

Perfect Call Healthcare Limited

Perfect Call Health Care Main Office

Inspection report

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Date of inspection visit:
08 December 2022

Date of publication:
20 December 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Perfect Call Health Care Main Office is a domiciliary care service providing personal care to 19 people at the time of the inspection. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Effective safeguarding procedures were in place to protect people from the risk of abuse and people felt they received a safe service.

Risks were assessed, and controls put in place to minimise the risk of harm to people. People received their medicines safely and as prescribed. There were enough staff deployed to meet people's needs. Improvement was needed to ensure staff were safely recruited and we have made a recommendation about this.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff received a variety of training to improve their skills and knowledge and worked with other organisations to deliver effective care, support and treatment.

People were supported by kind, caring staff who treated them with dignity and respect. People were involved as partners in their care.

People received personalised care which met their needs. Care plans were detailed and accurate. People and relatives told us they knew how to make a complaint and felt their concerns would be listened to and acted upon.

The provider had improved their governance of the service. People and their relatives thought the service was well-led and told us they would recommend the service to others. The service provided was person-centred and the registered manager and their team were committed to supporting people to achieve positive outcomes.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 2 June 2021).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Recommendation

We have made a recommendation about recruitment.

Why we inspected

We undertook this inspection to check the provider had followed their action plan and to confirm they now met legal requirements.

The overall rating for the service has changed from requires improvement to 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 Call Healthcare on our website at 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 reinspection 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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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 Health and Social Care Act 2008.

Inspection team

One inspector carried out this inspection. An Expert by Experience supported the inspection by making calls to people and their relatives. 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.

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

Inspection activity started on 29 November 2022 and ended on 8 December 2022. We visited the location's office on 8 December 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with 2 people who used the service and 10 relatives about their experience of the care provided. We spoke with 6 members of staff including the registered manager and care workers. We reviewed a range of records. This included 5 people's care records and 5 medication records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has changed to good. This meant people were safe and protected from avoidable harm.

Recruitment

- We found discrepancies within recruitment records. Prospective staff had not always recorded if they had more than one job at a time on their application forms. This meant we could not be assured the provider had taken all appropriate checks to ensure staff were suitable to work with vulnerable adults.

We recommend the provider seeks reputable guidance to ensure recruitment processes are carried out in line with Schedule 3.

- The registered manager took retrospective action to ensure existing staff were safe to work with vulnerable adults and told us of the action they would take to strengthen recruitment processes going forwards.
- Other aspects of recruitment were carried out safely. For example, the provider ensured staff had a clear disclosure and barring service (DBS) check prior to employment.

Assessing risk, safety monitoring and management

At our last inspection, 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 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of Regulation 12.

- Risks to people had been assessed as part of the care planning process. These were recorded within people's care records and included risks associated with people's health conditions and support needs. Risk assessments provided guidance about how staff should support people to reduce the risk of harm.
- Staff knew people very well. They had a thorough understanding of the risks associated with people's needs and what they needed to do to mitigate these risks. A relative told us, "[Staff] are very attentive, they are good at predicting risks and preventing [Person's name] from falling."
- Risk assessments of people's home environment and equipment used had been completed to promote the safety of both people and staff.
- Staff used an electronic logging system, which was reviewed by office staff. This meant when staff arrived at a person's home, they were expected to log in and were unable to log out until all the expected tasks were completed. This helped to ensure staff had completed all tasks that people required and supported safety.

Using medicines safely

At our last inspection, people's medicines records were not always accurate or complete. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of Regulation 17.

- Medicine records had improved. People had medicines plans to guide staff about the support they required. This included protocols for the use of medicines they took 'as required' and application instructions for topical medicines. Staff had accurately completed people's medicine administration records (MARs).
- Staff had been trained to manage medicines safely and had been assessed to ensure they were competent.
- People told us their medicines were safely managed and were happy with the support they received from staff.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us people received safe care from Perfect Call. For example, a relative told us, "[Person's name] is definitely safe. She is so well looked after by two amazing ladies [staff]. They go out of their way to make sure she gets the best care."
- The provider had a safeguarding policy and staff were trained in safeguarding.
- Staff understood the signs and symptoms of possible abuse and told us they would speak to the management team if they had any concerns about people. Staff members were confident that their concerns would be acted upon.

Staffing

- There were sufficient numbers of staff available to keep people safe.
- Staffing levels were determined by the number of people using the service and the level of care they required.
- People and relatives spoke positively about the staffing levels and were particularly complimentary about the consistency of staff.

Preventing and controlling infection

- Procedures were in place to protect people from the risk of infection. Staff had received training in infection control.
- Personal protective equipment (PPE), such as disposable gloves and aprons were provided to staff to minimise the spread of infection. People and their relatives confirmed that staff wore these in line with Government guidance.

Learning lessons when things go wrong

- Accidents and incidents were recorded and regularly reviewed to ensure that any learning could be discussed and shared with staff to reduce the risk of similar events happening.
- Themes were looked for when people had accidents. Referrals to healthcare professionals were made as required and equipment was implemented to support safety.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

At our last inspection, the provider failed to ensure care and treatment was provided with the consent of the relevant person and in accordance with the Mental Capacity Act 2005. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of Regulation 11.

- The registered manager had improved their understanding and practice regarding the MCA.
- Staff understood the importance of gaining consent and involving people in decisions about their care.
- People and their relatives told us they could make decisions about how they lived their lives and these decisions were respected. For example, one relative said, "Yes, mum does choose and has breakfast in bed. She also asked for a female [carer] and that's exactly what she gets."
- Records demonstrated people had consented to their care. If people's ability to make a decision was in doubt, mental capacity assessments and best interest decision records were in place, in line with the MCA.
- The registered manager also contacted external professionals when changes or concerns with people's mental capacity was noted. This meant people were holistically supported and in the least restrictive way.

Staff support: induction, training, skills and experience

At our last inspection, the provider had failed 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. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of Regulation 18.

- The registered manager told us about some of the work they had done to improve skills of staff. This included changing training provider and checking staff's understanding and competency through staff meetings and on a one to one basis.
- New staff were required to complete an induction programme before working on their own. This included training for their role and shadowing an experienced member of staff.
- Staff received on-going training. They told us this was of a good standard which helped them to effectively support people and meet their needs.
- People and their relatives told us they had confidence in the staff team and felt they knew what they were doing and how to support people. For example, one relative told us, "I think the training must be brilliant. Since they [staff] have been coming, mums not had one bed sore. They know what they are doing, definitely."
- Staff told us they felt supported in their roles. They received regular one-to-one sessions of supervision and felt the registered manager supported them whenever needed.

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

- Assessments were completed before people started receiving support from Perfect Call, to ensure their needs could be met. This included considering any risks and assessing for any specific equipment that people may require. The protected characteristics of the Equality Act 2010 were also considered.
- People's care plans detailed people's choices and support needs required at each visit for staff to follow. Staff felt they were able to deliver effective personalised care due to the care plan system in place.
- Nationally recognised assessment tools were used to determine people's support needs and specialist assessments and guidance was included in care plans to inform staff about how best to meet people's needs.
- Appropriate referrals to external professionals were made and if they had provided guidance for staff to follow, this was done. For example, a speech and language therapist had provided guidance about the consistency of food for 1 person. This was recorded in the person's care plan and staff provided the recommended consistency of food.
- People and their relatives told us care was being provided in line with people's needs.

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

- People and their relatives were happy with the support staff provided with meals.
- People's care plans contained information about any special diets they required, food preferences and support needs.
- Staff were aware of people's needs in terms of specialist diets, for example, supporting people who had difficulties swallowing or with diets to maintain their wellbeing when living with diabetes.

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

- The provider had good working relationships with health and social care professionals which supported people to receive effective care.
- People had care plans in place which contained essential information about their general health and

support needs.

- People's health and wellbeing were monitored by staff. Where people's health needs deteriorated, staff supported them to access medical support if required. For example, one relative told us, "She [staff member] has got in touch with the doctor and an ambulance and then told me straight away what's going on."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives were complimentary about the caring nature of staff. Staff were described to be: "amazing", "caring", "compassionate" and "attentive".
- The provider worked hard to ensure people were cared for by consistent staff. This was appreciated by people, and staff told us they got to know people well and understood their preferences. Records confirmed this. For example, we saw how a staff member played a person's favourite music which resulted in a boost in their well-being.
- Staff spoke fondly of the people they supported and respected their individuality. Staff had undertaken training in equality and diversity, and we were assured people protected under the characteristics of the Equality Act would not be discriminated against.

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

- People and their relatives told us they were involved with decisions about their care. This included being involved in care plan reviews and day to day decisions.
- People and their relatives told us they were frequently asked by care staff and management if they were happy with the care provided.
- Staff understood the importance of working with people as partners in their care. For example, one staff member told us, "We put [Person's name] in the centre, it's all about her and what she wants. We listen and act on what she wants."

Respecting and promoting people's privacy, dignity and independence

- People felt respected by staff, who encouraged them to be as independent as possible in their daily routines. Care records had detailed descriptions of people's needs and abilities and how staff should support them to maintain their independence.
- Staff understood their responsibilities when respecting people's dignity and showed consideration for people's privacy when completing personal care.
- People's information was stored securely and their right to privacy and confidentiality was respected. Consent to share information with external professionals was obtained.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has changed to good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection, people's care records were not always detailed, personalised or accurate. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of Regulation 17.

- People's care plans were detailed and person-centred. They contained information in relation to people's health, physical, emotional and social support needs. People's personal preferences and tasks they required support with during each visit from staff were clearly recorded.
- Daily records showed people received care and support according to their assessed needs.
- People and their relatives confirmed that staff knew them well and understood their needs.

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.

- People's communication needs were assessed, identified and recorded in people's care plans. This supported staff to provide appropriate care by communicating effectively with people in a way which best met people's 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

- Where appropriate, people were supported to follow their interests and maintain links with their local community. For example, one staff member told us, "[Person's name] likes going out a lot. We go for walks and she really likes dogs. We go to the pub and she likes music. It all really helps her [well-being]."
- The registered manager signposted people to groups and events that were taking place locally. This helped people to stay connected to their local community.
- The registered manager was also aware that some people might feel lonely at Christmas and had organised to take people cards and presents and "facilitate their favourite meal."

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to raise concerns and who to speak to if they were unhappy with the service. One relative told us, "We have had a couple of things along the way but it has been managed and dealt with."
- The registered manager told us how learning was taken from complaints to improve the service. We saw records to corroborate this.

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 staff had received end of life care training in case it was needed. They went on to tell us they were now considering providing end of life care.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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

At our last inspection, the provider failed 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. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer in breach of Regulation 17.

- The registered manager had implemented systems and processes since the last inspection to improve the safety and quality of the service. These included recruiting more office staff to support them, delegating tasks, introducing a range of audits and employing a consultancy company to check compliance and aid improvement.
- The registered manager had worked to ensure they had an increased understanding of their regulatory requirements. They ensured they kept their knowledge updated using a variety of methods and belonged to a local care network group. They had also invested in improved staff training. This meant staff had a better understanding of what was expected of them.
- Staff understood their roles and were proud to deliver a high-quality service to people. They told us they had confidence in the registered manager and were pleased to receive constructive feedback to improve their practice when needed.
- The registered manager and staff were committed to improving the service for the benefit of the people who used it. There were robust processes in place to ensure learning and improvement was taken from accidents, incidents, concerns and complaints.
- The registered manager was extremely responsive to feedback given during the inspection and took immediate action to make necessary improvement. For example, with recruitment processes.
- Notifications were sent to CQC as required.

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

- People and their relatives were happy with the service they received from Perfect Call and were positive about the staff who supported them. Comments included, "They [Staff and Person's name] are always

laughing and joking. They've become like family to dad.", "She [Person's name] lights up with them [staff]." And "I couldn't fault them."

- Everyone said they would recommend Perfect Call to others.
- The registered manager and staff shared a commitment to provide person-centred care. The culture of the service was open and inclusive, and people received good outcomes.
- Staff enjoyed their work. They spoke warmly about the people they supported and of their team. The provider presented staff with rewards in recognition of their hard work. Staff confirmed they felt valued for the work they did.

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 had a duty of candour policy that required staff to act in an open and transparent way when accidents occurred.
- If care had not gone to plan, there were processes in place to ensure the duty of candour requirements were met.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others

- The provider sought feedback from people and used this to develop the service. A variety of methods were utilised, such as meetings, surveys and reviews.
- Staff told us they felt confident in giving feedback to the registered manager. Meetings took place where staff could discuss their views, share feedback and receive updates on the service.
- People and staff felt they were treated fairly and the provider had policies in place to promote equality and diversity.
- The provider worked closely with local authorities who commissioned care packages from them. Records demonstrated that staff proactively engaged with other professionals to ensure people received the support they required in a timely way. This help achieve positive outcomes for people.