Arolygiaeth Gofal
Cymru
Care Inspectorate
Wales

Inspection Report on

Perfect Pal Healthcare Ltd

**Unit 1, Columbus Walk,
Brigantine Place
Cardiff
CF10 4BY**

Date Inspection Completed

17 November 2023

About Perfect Pal Healthcare

Type of care provided	Domiciliary Support Service
Registered Provider	Perfect Pal Healthcare Ltd
Language of the service	English
Previous Care Inspectorate Wales inspection	07/03/2022
Does this service promote Welsh language and culture?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

Perfect Pal is a domiciliary support service, providing care and support to people in their own homes within Cardiff. People are consulted about the care and support they would like, and preferred times of visits are accommodated where possible. Personal plans are in place and reviewed regularly. People like the friendliness of staff, the flexibility of the service and the positive outcomes they achieve. Consultation with people takes place to inform the provider of the quality of care delivered.

The manager runs the service smoothly. Monitoring and recording systems are in place, including audits to inform the service development. The workforce is recruited safely and suitably trained. Action is taken to continually improve the service with a focus on the support of staff to ensure continuity of care for people.

The service provider has governance arrangements in place. The sole director is also the responsible individual (RI) and has management responsibilities over the day to day running of the service. As they are present the majority of the time, they have very good oversight.

Well-being

People can access the right information and their voice is heard. Documents informing people what the service offers are clear and available. Before the service is provided, the manager speaks to people about their situation and what they would like. Sometimes this is different to the agreed plan provided through the local authority, but providing it is safe to do so, adjustments are made to deliver the care and support to people, at a time that suits them. Care is taken to match support workers with people, for example, a younger person may have younger support workers if requested. Consideration is given to providing the service through the medium of Welsh but this is not a requirement of any people at present. People have opportunities to comment on the quality of the service and their personal plans on a regular basis.

The provider takes measures to ensure people are safe and protected. Systems are in place for the safe recruitment and development of staff to ensure they are competent and able to deliver the care and support people need. Particular attention is given through training to the prevention of skin damage when helping someone to move. Where possible, with the care provided by the support workers, people's physical and mental health improves. Good communication systems are in place. Support workers ensure they inform the manager if they have noticed an issue so action can be taken. Personal plans give sufficient information for support workers to follow and risk assessments are in place. Medication assistance is provided with improvements in the recording of this since the last inspection. Health professionals and social workers are consulted.

People are supported to stay as healthy and active as possible. Personal plans outline what a person would like to achieve and support workers have clear information about what they need to do to help the person on a daily basis. People with mobility and skin issues have the right support, with positive outcomes. Some people have improved independence as they have had the right support and encouragement from staff, achieving outcomes, and reducing support needs. People's mental health is considered, and people appreciate the approach of individual support workers and the service to accommodate their needs. Where possible, the service makes every effort to put things in place so that people who are in hospital can return to their own homes as quickly as possible, such as providing specialised training for support workers.

Care and Support

The provider consults with people and considers their personal wishes and aspirations when providing care and support. An initial meeting gives people opportunity to voice their preferences around care and support before the service commences. Where possible, choices are accommodated, including preferred times of visits and how people would like to be supported. People can approach the service through their support workers or the manager if they wish to discuss issues or request changes to their package of care. The manager listens and takes action where possible. People are involved in reviews of their care and support and are invited to give feedback on the quality of the service they receive.

The service has up-to-date personal plans. Personal plans and supplementary plans, including occupational health plans, are in place to guide support workers, and are reflective of people's needs. Improvements have been made, but the manager is working to ensure that it is clear support workers need to refer to all documentation. They are also considering information contained within local authority care plans and the relevance of this when transferring to the service's plans, for example, health issues that may be historic, but staff may need awareness of. Electronic systems of recording are used, including recording of medication assistance provided. This has improved since the last inspection. Daily records show that people are given the right support and regularly offered choice. Some records show that care is provided outside of the contracted hours agreed with the local authority, but this is at the request of the person. The manager monitors visit times.

People experience good care and achieve good outcomes. People told us they would recommend the service. One person told us it was "*100%, the best service they had ever received*." Another person told us how friendly the staff are and how they "*cheer me up*," when the person is feeling down. Other people told us they like the fact that support workers arrive on time and regularly attend. We saw how people are supported to improve their health with good referrals to health professionals. Support workers follow any directions from, for example, district nurses, to help a person improve. We saw several examples where the service has gone above and beyond to support individuals, some of whom had failed packages of care with other services. Social workers consult with people and provide positive feedback about the support given so people's desired outcomes are achieved, acknowledging the good service provision. Careful consideration is given to 'matching' the right support worker to the right person.

Leadership and Management

Governance arrangements are in place and the service is run smoothly. A sole director is the responsible individual and manager. They run the day-to-day operations smoothly, have systems in place to monitor the quality of care and have good oversight of the service and how it needs to develop. Policies and procedures are available. A 'service user guide' and 'statement of purpose,' which are documents that tell people what to expect from the service, are reviewed and kept up to date. The quality of information in these has improved since the last inspection. Relevant reports are produced by the RI who is considering how these can be further enhanced to identify clear actions and timeframes to help the development of the service.

The provider ensures support workers are fit to work with vulnerable adults. Staff recruitment is robust with suitable pre-employment checks carried out. The induction process gives staff vital information on how to safeguard people. Supervision meetings take place giving support workers opportunities to discuss issues and consider their professional development with a line manager. The manager is considering how their own supervision can be arranged. All support workers are registered with Social Care Wales, the workforce regulator.

People are supported by a knowledgeable and competent workforce who are well supported. Training takes place, including face-to-face 'moving and handling,' where prevention of skin damage is a focus. Other training takes place online. Staff competencies are tested and recorded as part of supervision. We had overwhelmingly positive feedback from staff who told us that the support and development opportunities within the service are excellent. Staff feel valued and the provider has arrangements in place to acknowledge good performance. The service has won several awards for their support of staff in helping to deliver a good service. An 'on call' system ensures support workers can access the manager or office staff if there is a problem.

Summary of Non-Compliance	
Status	**What each means**
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people's well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)		
Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement		
Regulation	Summary	Status

N/A	No non-compliance of this type was identified at this inspection	N/A
15	The provider is not ensuring sufficient detail is recorded in the personal plan to direct staff on the day to day care required.	Achieved
58	There are gaps in Medication Administration Records and the provider is not auditing medication records to identify when procedures are not followed.	Achieved
80	The provider has not ensured that the responsible individual is carrying out effective monitoring of the service and informing directors and other interested parties of the standard and quality of care provided by the service.	Achieved
7	The provider is not ensuring the adequate information is provided within the Statement of Purpose during reviews.	Achieved

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