements they plan to make. We used information gathered as part of monitoring activity which took place on 10 October 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We spoke with 1 person who used the service and with the registered manager, who was also the director of the service. We reviewed a range of records. This included 1 person's care plan, policy and procedures and training undertaken by the registered manager. We also looked at the processes they had in place for overseeing and monitoring the quality of the service.

Following the inspection visit, we continued to seek further clarification from the registered manager to validate evidence found and this was provided.

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 good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- A person told us, "I feel very safe with [the registered manager]. They check the water and room temperature, so it is warm for me."
- The registered manager understood their legal responsibilities to protect people and share important information with the local authority and the CQC.
- Training had been undertaken in safeguarding people from harm and how to identify and report any concerns.

Assessing risk, safety monitoring and management

- Risks associated with people's care and their living environment had been identified and assessed. People had risk assessments in place which included how risks to people could be minimised.
- The registered manager had received appropriate training to enable them to meet people's needs safely including the use of equipment.

Staffing and recruitment

- There was a system in place for the recruitment of staff and the registered manager was able to tell us how they would safely employ more staff as the service grew.
- The registered manager was the only person providing care at the time of the inspection.

Using medicines safely

- There was a system in place for the administration and management of medicines. The registered manager had received training to carry this out.
- No-one received support with their medicines at the time of the inspection.

Preventing and controlling infection

- The registered manager had completed training in infection prevention and control and used personal protective equipment (PPE) appropriately.
- Relevant policies and procedures were in place to support effective infection prevention and control, and these followed current guidance.

Learning lessons when things go wrong

- At the time of inspection, no incidents or accidents had occurred.
- The registered manager told us about the setting up and development of the service. They were able to describe how they would use the learning from any incidents and concerns to improve the service.

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 good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to commencing the service so they could be met appropriately.
- People's protected characteristics such as age, gender and religion were considered and recorded, but not all. During the inspection, the registered manager had amended their care plan assessment process to fully reflect people's identities.
- People's support needs were reviewed regularly to ensure care continued to be delivered as required. The registered manager told us that a change in the time of a person's care was requested after a few weeks, and this was done as requested to meet their wishes.
- The registered manager kept themselves aware of good practice guidance and delivered care and support in line with the standards expected.

Staff support: induction, training, skills and experience

- Systems were in place for the induction, training and supervision of staff.
- The registered manager had completed all relevant training and had the skills and experience to care for people safely and effectively.

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

- If required people could be supported with the cooking and eating of their meals.
- No-one at the service needed this support at the time of the inspection.

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 was knowledgeable about the range of health and social care professionals and services available to support a person should they need to make a referral.
- No-one needed the service to support them in this way at the time of the inspection.

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 registered manager had completed MCA training and encouraged and supported people to make their own decisions.
- People's capacity to make their own decisions had been discussed during the assessment process. This made it clear if the person was in charge of their care or if they had nominated a representative to make decisions on their behalf.

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

- A person told us, "[Registered manager] is very punctual and very caring and they respect my privacy."
- The registered manager told us how they had completed the assessment process for a new person using the service. This had included listening to what they needed, explaining how they would work together and how they would communicate to make sure the service met their needs.

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

- People were included in the planning and control of their care arrangements. In a review of a person's care, we saw this was discussed with them and they signed their agreement to this.
- People were asked their views during regular reviews. One person said, "[Registered manager] came to see me, and we discussed everything, and it has worked well."

Respecting and promoting people's privacy, dignity and independence

- In discussions with the registered manager they told us how they would support people to receive dignified and person-centred care. A person told us, "I enjoy the care [registered manager] gives to me. They are always happy when they come to me."
- Support was provided by the service to enable people to maintain their independence and control over their life. The registered manager explained to us how this was achieved, giving examples of where good outcomes for people enabled them to remain at home.
- Information provided to us through our share your experience form on our website, said, "The care that Pearl Residence has given to my [relative] has been great. The staff have been professional, and time management and communication have been excellent. I am pleased with the services and care given to my [relative] by Pearl Residence."

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.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Where a person had expressed a preference of staff gender, we found their preference had been accommodated.
- People had care plans in place which detailed their personal preferences and wishes. However, whilst the registered manager could explain people's life, history and personality, this was not recorded. The registered manager agreed to include this as part of the care plan so staff would be able to know a little about the person before they provided care.
- People had copies of their care plan at their home so that staff could follow people's routine. The registered manager also had this electronically so it could be updated in a timely way.

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 (AIS). 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.

- The registered manager was aware of their responsibilities under the AIS. People's care records contained information about their ways of communicating and their preferred methods.

Improving care quality in response to complaints or concerns

- The registered manager had a system in place to record and monitor complaints. At the time of this inspection the service had received no complaints.

End of life care and support

- The service was not supporting anyone at the end of their life. However, the registered manager told us they would contact the appropriate healthcare professionals should it arise and seek training for themselves and staff.
- There was a question about end of life care on the assessment form to capture people's wishes. The registered manager told us this would be discussed and completed as and when people felt comfortable sharing this information.

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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager spoke enthusiastically about providing a service to people that was individual and person centred. They were open, approachable and willing to adapt the service to make sure people received the best care possible.
- The registered manager understood their role and the standard of care expected of them. They told us they were looking to expand their care team as and when they had more people using the service.

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

- Systems were in place to check the quality of the service. These included audits of care plans, medicines management, staff recruitment and infection prevention and control. The registered manager had oversight of the service and was able to make improvements when needed.
- The registered manager understood their responsibility to notify us of any incidents relating to the service. These notifications tell us about any important events which have happened at the service. At the time of our inspection there had been no incidents to report.
- The registered manager understood their responsibility under duty of candour. Duty of candour requires providers to be open and transparent with people who use the service and other people acting lawfully on their behalf in relation to care and treatment.
- The service has a contingency plan in place which looked at support and cover available in an emergency. They had an agreement with another care agency to support them in the event this was needed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- The service was inclusive, and people were partners in their care arrangements. A person said, "I feel that [registered manager] is helpful. They advise me when I might need to call the GP as something is not right."
- To ensure the service was being managed well and was continuously learning and improving, the registered manager had employed an external person to provide supervision and support to them. They met monthly and this person checked the audits and care plan reviews completed to ensure they were all in good order.
- The registered manager had knowledge of health and social care professionals to call upon when needed.

