

Perfect Care Limited

# Perfect Care Limited

## Inspection report

10-12 High Street  
Spennymoor  
County Durham  
DL16 6DB

Tel: 01388420145

Date of inspection visit:

09 June 2021

21 June 2021

22 June 2021

23 June 2021

Date of publication:

28 July 2021

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Perfect Care Limited is a domiciliary care service. It provides personal care and support to people living in their own homes. Not everyone who used the service received personal care. At the time of our visit 248 people were receiving a service including 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 received safe care. There were systems in place to safeguard people from harm or abuse. Risk assessments were in place to support people to be as independent as possible. Staff were aware of their responsibility to keep people safe and were confident that any concerns raised would be acted upon by the management. Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

Medicines were administered safely, and staff were knowledgeable about people's needs. Staff undertook training in the safe management of medicines and regularly had their competencies assessed to ensure they were following the correct practices.

The service followed safe recruitment practices. There were enough staff to meet people's care needs and there were systems in place to allocate and deploy staff safely. Most people and staff told us that staff worked consistently with the same people and got to know their needs and preferences. Relatives had mixed views of the service, especially in relation to visit times and consistency of care staff. Where there were unavoidable changes to people's care the service made best efforts to let people know about the changes.

Management had clear oversight of the service. The registered manager and other staff we spoke with had detailed knowledge about the service. Quality assurance systems were in place to monitor the quality of care and support people received. When people had accidents or incidents these were recorded, and actions taken to minimise the risk of reoccurrence. The service sought and responded to feedback. People told us that day to day issues they raised would be quickly resolved. Where issues had been raised with management, they had taken action to address the concerns.

Most staff we spoke with felt well supported in their roles. They told us they had clear guidance and the registered manager was available if they had any queries. Some staff spoke highly of the management and support they gave staff during the pandemic.

The service had a strong focus on continuous learning and improvements and linked with partner agencies to deliver joined up care.

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 last inspection

The last rating for this service was good (published 1 November 2018).

### Why we inspected

This was a planned inspection based on current priorities for inspection. We had not inspected this service recently and the service sends CQC a high number of notifications, some of which are about people's safety. Therefore, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We found no evidence during this inspection that people were at risk of harm. We found the service sent notifications in-line with their statutory duties. Please see the well-led section of this full report.

The overall rating for the service has remained good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Perfect Care Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### 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?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Perfect Care Limited

## 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 and an Expert by Experience. 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.

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 we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 9 June 2021 and ended on 23 June 2021. We visited the office location on 23 June 2021.

#### What we did before inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used all of this information to plan our inspection.

#### During the inspection

We reviewed a range of documents prior to visiting the offices, these included four people's care files and a variety of records relating to the management of the service. During our visit to the offices we spoke with four members of staff including the registered manager, deputy manager, senior care co-ordinator and case manager. We reviewed a range of records. This included a further two care records and multiple medicine records. We looked at four staff files in relation to recruitment.

#### After the inspection

We spoke with 13 people who used the service and seven relatives by telephone about their experience of the care provided. We spoke to two care assistants by telephone. We sent surveys to 15 staff including care assistants and care supervisors and five of these were returned. We also received feedback by e-mail from the recruitment manager.

# 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 this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Processes were for people and staff to report any concerns about potential abuse and to respond to safeguarding concerns.
- Staff had received training in how to keep people safe and described the actions they would take where people were at risk of harm.

Assessing risk, safety monitoring and management

- Risks to people's safety and welfare were identified and well managed. People were supported to reduce the risk of avoidable harm by staff who understood their needs. Care plans contained explanations of the control measures for staff to follow to keep people safe.
- Care plans and risk assessment were reviewed to ensure they reflected current needs. One person told us, "I feel safe. Yes, definitely. They [staff] ask if you're sure you can do this and that and if there's anything more they can do for you."

Staffing and recruitment

- Recruitment was safe. There were processes in place and recruitment checks were carried out before staff were appointed.
- Staffing was managed safely and there were clear processes in place to monitor staff performance and adherence with allocated tasks.
- In most cases people were supported by a consistent team of staff who knew the person's needs. People were matched with staff who had skills and experience in relation to their specific care needs.
- We received some mixed feedback from relatives about the timing of visits and the consistency of staff. Where people or relatives had raised concerns about the care and support management had taken actions to address these.
- There were robust systems to plan and monitor visits. Where calls were unavoidably delayed due to unforeseen circumstances there were processes in place to communicate this to people in a timely way.

Using medicines safely

- People's medicines were managed safely. Medicines administration records showed people received their medicines as prescribed. One person told us, "They [staff] make sure I'm taking them [medicines]. I tend to forget. I'm happy with that arrangement".
- Care staff received training and competency checks to ensure they were administering medicines safely.
- Staff were knowledgeable about which medicines people needed and how these should be given.

### Preventing and controlling infection

- People were protected from infection. People and their relatives told us staff always wore appropriate PPE. Comments included, "[Staff] wash hands regularly. Wear gloves, aprons and masks".
- Staff had received training regarding infection control.
- Staff had access to adequate amounts of PPE. Staff were able to tell us how they would put on, take off and dispose of their used PPE.

### Learning lessons when things go wrong

- Accidents and incidents were recorded and investigated to reduce the risk of them happening again in the future. There were processes in place to share learning with staff.



# 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 this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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, Continuous learning and improving care

- The management team understood their role regarding regulatory requirements and the need to be open and honest. For example, they notified CQC of events, such as safeguarding concerns and serious incidents as required by law.
- The service had a strong focus on improving care. Results from audits, investigations and surveys were used to improve the quality of care at the service.

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

- People were in receipt of care which was person-centred. Care plans included details about people's preferences, skills and interests. Staff told us about examples of where the provider had supported people to become more independent and reduce their reliance on care staff.
- The management promoted a culture that was positive and open. They encouraged feedback and responded constructively to this.
- Most staff told us that management were supportive, one staff member told us, "Both my manager and deputy have offered support and been approachable at all times." There were systems in place for all staff to meet with and be supported by a senior member of staff.
- Management cared about people's emotional well-being. They arranged 'well-fare' telephone calls to people who chose not to receive a service during the pandemic, but who may have been socially isolated without the continued contact.

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

- Quality assurance systems and governance arrangements were in place to identify areas for improvement and the actions needed to address them. Checks were made on the service to monitor standards of care.
- Staff understood their roles and the provider's expectations of them. Staff received guidance on the care tasks they were required to complete and had immediate support from staff at the office if they had any queries or any issues arose.

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

- People who used the service told us they were asked about their experience of the service and they could

influence how the service was delivered. The service gathered feedback using spot checks, telephone calls and surveys.

- Most people told us communication was good and they were informed of changes to their service.
- We received mixed feedback from relatives with some expressing concern that they were not always communicated with. Where communication issues had been flagged with management actions had been taken to address these.
- The service had live systems for monitoring visits and communicating any changes, this was manned by dedicated staff.

#### Working in partnership with others

- Staff and management worked closely and collaboratively with partner agencies and health care colleagues to deliver joined up care. This included reporting concerns about individuals care and signposting people to other organisations for support.
- Partners praised the management for their positive approach, for example when the registered manager had worked closely with a local service to support people back into employment.
- The registered manager used partnerships to develop the service. They had worked with a local college on an initiative where students developed solutions to work based issues and presented these options to the service for them to consider.