

Perfect Community Care Limited

Perfect Community Care

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

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

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.

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

People told us they were kept safe by the staff. People were safeguarded from the risk of abuse and staff knew how to blow the whistle if they observed 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. Staff were recruited to the service safely and appropriate checks performed on prospective staff.

The service did not support anyone with medicines at the time of the inspection. However, people were reminded to take their medicines and the service observed this had been done as an extra safety measure.

People were involved in the initial assessment of needs to ensure the service could fully support them. The registered manager and staff had completed appropriate training. 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 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.

People received support with light meal preparation. People were encouraged to be independent as much as possible. Staff were kind and respectful of people's diversity.

Care plans were personalised, contained likes and dislikes and people's communication needs. People and staff gave positive feedback on the management of 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 - Inspected but not rated 15 June 2019.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

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.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings.

Good ●

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. 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 Care Act 2014.

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 houses and flats.

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. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three members of staff including the registered manager and two care workers.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with one person who used the service and their relative about their experience of the care provided. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection we were unable to rate this key question as care had not been provided for a sufficient amount of time for us to rate. At this inspection the key question has been rated as good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and staff knew how to identify and report abuse.
- Staff received training in safeguarding adults and there was a safeguarding adults policy and procedure for staff to follow.
- Staff told us they would take action if they noted any changes in a person's behaviour such as being withdrawn or any unexplained marks they saw. A member of staff said, "I would speak to the person if I saw bruises or if they were not talking. I would then tell the [registered manager]."
- Staff understood how to blow the whistle if their concerns were not being acted on. A member of staff said, "If [registered manager] doesn't do anything I will go to the CQC."

Assessing risk, safety monitoring and management

- Risk assessments were in place to reduce the risk of people coming to avoidable harm.
- People told us they felt safe using the service and with the staff providing support to them.
- A person using the service said, "Yes, they make me feel safe."
- Relatives told us their family member was safe. They said, "Yes, they keep [relative] safe."
- Risk assessments provided clear instructions to staff on how to protect people in their home and to live in the least restrictive way. A member of staff said, "I make sure pathways in their home are clear, there are no obstacles and the stair lift is working."

Staffing and recruitment

- Staff were recruited to the service in a safe manner and in accordance with the providers policy.
- Records showed new staff were interviewed and provided documents to confirm they were eligible to work in the United Kingdom, proof of identification and a criminal record check to confirm they were suitable to work with people.
- There were enough staff to provide safe care to people using the service and the registered manager would offer support to the staff team when needed.

Using medicines safely

- People received their medicines safely.
- Staff had completed medicine training and the service had a medicine policy and procedure.
- At the time of the inspection the person using the service did not require support from staff to administer all of their medicine.
- To ensure the safety of people, staff still checked they had taken medicine they were not responsible for

managing.

Preventing and controlling infection

- People using the service were protected from the risk of infection.
- Staff told us they were provided with enough personal protective equipment to prevent cross infection, which included gloves, aprons and shoe covers.

Learning lessons when things go wrong

- There were systems in place to learn when things went 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.

At the last inspection we were unable to rate this key question as care had not been provided for a sufficient amount of time for us to rate. At this inspection the key question has been rated as 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 before care was provided.
- Records confirmed the registered manager visited people to discuss their individual wishes and check their health needs could be met by the service.

Staff support: induction, training, skills and experience

- Staff were supported to gain the skills and knowledge to perform their role.
- The registered manager supervised staff and staff confirmed they received this support.
- Staff told us they were well supported by the registered manager. A member of staff said, "We get great support. I had initial induction and we get training every month and are tested afterwards."
- 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.
- People and their relatives told us staff were good at providing support and showed they had the knowledge to provide care effectively.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet

- People were helped to maintain healthy lives and to receive support from the health care services.
- People were supported to receive enough to eat and drink.
- Staff prepared light meals and provided hot and cold drinks to keep people hydrated.

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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were supported to make decisions for themselves.
- Staff understood the principles of the MCA and to offer people choices and seeking their consent before providing care. A member of staff said, "I need to allow [person] to make a choice, need to ask are you ready to do this and wait for a yes or no." Another member of staff said, "I need to ask the person first (for permission) and respect their choices."

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.

At the last inspection we were unable to rate this key question as care had not been provided for a sufficient amount of time for us to rate. At this inspection the key question has been rated as 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 were cared for by staff who were kind and enjoyed looking after them.
- People using the service told us, "Yeah they [staff] are good and kind, I know all of them."
- Staff spoke of the people they supported in a kind and respectful manner. A member of staff said, "I love this job and caring for people, those who are unable to do things for themselves."
- Staff also told us they would go above what was expected and help people around the house with general cleaning which was appreciated by people.
- People were treated with respect and staff were non-discriminatory. A member of staff said, "You need to be polite and treat people equally, everyone should be greeted." Another member of staff when discussing someone who may identify as lesbian, gay, bisexual or transgender said "I know there are different types [of sexuality]. It's [people's] choice. If a man wants to wear a dress I will respect it."
- The registered manager showed respect to people's needs. They said, "Everyone's needs are different, regardless of sexuality, race or gender we need to put a holistic support plan in place."

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

- People told us they were involved in making decisions about their care by staff and the registered manager.
- Records showed people were involved in their care and people told staff asked them what they wanted to do during their visits.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected, and independence promoted.
- People using the service and their relative told us staff were respectful towards them in their home. A relative said, "The staff are very respectful towards [person]."
- The registered manager expressed the importance of staff needing to respect people's personal space and home. They said, "We need to respect [person's] room, [person] doesn't like staff going into their bedroom with shoes."
- People's independence was promoted. Staff told us they actively encouraged people to perform tasks for themselves if they were able to do so. Staff were able to describe people's individual needs.

Is the service responsive?

Our findings

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

At the last inspection we were unable to rate this key question as care had not been provided for a sufficient amount of time for us to rate. At this inspection the key question has been rated as 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

- Care provided was individual and detailed people's specific needs, preferences, likes and dislikes.
- Care plans were regularly reviewed with the person and their family to make sure staff were providing personalised care and support.
- People told us they chose how and when they received care and that they were in constant communication with the registered manager.
- People had choice and control of their care package, the registered manager told us they were flexible in the times they could arrive to provide support to people.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- At the time of the inspection no one required support with their communication. However, care plans stated the method in which people communicated and their preferred language.
- The registered manager told us if they were to support someone with different communication needs they would fully assess it and implement different formats such as easy read, use of objects to support communication, body and sign language.

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure in place.
- At the time of the inspection no complaints had been received. People using the service and their relatives told us they knew how to raise a concern and were made aware of the process.
- People and their relatives told us they had confidence any complaint raised would be acted on by the registered manager.

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.

At the last inspection we were unable to rate this key question as care had not been provided for a sufficient amount of time for us to rate. At this inspection the key question has been rated as 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

- People were supported by a staff team who were positive about their work and enjoyed providing care and support to the best of their ability.
- A member of staff said, "Everything is going well, we get a lot of support from [Registered manager]. Another member of staff said of the working environment, "Its great here, everyone [staff] is bright and happy."

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

- The registered manager understood their duty of candour responsibility and the need to be open and transparent when things went wrong.

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

- Staff knew what was expected of them and this was confirmed during supervisions and team meetings.
- There was a quality assurance policy and systems in place to monitor the quality of the service and to improve.
- Records confirmed spot checks, audit of daily logs and telephone monitoring took place. The registered manager also checked medicines were being taken even though they were not responsible for administering them to ensure people's safety.

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

- People using the service were asked for feedback on the quality of the service and what they would like to improve. The registered manager explained they were working towards improvement especially in relation to finding staff from different backgrounds and cultures to support the needs of people using the service.
- Staff told us they met regularly with the registered manager and they discussed the care package and if any improvements could be made to provide better outcomes for people.

Continuous learning and improving care; Working in partnership with others

- The registered manager was committed to continually learning and improving the service.

- The registered manager was aware of best practices and sharing this knowledge with their staff.
- Records confirmed accidents and incidents were recorded and the registered manager took this as an opportunity to learn with their staff team.
- The registered manager told us they read publications to keep up to date with any changes in adult social care and attended provider forums to learn best practice and gain links with the local authority.