

# Pure Care Support Limited

# Hagley House

## Inspection report

95 Hagley Road  
Birmingham  
West Midlands  
B16 8LA

Tel: 01162549450  
Website: [www.purehomecare.co.uk](http://www.purehomecare.co.uk)

Date of inspection visit:  
11 April 2019

Date of publication:  
08 May 2019

## 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:

Hagley House is a domiciliary care service which is registered to provide personal care to people in their own homes. At the time of inspection, 18 people were receiving care and support services.

### People's experience of using this service:

- People told us they felt safe with the support of staff. Risks to people had been assessed and staff had a good understanding of these risks and how to minimise them.
- People were supported to receive their medication as prescribed and staff demonstrated a good knowledge of types and signs of abuse and how to report concerns of abuse.
- People were supported by staff who had the skills to meet their needs. People's consent was sought before providing support. Staff demonstrated a good understanding of the Mental Capacity Act 2005 and what this means for people.
- People were happy with the support they received to enjoy a choice of meals and maintain a healthy diet. People had access to healthcare professionals when required.
- People told us staff were caring in their approach. People's privacy and dignity was respected, and their independence was maintained and encouraged.
- Staff respected and supported people's individuality and said they felt assured that no one was discriminated against.
- People told us they had developed good relationships with their regular staff who demonstrated detailed knowledge of people's individual needs.
- People's needs were assessed and reviewed on a regular basis. People's care records were person centred and included their likes, dislikes and preferences.
- People and relatives felt confident raising concerns should they need to.
- Staff, people and relatives spoke positively about the registered manager and provider.
- The management team had systems in place to monitor the quality of the service that they provided.

### Rating at last inspection:

This was the first inspection since the service registered in 01/05/2018.

### Why we inspected:

This was a planned inspection which took place on 11 April 2019.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 safe.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our Well-led findings below.

Good ●

# Hagley House

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one inspector.

#### Service and service type:

Hagley House is a domiciliary care service.

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. The registered manager for Hagley House is also the provider.

#### Notice of inspection:

We gave the service 48 hours' notice of the inspection site visit because it is small service, and the manager is often out supporting people. We needed to be sure that they would be in.

We visited the service on 11 April 2019 to see the registered manager and to review care records and policies and procedures.

#### What we did:

When planning our inspection, we reviewed any information we had received about the service. We also contacted the local authority for feedback about the service. We used this information to help us decide what areas to focus on during the inspection.

During the inspection, we spoke with the registered manager and provider, the care manager, the senior care giver and five care givers. We also spoke with two people who used the service and four relatives. We

looked at care records for five people to see how their care and support was planned and delivered. We also looked at medicine records, staff recruitment and training files, policies and procedures and the provider's quality monitoring systems.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and were happy with the support they received. One person said, "I feel safe because they know what to do and how to do it."
- Staff had received safeguarding training and told us they were confident to raise concerns with the registered manager if they needed to. They said they were assured that action would be taken as a result. They were also aware of external agencies they could report concerns to if they needed.

Staffing and recruitment

- People said that staff arrived on time and stayed for the agreed length of time in order to provide the required and agreed support.
- The provider had an electronic system in place that allowed the real time monitoring of calls. The care manager showed us how the system produced a notification when a call was later than scheduled, this enabled the provider to take appropriate action.
- We looked at four staff recruitment records and saw the provider had made reference checks with previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions. Completing these checks reduces the risk of unsuitable staff being recruited. We found the provider needed to strengthen the process further and ensure a full employment history was completed for all staff. The registered manager said this would be actioned immediately following our inspection.

Assessing risk, safety monitoring and management

- Individual risks to people were assessed and staff we spoke with were knowledgeable about how to minimise risks to people. For example, one relative explained that their family member was supported to stay safe with the support of two staff.
- Care plans recorded people's risks and were reviewed to show any changes in people's support needs.

Using medicines safely

- Where people received support to take their medicines, they told us they received their medication as prescribed.
- Staff told us they felt confident providing support with medication and had been trained to do so.
- The provider had an electronic system in place that recorded where people were supported to take their medication. If this was not completed office staff would receive a system notification which could then be followed up. The system also recorded the time that medication was given which was important where time specific medications were being administered.

### Preventing and controlling infection

- People were protected from the risk of infection because staff had access and wore personal protective equipment (PPE). People we spoke with confirmed that staff wore gloves and aprons when required and staff confirmed they were supported with an adequate stock of PPE.

### Learning lessons when things go wrong

- We saw where there had been an incident, for example, when staff found one person unwell and called for emergency healthcare, staff had completed an incident form to record the details of the incident and the actions they had taken in response. The care manager and registered manager then checked the reports to ensure any learning. The care manager also said they linked with the providers other service to share information and 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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People told us they were in control of their day to day care and staff listened to and acted upon their choices and preferences.
- People and relatives told us they had been involved in the initial assessment of their needs prior to using the service and they told us spots checks were completed by the management team to ensure that the care provided was of the required standard.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills to meet their needs. People and relatives told us they thought staff were competent and supported people safely. One person commented, "They [staff] are very professional and caring."
- We saw that training was also in place to support staff to meet people's individual needs. For example, specific training had been put in place for staff when supporting one person to ensure their care needs were correctly met.
- Staff completed an induction when they first started which included having an introduction session with people they were supporting so they could get to know one another. The induction also included shadowing a more experienced member of staff to ensure they were ready to support people on their own. One member of staff described the induction training as, "Great. Very informative."

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported with a choice of meals and drinks to ensure they maintained a healthy diet. One person said, "Anything [meals] I ask for, they sort for me."
- Staff confirmed they understood the importance of providing people with a choice of meals and told us how they would show people the food available, so they could see what they liked.
- People and relatives, we spoke with confirmed that staff would contact healthcare professionals when required in support of their wellbeing.

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 with

appropriate legal authority.

- We checked whether the service was working within the principles of the MCA. Staff had a good understanding of this legislation and the importance of gaining consent from people before providing support. One person told us, "They do listen to me, they respect what I say."

# 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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People we spoke with said they were treated with kindness and gave positive feedback about the caring approach of staff. One person said, "Staff are very caring. I've got no concerns."
- Staff told us they enjoyed working with the people they supported. One member of staff said, "I enjoy my job. I enjoy making people happy. [Person's name] says 'I look forward to you coming.'"
- Staff told us and people confirmed staff would meet with them before providing care. This meant people had the benefit of getting to know the staff member who would be supporting them. One relative complimented this way of working and explained to us how it had helped their family member.
- Staff gave examples of how they respected and supported people's individuality and said they felt assured that no one was discriminated against.

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

- People told us that they were given choices and their preferences were known by staff and respected. One person commented, "I am comfortable with [staff member's name], they know what I like."
- Staff we spoke with demonstrated they understood the importance of ensuring people were able to make their own choices regarding their care and support. One member of staff said, "I always ask what help they need on that day."

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as possible. For example, one person told us although they could manage their medicines themselves, staff supported them with the application of medicinal creams.
- Staff explained how they promoted people's independence by ensuring they were aware of what the person could do for themselves and encouraging this. One member of staff said, "I encourage them to do as much as they can themselves."
- People and relatives told us that staff respected their privacy and dignity and staff demonstrated they understood how to ensure this was done and the importance of this.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received individualised care and support from staff that demonstrated detailed knowledge of people's individual needs. People told us staff knew them well and how they preferred their care to be provided. One person said, "[Staff] have become almost like friends, but don't cross any professional boundaries."
- The provider had invested in an electronic system that recorded the individual support for each person. For example, if a person was supported with meals this would be recorded against each visit. If this support was not recorded a notification would be generated which we saw staff then followed up.
- The system also enabled people and relatives to access information via an on-line portal. One relative told us they found this very useful as they were able check the rota and see the staff scheduled to support their family member.
- People's needs had been assessed with their involvement and their relatives. Relatives also confirmed that there were periodic reviews to ensure that people's changing needs were updated.
- People directed their care on a daily basis and they told us, staff were responsive to any required changes. Records we viewed showed that care plans were person centred and included people's likes, dislikes and preferences.
- Staff we spoke with confirmed people's care plans were useful and informative and included guidance to help support people.

Improving care quality in response to complaints or concerns

- The majority of people and relatives told us they had not needed to make a complaint or raise concerns but knew how to and would feel comfortable doing so. One person said, "I am happy to raise concerns, if I didn't like something I know they would listen." Where one relative had raised concerns, they said these had been listened to and action had been taken to resolve the concern.
- The care manager told us as a small service they were on hand to deal with any issues as they arose. They also advised that the electronic system used allowed them to pick up any issues eg: late calls or if an element of support was not completed. This allowed them to take immediate action to resolve the concern.
- We saw that where the service had received two written complaints, the provider had a system in place to ensure they had been recorded, investigated and responded to and any learning used to improve the service provided.

End of life care and support

- The service was not currently supporting anyone who was receiving 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

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

- The service had a registered manager in place who was also the registered provider. They worked closely with the care manager who had been in post since September 2018. People, relatives and staff all told us that improvements had been made since the appointment of the care manager. One relative commented, "[Care manager's name] has made a difference. Communication is better now." The provider told us they were in the process of stepping back and that the care manager would then apply to CQC to become the registered manager.
- Staff we spoke to told us that they had regular supervisions.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The service promoted person centred and high- quality care. The provider had invested in an electronic system that recorded the individual support to people and which provided a high level of information to people and their relatives.
- People and relatives spoke positively about the service, explaining they felt it was well-led and would recommend the service.
- Staff told us they felt supported in their role and found the management team helpful and approachable.

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

- A residents and relatives questionnaire had been completed in December 2018 and we saw the provider had received positive feedback on the service.
- The provider had developed a newsletter which was due for publication. The first newsletter included a mixture of information, quizzes and also signposted people to other services such as an Age Concern community café. The newsletter also asked people what they would like to be included in the future newsletters.

Continuous learning and improving care

- The management team had systems in place to monitor the quality of the service that they provided. This included regular checks of the medicine administration records and reviews of the care and support people received.
- There were monthly management meetings, where learning and any required improvements were discussed. For example, the need to develop daily records so they accurately reflected not only that

people's care needs had been met, but how they had been met.

- The registered manager told us that they kept themselves up to date with developments and best practice in health and social care to ensure people received positive outcomes. This included attending training sessions, clinical commissioning group (CCG) managers meetings and accessing on-line guidance and information, for example, the CQC website and care publication subscriptions.
- The care manager told us they felt listened to and supported by the registered manager. They said since they had been appointed they had taken time to meet people, review people's care plans and complete checks how people were supported. They now wanted to develop the service further, for example, with the introduction of newsletter and signposting people to other community services.

Working in partnership with others

- The management team had established and maintained good links with local community groups and healthcare professionals, which people benefited from. For example, the provider had made links to the Age Concern for information and guidance and to also provide signposting for people and their relatives of services provided by Age Concern.