

Purity Care Ltd

Purity Care

Inspection report

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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

This inspection took place on 3 October 2016 and was announced.

Purity Care is a domiciliary care service supporting people with personal care living in their own homes. At the time of our inspection there were 12 people using the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At an inspection in August 2015 we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. After the inspection the provider sent us details of how they would meet the legal requirements relating to the three breaches.

At this inspection we found improvements had been made. There were systems in place to ensure medicines were managed safely and people were supported to take their medicines as prescribed. People's care plans contained risk assessments and plans identifying how risks would be managed. Care plans detailed how people's needs should be met and were personalised. There were systems in place to manage and improve the quality of the service.

People were positive about the service and the staff supporting them. People told us staff were caring and were knowledgeable about their needs. People valued the relationships they had developed with staff and the registered manager.

People felt safe and were supported by staff who understood their responsibilities to identify and report any concerns relating to safeguarding vulnerable people.

There were systems in place to plan and monitor care calls which minimised the risk of late and missed visits.

Staff felt valued and supported by the registered manager through regular supervisions and team meetings. The registered manager was approachable and staff felt comfortable to raise concerns.

People were supported by staff who understood the principles of the Mental Capacity Act 2005 and how this affected the way people were supported. Care plans identified where people lacked capacity and if there was a legally appointed person who could make decisions on their behalf.

People knew how to make complaints and felt confident to do so. There had been no complaints since our inspection in August 2015.

The registered manager had made significant improvements to the service and continued to look for ways to improve. People's feedback about the service was used to influence the development plans for the service.

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.

There were effective systems in place to ensure medicines were managed safely.

Care plans contained risk assessments and plans to ensure identified risks were managed.

There were systems in place to schedule and monitor people's care visits. People had not experienced any missed visits and were notified of late visits.

Is the service effective?

Good ●

The service was effective

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). The registered manager and staff understood their responsibilities in relation to MCA.

Staff were supported through regular supervisions. Staff completed training to ensure they had the skills and knowledge to meet people's needs.

People were supported to access health professionals appropriately.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect.

People and staff had developed caring relationships.

Confidential information was stored securely.

Is the service responsive?

Good ●

The service was responsive

Care plans were personalised and gave clear guidance about how people wished to be supported.

Where people's needs had changed, care plans reflected the changes.

People knew how to complain and were confident complaints would be resolved in a timely manner.

Is the service well-led?

Good ●

The service was well led.

The registered manager was approachable and regularly in contact with people using the service.

There were systems in place to monitor and improve the quality of the service.

The registered manager had improved her skills and knowledge and this was reflected in the improvements we found.

Purity Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 3 October 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office.

The inspection was carried out by one inspector.

Prior to the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we looked at three people's care records and three staff files. We looked at other records showing how the service was managed. We spoke with the registered manager.

Following the inspection we spoke with two people and two relatives. We sought feedback from three health professionals and spoke with three staff.

Is the service safe?

Our findings

At our inspection on 5 August 2015 we found medicines were not managed safely and risks to people were not managed. This was breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At our inspection in 3 October 2016 we found improvements had been made.

People's care records contained risk assessments and where risks were identified there were management plans in place to manage the risks. For example, one person was assessed as at risk relating to moving and handling. The person's care plan identified how the person should be supported when being moved. Staff we spoke with were knowledgeable about the support the person required.

People's care plans detailed the support people required with the administration of medicines. Systems were in place to ensure medicines were managed safely. Care plans included details of the medicines people were prescribed and what condition they were prescribed for. Records relating to the administration of medicines were accurately completed. Where people's medicines were not in a monitored dosage system the details of each medicine was recorded and signed individually to show they had been administered.

Staff had completed training in medicines. However there was no record of their competency being assessed in line with the provider's medicines policy. We spoke to the registered manager who had recently introduced staff monitoring visits to check the standard of staff practice. The registered manager advised us they would add medicine competency to the practice observed during the monitoring visits.

People told us they felt safe. One person said, "I am very safe when they are with me". One relative told us, "Yes, [person] is very safe".

Staff had completed safeguarding training and understood their responsibilities to identify and report any concerns related to the abuse of vulnerable people. One member of staff said, "I would go straight to [registered manager] and if nothing happened I'd go to CQC (Care Quality Commission)". Information advising how to report a concern was displayed in the office, which was accessible to staff if needed.

There was a safeguarding policy and procedure in place. Records showed that safeguarding concerns had been reported to the appropriate agencies and thoroughly investigated.

People and relatives told us they had never experienced a missed visit. Care calls were made at the time agreed with the person and if staff were running late a member of staff or the registered manager would call the person and advise them. Comments included; "They (staff) are very reliable. They let me know if they are going to be late" and "They (staff) are very reliable. They have never missed a visit. They rang me once when they were going to be late because they were caught up with another client".

The registered manager had introduced an electronic system which ensured all care calls were scheduled and monitored. Staff told us this was improving the rotas and that they were more reliable as a result of the system. One member of staff said, "[Registered manager] is implementing [system] and rotas are improving.

She has taken on board that travel time is not always enough".

Staff files showed the registered manager had effective recruitment systems in place to ensure staff were suitable to work with vulnerable adults. Recruitment records showed relevant checks had been completed before staff worked unsupervised. These included employment references and Disclosure and Barring Service (DBS) checks. This allowed the registered manager to make safer recruitment decisions.

Is the service effective?

Our findings

At our inspection on 5 August 2015 we found people were not supported in line with the principles of the Mental Capacity Act 2005 (MCA). 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. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made. People's care plans contained details of representatives who had legal authority to consent on people's behalf and care plans had been agreed with the legal representative. Health professionals had been consulted where there were concerns regarding a person's capacity to consent to care. There was correspondence in the person's care plan identifying that the person was assessed as lacking capacity to consent. The correspondence also showed a best interest process had been followed.

Care plans identified where people's capacity fluctuated due to their condition. There was guidance for staff in how to support the person at these times in their best interest.

The registered manager understood her responsibilities in relation to MCA and had completed training to improve her skills and knowledge.

Staff had completed training in MCA and understood how to support people in line with the principles of the Act. Staff comments included; "Capacity can change, so if they can't make a decision I have to support them in their best interest" and "I must support people in their best interest. If a person can't make a decision then I have to explain why and what I need to do. I will involve families to help".

People told us staff knew them well and understood how to support them. One person said, "I find them all very knowledgeable". One relative told us, "Staff are well trained and very supportive".

Staff completed an induction when starting work at the service which ensured staff were confident in their role before working alone. Staff completed training that met the standards of the Care Certificate in line with good practice guidance. The Care Certificate is a set of standards that social care workers are required to work to. It ensures care workers have the same skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Staff completed training which included: person-centred care; MCA; safeguarding; dementia care; equality and diversity and moving and handling. Staff were positive about the training they completed. One member of staff said, "I have done lots of training. I've just completed PEG (percutaneous endoscopic gastrostomy) training. We can ask for any training we need". PEG feeding is used where people cannot maintain adequate nutrition with oral intake. The member for staff told us they did not support clients with their PEG at the moment but the registered manager had wanted staff to be confident about what a PEG was for and comfortable supporting people who had them.

Staff were supported through regular supervisions with the registered manager. Supervisions were completed in line with the provider's supervision policy. Staff were positive about their supervisions with the

registered manager. One member of staff said, "I have supervision every two months. [Registered manager] always asks how she can help me. We've discussed me doing qualifications. I'm looking to do my level 2 (diploma in social and health care)". Staff were regularly monitored by the registered manager. Staff told us the registered manager worked alongside them and supported them in a positive way to improve practice. The registered manager had recently introduced a more formal process to ensure staff competency was monitored and assessed. One staff file contained a record of an assessment which included feedback from people about the member of staff. The registered manager told us they planned to carry out competency assessments of all staff.

Where people's nutritional needs formed part of their support, these were detailed in people's care plans. People told us they were offered a choice of meals. One person told us, "They know what I usually have but they always ask. They're always telling me I can have a cooked breakfast if I want one".

Daily records detailed how people's nutritional needs had been met. For example one person's daily record stated that the person had "two glasses of water left in reach".

People were supported to access health professionals when needed. People told us the registered manager and staff would contact GP's or district nurses for them if needed. One person said, "[Registered manager] will contact anyone for me". Records contained all communications with health professionals which included GP, district nurse and occupational therapist.

Is the service caring?

Our findings

People were positive about the caring approach of staff. Comments included; "They (staff) are very good. Couldn't beat them. I know all the carers and they are lovely" and "They (staff) are all very good, nice people. They are very kind and caring. It's important to build relationships but they don't step over the line". Relatives were complimentary about the staff supporting people. Comments included; "The care is excellent. They (staff) are very good and caring" and "They (staff) are excellent. Very caring; they really are".

One health professional told us, "People are always positive about Purity. I get very good feedback from people".

Staff spoke in a caring way about their role and the people they supported. Staff comments included: "I love my job, love the clients and I am very happy with the care we provide" and "I love what I do, helping people, it's fabulous".

People and their relatives had built meaningful relationships with staff. One relative told us, "We have the same staff and they have built a rapport with [person]. He smiles at them now. Staff know him well and they have built a good relationship with us both".

Staff understood the importance of building relationships. One member of staff told us that knowing people was key to identifying changes and being able to provide the support the person needed. The member of staff said, "They (people) can get down, we have to be able to notice that and we have to support and encourage them". Another member of staff told us about the importance of developing and maintaining relationships with people's relatives. The member of staff said, "I have good relationships with the families and always keep them involved. Recently someone was in hospital and I kept in touch with the family to see how they were".

People were treated with dignity and respect. One person told us, "Absolutely no problems. I am treated with respect". Staff described how they ensured people were treated with dignity. One member of staff said, "It's all about promoting dignity, respect and choice. I always make sure I keep them covered as much as possible when giving personal care and close doors".

People's records were written respectfully and promoted dignity. For example, one person's care plan stated the person liked to be left alone in the bathroom and that staff should wait outside until called. Staff we spoke with were aware of this person's need and respected it.

People's information was stored securely to maintain confidentiality. All records containing confidential, personal information were stored in a locked cupboard in the registered manager's office and the register manager held the key.

People were involved in all aspects of their care. People told us staff always gave them choice and checked with them before providing any support. One person told us, "They know my routine but always ask. I can

ask for anything and they always remind me that I can".

Staff understood the importance of giving people choice and involving them in their care. One member of staff told us, "I always explain what I'm going to do to support them and ask if they are OK with everything. It is important to reassure them".

People were encouraged to maintain their independence. People's care plans identified what they could do for themselves and how staff should support the people to enable them to maintain their independence.

Is the service responsive?

Our findings

At our inspection on 5 August 2015 we found that people's care plans were not personalised and did not contain accurate information relating to people's needs. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At the inspection on 3 October 2016 we found improvements had been made. The registered manager had introduced an improved care plan format.

Staff were positive about the changes to the care plans. One member of staff told us, "The new care plans are fantastic. I really like the new system". Another member of staff said "Care plans are useful. I always read them; they have all the information I need".

People's care plans included a section titled "What is important to me". This section integrated information about people's likes, dislikes, life histories and the relationships that were important to the person. For example, one person's care plan stated the person had "a positive approach to life" and was "outgoing and happy". Staff we spoke with knew the person well. This promoted a personalised approach to care.

Care plans were detailed and gave clear guidance to staff about the support people required to meet their needs. Care plans were regularly reviewed and updated to ensure they reflected people's current needs. For example, one person's moving and handling needs had changed. The occupational therapist had provided new equipment and the care plan reflected the change. Staff we spoke with were aware of the changes to the person's needs and how to support them.

The service was responsive to people's needs. One relative told us, "They are always responsive to any requests". Another relative told us "I can phone with any concerns. They will come whenever I need them".

One health professional told us the registered manager contacted them appropriately and was responsive to advice and guidance. They said, "They take some very complex cases and manage them very well. They always listen and take notice of what I say".

The registered manager worked closely with people and staff to ensure people's needs were met in a way they chose. For example, one person was being supported by two staff to transfer using equipment. The person was extremely private and found two staff intrusive. A member of care staff suggested a way of supporting the person that would only require one member of staff. The registered manager contacted appropriate health professionals for advice and guidance to ensure both the person and staff were safe. The change was agreed with the person who was pleased to be supported by one member of staff.

People and relatives knew how to make a complaint and were confident to do so. Comments included: "I've never had to complain but if I had a concern I would raise it. I have all the contact numbers and [registered manager] is always asking if everything is OK"; "I have no problems, I would contact [registered manager] and she would sort it"; "I am quite confident to go to [registered manager]" and "If I have a problem they sort it out". The provider had a complaints policy and procedure in place and a copy was provided to people.

The registered manager told us there had been no complaints since our inspection in August 2015.

Is the service well-led?

Our findings

At our inspection on 5 August 2015 we found there were not effective systems in place to monitor and improve the quality of the service. There were no systems in place to monitor or record missed or late visits. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made.

The registered manager had introduced a range of audits to monitor and improve the quality of the service. Audits included: risk assessments, care plans, medicines records, skin integrity and staff files. Where issues were identified action was taken to address the issues. For example, the care plan audit had identified a change in a person's moving and handling needs was not in their care plan. We saw the care plan had been updated following the audit.

The registered manager had introduced a new electronic system to plan and manage the care visits which enabled late and missed visits to be identified and managed. People we spoke with had not experienced any missed visits.

People and relatives were positive about the management and quality of the service. Comments included: "[Registered manager] is very good. She is very caring and approachable. I couldn't ask for more"; "[Registered manager] is very helpful. She will sometimes visit me to check everything is OK"; "They (service) are very good, couldn't beat them. Wouldn't change them for anything" and "[Registered manager] is very good. I can always get in touch with her".

Staff felt valued and supported. Staff comments included: "[Registered manager] is a lovely person to work for. She gives good advice and support"; "It is a good company. The manager is flexible; very understanding and supportive" and "I had heard good things about [registered manager] and Purity so applied for a job. I haven't looked back. I love [registered manager's] attitude. The ethos is that the client always comes first. It's all about the client. I am truly valued".

There were regular staff meetings where staff were encouraged to share ideas and discuss issues. The registered manager had implemented a secure messaging site to enable staff to communicate with each other. Staff were positive about these methods of communication and told us communication between staff and with the registered manager was good.

The registered manager promoted a strong culture that was person-centred. The registered manager spoke passionately about providing a good quality service and showed kindness and compassion when speaking about people.

The registered manager had made significant improvements in the management of the service. The registered manager was supported by a mentor who had completed an appraisal with the registered manager and identified areas of skills and knowledge for improvement. This had included auditing processes, MCA and quality assurance processes. The registered manager had completed a range of training

to improve their skills and this was noticeable in the improvements we found at this inspection.

The staffing structure was being developed and staff were given the opportunity to complete national vocational qualifications to support their development into senior roles. The registered manager had recognised the need to have some administrative support and had recruited an administrator. This enabled the manager to concentrate on the development and improvement of the service.

An electronic care plan system was being implemented. Some staff were trialling the system and were positive about the change. One member of staff said, "I really like the new system. I'm getting used to it. It saves time and we have less paperwork". The system enabled staff to enter information when they were with the person which was then instantly available to all staff. The registered manager was extremely positive about the potential impact on people in the future as it would free up staff time which could be spent with people and would enhance continuity of care through improved communication.

The registered manager sought feedback from people about the service. A quality assurance questionnaire had been sent out to people using the service and their relative's. As very few responses had been received, the registered manager had arranged for an independent person to make telephone calls to people to seek their views about the service. The responses had been used to identify areas for improvement. For example, people had identified that time keeping was sometimes an issue. The registered manager had introduced the new system to schedule care calls and was actively recruiting new staff to improve staff availability to improve time keeping.

The registered manager was aware of the need to keep their skills and knowledge up to date and was looking for local links to support her development. They had applied to register with the UK Homecare Association to enhance their knowledge about national issues in relation to domiciliary care services.