

Perfect Care Solutions UK Ltd

# Perfect Care Solutions UK Ltd

## Inspection report

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## Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Inadequate 

Is the service caring?

Insufficient evidence to rate

Is the service responsive?

Inadequate 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

### About the service

Perfect Care Solutions UK Ltd a care at home service that provides personal care support in people's homes to people with mental health and physical disabilities. At the time of our inspection there was 1 person using the service.

Not everyone who used the service received personal care. The Care Quality Commission (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. One person was in receipt of personal care at the time of our inspection.

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

People were not protected from the risk of abuse. The provider failed to have policies or systems in place for staff to follow to keep people safe. People were at risk of potential harm as risks were not identified, assessed, reviewed or mitigated. Staff were not recruited safely. The registered manager and provider failed to ensure there were systems in place to check staff were suitable for the role they were carrying out. Medicines were not safely managed.

People's needs and choices were not assessed. Staff did not receive on-going training or support. People were not supported to maintain a balanced diet. People were not supported with their health needs. 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.

People did not have care plans in place, and we could not be assured people's needs and preferences were discussed with people or were being met. The provider did not have a complaints policy and process in place.

The provider and the registered manager were not aware of their legal responsibilities and did not ensure the service was meeting the regulations. The provider did not understand their responsibilities around the duty of candour. The provider had not notified CQC about things they had a duty to report. The provider did not promote a positive, person-centred culture. People were not empowered, and good outcomes were not achieved.

The provider did not engage people or staff to improve the service. There were no records to demonstrate the provider continuously learned so care could improve. The provider did not work in partnership with others. We could not be assured people benefited from the input or expertise of other health professionals.

We expect health and social care providers to guarantee people with a learning disability and autistic people

respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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](http://www.cqc.org.uk)

#### Rating at the last inspection

This service was registered with us on 3 October 2019 and this is the first inspection.

#### Why we inspected

We undertook this inspection so the service could be rated. Although we inspected all 5 key questions, we were unable to rate the Caring key question due to the lack of evidence. We will review this key question at our next inspection.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective, Caring, Responsive 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

We have identified breaches in relation to safe care and treatment, safeguarding, person-centred care, staffing, fit and proper persons employed and good governance at this inspection. We took action and cancelled the providers registration.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

### Is the service effective?

Inadequate ●

The service was not effective.

Details are in our effective findings below.

### Is the service caring?

Insufficient evidence to rate

Insufficient evidence to rate.

### Is the service responsive?

Inadequate ●

The service was not responsive.

Details are in our responsive findings below.

### Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

# Perfect Care Solutions UK Ltd

## **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 3 inspectors.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses, flats and specialist housing.

#### 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 a short period notice of the inspection because we initially planned to inspect using remote technology. When we inspect using remote technology the performance review and assessment is carried out without a visit to the location's office. We would use technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review

documentation.

We converted from a remote inspection to an onsite inspection, where we visited the registered office, because we did not receive the information we requested from the provider.

Inspection activity started on 11 May 2023 and ended on 8 June 2023. We visited the location's office on the 17 May 2023.

#### What we did before the inspection

We reviewed information we received about the service including things the provider must notify us about, for example, accidents or safeguarding concerns. 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 all this information to plan our inspection.

#### During the inspection

We spoke with 3 staff which included the registered manager who was also the nominated individual and 2 care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke to 1 person. We requested various documentation including care plans, risk assessments, recruitment files, and other records relating to the management of the service. The provider did not provide the evidence we requested although numerous requests were made.

# 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 inadequate. This meant people were not safe and were at risk of avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were not protected from the risk of abuse. The provider failed to have policies or systems in place for staff to follow to keep people safe.
- Staff had not received training around identifying abuse. There were no safeguarding records or investigations into incidents. We could not be assured that if abuse had occurred, the correct action had or would be taken.
- During the inspection, we raised a safeguarding referral to the local safeguarding adults' team due to potential abuse we had identified.

The provider failed to have systems and processes in place to safeguard people from the risk of abuse. This is a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- People were at risk of potential harm as risks were not identified, assessed, reviewed, or mitigated.
- People did not have risk assessments or care plans in place. This meant that risks people may face were not identified by staff and steps were not in place to keep people safe.

The provider failed to have systems in place to assess, monitor and manage risks to people. This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- The provider failed to have a robust recruitment policy in place.
- The registered manager and provider failed to ensure there were systems in place to check staff were suitable for the role they were carrying out. There were no pre-employment checks, such as references, or recruitment records in place. We could not be assured Disclosure and Barring Service (DBS) checks had been completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

The provider failed to ensure recruitment procedures were established and operated effectively. This is a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We could not be assured there were enough staff deployed to meet people's needs. There were no care plans or staffing calculations to show how many staff were needed to support and at what particular time people needed the support.

The provider failed to ensure that there were enough qualified and competent staff available to support people. This is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Using medicines safely

- Medicines were not safely managed. People did not have medicine care plans or risk assessments in place.
- Care records were not present, and we were not assured people were receiving the correct support with their medicines. There were no audits or checks in place to show if medicines were being safely administered to people.
- Staff had not received regular safe medicine administration training or competency checks.

The provider failed to ensure the proper and safe management of medicines. This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Preventing and controlling infection

- The provider failed to have policies in place or to provide staff with training to prevent and control infection.
- We could not be assured staff were following safe infection prevention and control practices.

The provider failed in assessing the risk of, and preventing, detecting and controlling the spread of, infections. This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Learning lessons when things go wrong

- Lessons were not learned from incidents placing people at risk of further harm. There were no records to show that incidents were recorded, or investigations completed. We could not be assured that if incidents occurred lessons would be learned to stop the chance of re-occurrence and to improve the quality of care.

The provider failed to have systems in place to learn from incidents and improve the safety of the care provided. This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

# 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 inadequate. This meant there were widespread and significant shortfalls in people's care, support and outcomes.

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

- People's needs and choices were not appropriately assessed in line with best practice guidance, standards and the law.
- Holistic assessments of people's needs were not completed and there were no care plans in place to show the people's needs and choices. Records did not show people were asked for their choices around the support they received.

The provider failed to assess people's needs and choices. This is a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- Staff did not receive on-going training that was appropriate to their role. There were no records to show that there was an induction or on-going support for staff.
- Staff did not receive training or competency checks in line with national best practice or standards. For example, staff training records did not show that staff had received safeguarding, medicines, moving and handling or mental capacity training.
- There were no recruitment or induction records for staff. We could not be assured that staff had completed training in care prior to working for the provider or if they had completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

The provider failed to ensure that staff were qualified, competent or trained effectively to deliver care to people. This is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People were not supported to maintain a balanced diet. Records relating to nutrition and hydration were missing or not fully completed.
- The provider told us they were supporting people with their diet. There were no records in place to show if people had an assessed need and what their needs or choices were relating to food and drink.

The provider failed to assess people's needs and choices. This is a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us staff helped them with meal preparation and food shopping.

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.

- People's care was not delivered in line with MCA and best practice guidance. There were no records present to show that people had been supported to make their own decisions around their care and were helped to do so when needed.
- Staff had not received training around MCA. There were no records to show that people had their capacity assessed.

The provider failed to assess people's needs and choices in partnership with them. This is a breach of regulation 9 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

- People were not supported with their health needs. Records did not show that people had access to other healthcare services in a timely way or that staff worked in partnership with other agencies to provide effective and consistent care.
- We could not be assured that staff had the competency to escalate any issues or concerns about people to the right healthcare professional or service.

# 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 not been rated due to the lack of evidence available. We will assess the whole key question at the next inspection of the service.

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

- People were not supported to express their views. Records were not available to show that people's care needs had been discussed with them to ensure care was delivered in a way that suited the person best.

The provider failed to assess people's needs and choices in partnership with them. This is a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider did not have equality and diversity policies in place and staff had not received training around this.

Respecting and promoting people's privacy, dignity and independence

- We could not be assured the provider was promoting people's privacy and dignity as records were not available.

# 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 inadequate. This meant services were not planned or delivered in ways that met people's needs.

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

- People did not have care plans in place, and we could not be assured that people's needs and preferences were being met.
- There were no care records in place and there was no information available for staff to follow whilst supporting people.

The provider failed to plan people's care which included their needs, choices and preferences. This is a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

- There were no records in place to show that people had their communication needs assessed and staff were providing information in a way they understood.
- We could not be assured people were having their communication needs met.

The provider failed to assess the communication needs of people. This is a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns

- The provider did not have a complaints policy or process in place. We could not be assured the correct action would be taken if a concern was raised.

The provider failed ensure that there was a robust governance system in place to respond and act upon complaints to improve the quality and safety of the care provided. This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

End of life care and support

- People were not receiving end of life care and support at the time of our inspection.

# 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 inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- The provider and the registered manager were not aware of their legal responsibilities and did not ensure the service was meeting the regulations. During the inspection we identified serious concerns in relation to risk management, safeguarding, staff recruitment, infection prevention and control processes, care planning and assessments, staff training and lack of quality assurance systems.
- Records were not present to demonstrate people were receiving care or the care provided was appropriate for their needs. There were no records to demonstrate the provider continuously learned so care could improve.
- There was a lack of oversight by the registered manager and provider. Audits and checks were not completed. Policies and processes were not in place to make sure the service was providing a safe and good level of care to people. We were not assured people benefited from a service which learnt from errors or improved care when things went wrong.

The provider failed to ensure systems or processes were established and operated effectively to assess, monitor and improve the quality and safety of the services provided. The provider failed to maintain securely an accurate, complete and contemporaneous record in respect of each person. This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 provider did not understand their responsibilities around the duty of candour.
- The provider had not notified CQC about things they had a duty to report. The provider did not maintain adequate records; therefore, we do not know how many notifications the provider had failed to submit.

The provider failed to ensure systems or processes were established and operated effectively to assess, monitor and improve the quality and safety of the services provided. The provider failed to maintain securely accurate, complete and contemporaneous records of the service. This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider did not engage people or staff in improving the service. There were no records to

demonstrate people and staff were asked for their views or feedback so the service could improve.

The provider failed to seek and act on feedback from relevant persons and other persons on the services provided. This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider did not promote a positive, person-centred culture. People were not empowered, and good outcomes were not achieved.
- Records were poor or missing. The provider was unable to provide any assurances about the quality of the service or how people were supported well.

Working in partnership with others

- The provider did not work in partnership with others. We could not be assured people benefited from the input or expertise of other health professionals.
- There were no documents to demonstrate the provider engaged with other health care professionals.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider failed to assess people's needs and choices. This is a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The provider failed to assess people's needs and choices in partnership with them. This is a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The provider failed to plan people's care which included their needs, choices and preferences. This is a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The provider failed to assess the communication needs of people. This is a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

### The enforcement action we took:

We cancelled the providers registration.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to have systems in place to assess, monitor and manage risks to people. This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

The provider failed to ensure the proper and safe management of medicines. This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider failed in assessing the risk of, and preventing, detecting and controlling the spread of, infections. This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider failed to have systems in place to learn from incidents and improve the safety of the care provided. This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### **The enforcement action we took:**

We cancelled the providers registration.

Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider failed to have systems and processes in place to safeguard people from the risk of abuse. This is a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

### **The enforcement action we took:**

We cancelled the providers registration.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed ensure that there was a robust governance system in place to respond and act upon complaints to improve the quality and safety of the care provided. This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The provider failed to ensure systems or processes were established and operated effectively to assess, monitor and improve the quality and safety of the services provided. The provider failed to maintain securely an accurate, complete and</p>

contemporaneous record in respect of each person. This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider failed to ensure systems or processes were established and operated effectively to assess, monitor and improve the quality and safety of the services provided. The provider failed to maintain securely accurate, complete and contemporaneous records of the service. This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider failed to seek and act on feedback from relevant persons and other persons on the services provided. This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

**The enforcement action we took:**

We cancelled the providers registration.

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider failed to ensure recruitment procedures were established and operated effectively. This is a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

**The enforcement action we took:**

We cancelled the providers registration.

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider failed to ensure that there were enough qualified and competent staff available to support people. This is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The provider failed to ensure that staff were qualified, competent or trained effectively to deliver care to people. This is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

**The enforcement action we took:**

We cancelled the providers registration.