

Perfect Call Healthcare Limited

# Perfect Call Health Care Main Office

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service caring?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Perfect Call Health Care Main Office is a domiciliary care service providing personal care to 16 people at the time of the inspection.

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

Governance systems to monitor the quality of care being delivered to people required improvement. Existing systems failed to identify shortfalls including safe risk management, the application of the Mental Capacity Act (MCA), staff training and maintaining accurate and complete records.

Risks associated with people's support needs and health conditions had not been effectively assessed, monitored or mitigated. This increased the risk of harm to people. The registered manager told us of their plans to improve in this area.

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.

The provider had not ensured staff were sufficiently trained in order for them to carry out their roles effectively. This put people at risk of receiving care and support from staff who did not have the skills to do so safely. The registered manager told us they would improve the training provided for staff.

People's care plans lacked detail in relation to their needs and preferences and did not always contain accurate information about people's needs.

Improvements were needed with medicine records. Despite this, relatives told us they were happy with the support people received with their medicines.

Although we identified some issues in this inspection which required improvements to be made, the majority of relatives spoke positively of the support from staff and told us people were supported by staff who were caring and responsive to their needs.

Most relatives knew the registered manager and felt able to speak to them if they had any concerns. Staff felt well supported by the registered manager and felt they provided them with good leadership. Relatives and staff told us they would recommend the service to others.

The registered manager demonstrated a willingness to make improvements and during the inspection began reviewing their systems and process to ensure the service consistently provided good, safe, quality care and support.

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

This service was registered with us on 15 May 2019 and this is the first inspection.

#### Why we inspected

Our intelligence and monitoring systems highlighted to us the service was high risk. As a result, we undertook a comprehensive inspection as the service had not been previously inspected.

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 are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to risk management, consent, staff training, maintaining accurate and complete records and the governance of the service.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Perfect Call Health Care Main 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 Care Act 2014.

#### Inspection team

One inspector and an Expert by Experience carried out the inspection. 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 short notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection. Inspection activity started on 20 April 2021 and ended on 30 April 2021. We visited the office location on 23 April 2021.

#### What we did before inspection

We reviewed information we had received about the service since it had registered with us. 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 used all of this information to plan our inspection.

#### During the inspection

We spoke with 11 relatives about their experience of the care provided. We spoke with six members of staff including the registered manager and care workers. We also received email feedback from three members of staff and one professional. We reviewed a range of records. This included six people's care records and four medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.



# 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 for this newly registered service. This key question has been rated requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Risks associated with people's support needs and health conditions were not always assessed, monitored or reduced effectively.
- Risk assessments and mitigation plans were not always in place when people were at risk due to their mobility, skin integrity or eating and drinking needs. For example, on one person's care plan it stated, '[Person's name] spends long periods laying on their back in bed. This causes a lot of skin breakdown.' However, there was no skin assessment tool in place or detailed guidance for staff, so they knew how to monitor and reduce the risk of skin breakdown. This increased the risk of harm to people.
- Where people had a particular health condition, there was not an associated care plan or risk assessment in place which provided effective guidance for staff on how to support them. We additionally found staff did not always have appropriate knowledge about the risks associated with these conditions. For example, some people lived with diabetes. This can cause people to experience too high or too low sugar levels in their blood and require medical attention. There was no recorded guidance for staff about this and we found staff were not aware of how to recognise or act on the signs of a person's blood sugar levels being too high or low. This meant people may be at risk of not being supported appropriately with their health conditions or receiving medical attention when needed.
- Other people received support from care workers to manage the care of their catheter. Catheters are tubes used to drain a person's urine into an external bag. These can be prone to blocking and there is a higher chance that a person with a catheter will get an infection. There was no information in the care and support plan to guide care workers on how to provide safe catheter care whilst also reducing any risks of infection.
- Daily records demonstrated that one person sometimes displayed distressed behaviours. However, there was no information in the care plan about this. This meant the person was left at risk of not receiving the support they needed.
- Some people were prescribed the use of bed rails to maintain their safety when in bed. The use of bedrails can present additional risks to the person's safety such as a potential increased risk of entrapment of the body or limbs. However, there were no risk assessments in place to ensure consideration of people's safety when using bed rails. The registered manager was not aware this was required and following our feedback took steps to address this.
- One relative told us they felt care workers did not mitigate risks for one person to ensure they were safe. We told the local authority about this and they are carrying out their own investigation into this.

We found no evidence that people had been harmed however, systems were either not in place or robust

enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the registered manager told us how they would implement risk assessments for those who needed them to ensure clear and detailed guidance was available for staff.
- Despite the lack of risk assessments and mitigation plans, the registered manager told us they had arrangements in place to ensure staff understood people's risks through systems such as providing training, staff meetings and updates on a WhatsApp group. One relative told us how the registered manager had organised additional equipment for a person who was at risk of falls to reduce this risk for them.
- Staff told us how they ensured people had the support of healthcare professionals regarding their health conditions. For example, a nurse was supporting a person with their diabetes. Records confirmed this.
- The registered manager had undertaken an environmental risk assessment of each person's home.

#### Using medicines safely

- Improvements were needed with medicine records.
- People's medicine care plans did not always contain detailed information about their needs and the support required. For example, some people's care plans stated that support was required with their medicines but did not provide any further information than this. Additionally, there was not always information available to staff about why a medicine had been prescribed or what the possible side effects could be. This put people at risk of not receiving their medicines appropriately. We discussed this with the registered manager who told us the electronic care plan they were using had just been updated to include this information and they would soon be inputting it for all people.
- Where people were prescribed their medicines on an 'as required' basis such as pain relief or topical creams, the registered manager confirmed there were no protocols in place to guide staff to know why, when or how this should be administered. This meant people were at risk of not receiving their medicines as prescribed.
- One person required support with topical creams. There was no guidance or body map to guide staff where to apply the topical creams. This meant that with a lack of guidance there was an increased risk of creams being applied to the wrong area. The registered manager told us that this would soon be added on the electronic care plan system.
- There were no gaps on the medication administration records (MARs). However, we found numerous entries where care workers had prepared medicines for people but not observed these were taken. Due to the lack of information in some people's medicines care plans, we were not assured this was appropriate.

The failure to maintain accurate and complete records, in respect of each service user was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Relatives told us they had no concerns about the support their relative received with their medicines. One relative told us, "The medicines are absolutely fine. Everything is recorded on an app and sent to the organisation.
- The electronic recording system alerted the management team if a care worker had not recorded that they had given a person their medicine that day. This meant the registered manager could follow up on any concerns.
- Staff received medicine training and the registered manager told us they assessed staff members competencies when they carried out checks on staff. However, this was not recorded. The registered manager told us they would record this in future.



### Preventing and controlling infection

- This inspection took place during the COVID-19 pandemic and we reviewed the infection control processes the registered manager had implemented to ensure people and staff remained safe and protected from infection.
- At the time of our site visit, the registered manager told us that testing for staff in line with Government guidance was not always taking place. By the end of our inspection process, the registered manager confirmed they had implemented a robust system to ensure staff were appropriately tested. Staff we spoke with confirmed they had weekly tests.
- Care staff told us they had good supplies of personal protective equipment (PPE) which included disposable masks, gloves, aprons and eye protection. Relatives confirmed that care workers wore PPE when entering people's homes.
- Records demonstrated that staff had received training in infection control and the registered manager told us they discussed this during meetings with staff on a regular basis. The registered manager also worked alongside staff and confirmed staff followed current infection control guidance.
- Relatives were positive about infection control practices apart from one who felt a lack of good hygiene practice from some staff contributed to a person having frequent infections. The registered manager told us they were working with staff who supported this person to address this.

### Staffing and recruitment

- There were enough staff to meet people's needs. Relatives we spoke with told us their calls were mostly on time and no one reported a missed call.
- Staff felt there was enough staff to safely support people in line with their needs and preferences.
- An electronic call monitoring system was in place to monitor the arrival and departure times of care workers. However, this did not always work effectively due to issues such as a lack of internet or staff not using the system correctly. The registered manager told us they had put other systems in place to overcome this issue such as calling people or undertaking spot checks.
- Some people had support from a live-in carer. Most relatives were positive about this experience. For example, one relative told us, "The arrangement is just wonderful, and we couldn't manage without her [care worker]. However, another relative expressed concerns about the safety of their relative when the care worker took their breaks. We discussed this with the registered manager who told us that this person received live-in care where breaks were arranged rather than 24-hour care where a person would need continuous support and supervision. Although the registered manager told us they had provided information to people and relatives about the arrangement, they told us of their plans to further support people's and relatives understanding.
- Staff had been recruited through a recruitment process that ensured they were safe to work with people at risk.

### Systems and processes to safeguard people from the risk of abuse

- Relatives with the exception of one, told us they thought people receiving support from Perfect Call received a safe service as their care workers knew them well, understood their safety needs and treated them well. One relative told us, "I feel 100 percent safe with these carers."
- There was a policy in place to guide staff in how to safeguard people from the risk of abuse and harm. Staff had undertaken safeguarding training and could discuss the types and signs of abuse and knew how to report allegations.
- The registered manager demonstrated a satisfactory understanding of safeguarding and the actions to take to report their concerns.

### Learning lessons when things go wrong

- There was an electronic system in place so staff could report accidents or incidents. This was escalated in

real time to the management team, so they were able to support people and staff where needed. A relative told us the registered manager had gone out to support a care worker in the night when a person had an incident which they were grateful for.

- Incidents varied in nature and it was therefore difficult to determine how the service would analyse trends or patterns. The registered manager told us, and staff confirmed that if there were areas of learning, staff would be informed via, phone calls or meetings.
- The management team had weekly meetings where they discussed any incidents or concerns and any learning.

# 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 requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- The service was not working within the principles of the MCA.
- The arrangements in place to ensure care and treatment was provided with the consent of the relevant person were not clear. There were no records in place to demonstrate consent for care.
- A policy regarding the MCA was in place. This stated that 'We will ensure that each Service User at the commencement of the service has a capacity assessment carried out if required to ascertain how they are able to make decisions about their care and treatment.' However, we found this was not followed in practice. Although some people's decision-making ability was in doubt, there were no mental capacity assessments in people's care plans. This meant the principles of the MCA were not being adhered to. When we discussed this with the registered manager, they told us they did not know it was their responsibility. The registered manager acknowledged their understanding of the MCA needed improvement and told us they would seek to implement mental capacity assessments where appropriate.
- Where people do not have the mental capacity to make specific decisions, staff must act in their best interests. However, no records of best interest decisions had been recorded.
- Staff had not received sufficient training regarding the MCA and therefore, some staff were unable to demonstrate an understanding of the principles or how to apply the MCA in their day to day work. The registered manager told us they would ensure staff received training in the MCA within the next three

months.

The failure to ensure care and treatment was provided with the consent of the relevant person and in accordance with the Mental Capacity Act 2005 is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us of their plans to ensure they would adhere to the MCA.
- Most relatives told us that staff were respectful of people's choices.

Staff support: induction, training, skills and experience

- When staff started working for Perfect Call, they completed a one day training event which covered 13 topics. Due to the number of topics being covered in one day, some staff demonstrated a lack of knowledge in some areas of practice necessary to undertake their role effectively.
- We additionally identified the training event did not meet the guidance and standards of the Care Certificate as outlined by Skills for Care for care workers new to care. The Care Certificate is a set of standards that sets out the knowledge, skills and behaviours expected of care workers in their role.
- New staff worked alongside the registered manager or another experienced care worker, for three to four days as part of their induction. However, there was no competency framework in place to demonstrate the new care worker was competent to carry out their role. This meant staff new to care may not be competent in their role and this could place people at risk of unsafe care and treatment.
- Staff were supporting some people with complex needs. This included supporting people who had a pressure injury, who required a catheter and who received nutrition through a tube (PEG). Some people lived with health conditions such as spinal cord injury and diabetes. We found the training regarding these topics was variable. For example, records demonstrated staff had received training in providing nutrition via a PEG before they assisted a person. However, there were no records to demonstrate staff had received training in diabetes and staff were not able to demonstrate understanding of this or the risks associated with diabetes.
- Relatives feedback about the skills of staff varied. Comments included: "The care [Person's name] gets is wonderful.", "Yes, they ( care workers) deliver safe care after they've been trained by me, they do require training by me." and "I think some staff are well trained and some staff aren't, some seem to know what they're doing, others, not so much."

The failure to ensure staff were suitably trained, competent and skilled to enable them to carry out their role and meet the needs of the people they supported was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed our concerns about training with the registered manager who told us they would enrol new care workers on the Care Certificate and arrange training to ensure staff were suitably skilled to carry out their role.
- The registered manager often worked alongside staff and carried out spot checks to check they were carrying out their role sufficiently.
- Staff told us they felt supported by the registered manager and could discuss any concerns with them. The registered manager had implemented a system so all staff could receive formal supervision. Not all staff had received a supervision at the time of our inspection because they were new, however, the registered manager told us these staff would receive supervision when it was appropriate.

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

- Care and support did not always reflect current evidence based-guidance, standards and practice as detailed in the Safe and Effective section of this report. For example, the provider was not always using a

skin assessment tool when people were at risk of skin breakdown. Skills for Care guidance was not followed in relation to staff training and induction and people were not supported in line with the Mental Capacity Act (2005).

- People's needs were assessed before the service started supporting them. This was then used to develop a plan of care for people.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their assessments and relatives and staff felt people were treated fairly. Staff completed training in equality and diversity and the registered manager assured us discrimination of any kind would not be tolerated.
- The provider had invested in an electronic system to plan and record care. This meant the management team could monitor care provision in real time and take prompt action if need be. However, the electronic system had not always been used to its full advantage as we saw sections of care plans that were incomplete or lacked detail. The registered manager told us they would continue to learn how best to utilise this.

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

- Relatives were satisfied with the support people received with their meals and told us that staff supported people in the way they needed with food and drink. One relative told us, "[Person's name] was losing weight because the old care company only gave him Weetabix. Now he has a cooked breakfast every day and he's put on weight, it's great."
- Despite this feedback, information about people's nutrition and hydration needs were not always clearly recorded in their care plans. For example, some people's fluid intake was being recorded but the rationale for this was not documented. The registered manager told us fluid charts were often used when a person had a catheter or was at risk of dehydration. There was no daily intake target recorded on fluid charts to enable staff to evaluate people's needs. We discussed this with the registered manager who told us that any concerns with fluid intake would be picked up through the app but would ensure clear documentation was in place.

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support

- The service worked with other health and social care professionals to try to ensure people had access to the support and care they required for their health.
- People and their relatives told us the service met their health needs. Relatives said care workers would call them to let them know if the person was unwell. One relative also told us that care workers encouraged their relative to follow exercises set out by an occupational therapist to improve their strength and balance.
- Staff told us they would contact health care professionals if the person who they were supporting required attention. Records demonstrated this.

# 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 requires improvement.

This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- As detailed in the Effective section of the report, people were not always appropriately supported to consent to all aspects of their care.
- There was a lack of evidence of people's and relative's views about the service being gathered and reviewed to ensure the service was meeting their needs. The registered manager told us they spoke to people and relatives regularly to ensure they were happy with the service but there was not always documentation to support this. Some relatives confirmed this, whilst others told us they would prefer more contact and more opportunity to discuss the care their relative received.
- Despite this, relatives told us people were involved in day-to-day decisions that affected their care. For example, one relative told us the provider was accommodating when their relative wished to change the time of their visits and another said they could decline a care worker if they felt they didn't match their requirements. All relatives told us that people were asked whether they preferred a male or female staff member, and their choice was respected.
- Staff told us how they offered people day to day choices. For example, one staff member said, "I'll ask [Person's name] to find out what he wants to eat, what he wants to dress in and how he wants his dressing to be done."

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

- The providers lack of some systems and processes meant that people may be at risk of receiving care that did not meet their needs. This has been further detailed in the safe, effective and responsive domains of this report.
- Despite this, relatives gave positive feedback about people's care workers and the way they cared for them. One relative told us, "The carer we have is absolutely fantastic, better than what we could have hoped for. She treats my mother like her own family, she is wonderful. I cannot express that enough."
- Staff spoke fondly of the people they supported and were respectful of their religion, culture and disabilities for example. One staff member described how they supported a person who followed a particular faith.

Respecting and promoting people's privacy, dignity and independence

- Relatives told us people's privacy and dignity were respected. Comments included: "[Staff] always promote [Person's name's] privacy and dignity, there's no problems with that.", "Oh yes, the carer always supports my mother with dignity and respect. For example, the doors are always shut when [Care worker] is helping my

mother with personal care, she's absolutely respectful in all ways." and "The carer helps [Person's name] with eating with total discretion and compassion."

- Staff supported people with their independence and encouraged them to do as much as they could and wanted to do for themselves. They were able to tell us of several examples where they supported the person to make choices and do tasks for themselves on a day to day basis.

- Relatives were positive about the way care workers supported people to be as independent as possible. For example, one relative told us, "[Person's name] has greatly improved since coming home and being supported [by staff from Perfect Call], she now gets up and dressed and she never did that before, I think the carer encourages her in a really great way. She does things like helps her with her hair and with her makeup, all the little things that make a difference." Another relative said, "The carers try and encourage [Person's name] to do as much as he can. For example, the occupational therapist has said that he needs to do his leg exercises, but he won't always do them. The carers really encourage him to do them and will say to him come on, this will help you keep your independence."

# 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 requires improvement.

This meant people's needs were not always met.

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

- Care plans were not consistently detailed or person-centred. For example, the registered manager informed us one person had dementia and could display behaviours that challenged others. However, there was no information in this person's care plan to inform staff they lived with dementia or about their behaviours. On another person's care plan, it stated they lived with a learning disability but there was no further information than this. The lack of information meant staff may not know how to support people effectively.
- Care plans contained a 'task list'. This was to provide staff with an overview of the tasks, and some support the person required on each call. The care worker was required to 'tick off' the tasks when they had been completed which demonstrated they had supported people in line with their care plan. However, the level of detail was not sufficient to demonstrate that the planning process was person-centred. For example, a task may state 'Assist to dress/undress' or 'Assist to strip wash'. There was a lack of information about how the person liked to be supported with these activities. This meant people were at risk of not receiving care in a way they preferred.
- We found people's care plans were not always reflective of their current needs. For example, we identified conflicting information about the consistency of one person's diet, another person's fluid consistency and a third person's skin. This meant there was a risk of people receiving care that was not in line with their current needs.
- Most relatives told us staff knew people well and supported them in line with their needs and preferences. This reduced the risk of people receiving unsafe care. However, on occasion people needed to be supported by unfamiliar care workers and they would need to rely on the information in people's care plans. The lack of personalised detail in people's care plans posed a risk that they would not have sufficient information about how to support people in line with their needs and preferences.

The failure to maintain an accurate, complete and contemporaneous record in respect of each service user was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed our concerns about the lack of accurate information and personalised information in care plans with the registered manager. They told us the electronic care plans were relatively new and they would be working on them to ensure records were accurate, personalised and detailed.



### 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.

- The registered manager was not fully aware of the AIS; however, people's care plans addressed their communication needs. This included whether people had a sensory impairment and wore glasses, or a hearing aid and any specific communication need staff should be aware of to assist people's understanding.
- Relatives told us staff communicated with people effectively. For example, one relative said, "I think the carers communicate with [Person's name] in the way he needs."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Not all people received supported from Perfect Call with their social needs. However, for the people that did, their relatives were positive about it.
- One relative told us, "[Person's name] gets one hour a week of social time. [Person's name] used to be really depressed but now the carers from Perfect Call come and talk to him, [Registered manager] has taken him to the beach for chips before, nothing is too much trouble and [Person's name] is much happier."

### Improving care quality in response to complaints or concerns

- There was a system in place for people and their representatives to raise concerns and make complaints.
- Most relatives told us they knew how to make a complaint, however relatives felt comfortable to just telephone the office and speak to the registered manager if they had a problem. All relatives felt confident the registered manager would listen to them and do their best to resolve any concerns or complaints. For example, one relative told us, "I have never needed to complain. I get on with [Registered Manager] very well, we have a mutual respect. If I needed to complain I think he would take it very seriously and do the right thing."
- We viewed the complaints log and these records demonstrated that complaints were investigated and resolved for people. The registered manager told us they learnt from complaints and used these to improve the service.

### End of life care and support

- The registered manager told us they did not support people with end of life care and if a person did require end of life care, they would contact their social worker to make appropriate arrangements.
- The registered manager told us providing end of life care was something they would consider when they felt more established and competent to do so.

# 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 requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider used a weekly report generated from the electronic care planning system to assess the safety and quality of the service provided. Areas such as completed care plans, call monitoring and the number of resolved incident alerts were covered. However, this information demonstrated a lack of good, high quality care. We discussed this with the registered manager who told us this was not a true account as issues such as a poor internet connection meant the electronic system could not be updated or staff had not used the system correctly. The registered manager went on to say, they utilised other methods to ensure people were receiving an effective service such as carrying out spot checks and using customer satisfaction surveys.
- However, the systems in place had not identified all the concerns and areas for improvement that we found during this inspection. For example, risk management, meeting the requirements of the MCA and ensuring staff were sufficiently trained to carry out their role effectively.
- The provider had failed to identify that accurate records relating to people's care were not being maintained and to ensure staff had access to consistent and accurate information about people's support needs. This could have resulted in people receiving inappropriate support and treatment.

The failure to have effective systems in place to assess, monitor and improve the quality and safety of the service, to monitor and mitigate risks and to maintain accurate and contemporaneous records was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was open and honest and when we identified shortfalls in meeting the regulations and gaps in their knowledge, they expressed a desire to improve. Following the inspection, the provider agreed to work with a local team from the local authority to make the necessary improvements.
- The registered manager told us they undertook the majority of the roles and responsibilities for the service, including working as a care worker. This meant there was not always the time to attend to the governance of the service and ensure systems were in place to support the delivery of high-quality care and support. The registered manager had begun plans to recruit more staff and had begun upskilling some staff members to take on certain responsibilities to enable them the time to lead the service effectively.

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

- Although the registered manager expressed an ethos for providing good, high-quality care for people, a lack of effective systems meant improvements were needed to ensure consistent, high-quality and person-centred care was delivered. This has been reported on in the safe, effective, caring and responsive domains of the report.
- Despite this, most relatives told us they felt the service was well run and said they would recommend it to others. Comments from relatives included, "Yes, I'd recommend Perfect Call, [Person's name] has really turned a corner since they (staff from Perfect Call) have started helping him, he's acting like he's 10 years younger and laughing more.", "Yes, I probably would recommend them." And "Yes, the general care is excellent, A1 care."
- Staff told us the service had a good and supportive culture. For example, a staff member said, "I've only got positive things to say. I'm really happy, if I wasn't, I wouldn't have stayed with this company, there are so many other places to work, I'm really happy with it. I think we've all built quite a good rapport with our clients and I think they seem happy."
- The registered manager provided supportive leadership. Staff told us the registered manager was approachable and they felt valued and supported by them.

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

- The registered manager told us people and relatives had opportunities to feedback their views about the service and the support they received by completing regular surveys and participating in reviews of their care.
- When we asked relatives about the effectiveness of this, we received a mixed response. For example, one relative told us, "Initially it started off like that (being involved with reviews) but now we don't hear from them for months, I think we should at least have an opportunity to review the care once a month." Whilst another said, "We have been involved in the care planning, actually it's just been reviewed and redone."
- Some relatives recalled completing surveys, whilst others did not. Although records demonstrated action had been taken when improvements were suggested, no relative knew what was done with this information. We discussed this with the registered manager who told us they would implement a system where care was reviewed more consistently for all people and improvements were fed back to people and their representatives.
- Although staff had not been asked to formally feedback on the service, the registered manager consulted staff through meetings and the supervision process and staff told us they felt listened to by the registered manager. Staff said they could make suggestions, raise concerns and felt confident these would be addressed.

Working in partnership with others

- The registered manager liaised with social care professionals regularly to ensure the care and support people received was appropriate. They also raised any concerns so these could be addressed promptly. We received feedback from a social care professional who was positive about the support that Perfect Call provided to one person.
- The service worked with healthcare providers such as community nurses to deliver joined up care. We were provided with examples from relatives and staff about how the registered manager had organised additional health services or equipment to ensure people's healthcare needs were met.
- On some occasions people received support from another domiciliary care agency as well as Perfect Call. A relative told us they were not always sure which agency was responsible for undertaking which tasks. The registered manager told us they would make their roles and responsibilities clear to alleviate confusion.

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

- There had been no incidents that fit the remit of the duty of candour regulation, so we were unable to assess compliance with this regulation. A duty of candour incident is where an unintended or unexpected incident occurs that result in the death of a person, severe or moderate physical harm or prolonged psychological harm. When there is a duty of candour event the provider must act in an open and transparent way and apologise for the incident.
- The provider had a duty of candour policy that required staff to act in an open and transparent way when accidents occurred. The registered manager told us they would utilise this if need be.
- The registered manager demonstrated an open and transparent approach to their role. Where care had not gone to plan, relevant people were informed, and CQC were notified of all significant events.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  The failure to adhere to the principles of the Mental Capacity Act 2005.
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The failure to effectively assess, monitor and mitigate risks of service users.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The failure to have effective systems and processes in place to assess, monitor and improve the quality and safety of the service, and the failure to maintain an accurate, complete and contemporaneous record in respect of each service user.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The failure to ensure staff have received appropriate training and professional development to carry out the duties they are employed to perform.

