

# Mrs Clare Elizabeth Ann Froud

## Care Purbeck

### Inspection report

78 Victoria Avenue  
Swanage  
Dorset  
BH19 1AR

Tel: 07778550687

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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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Care Purbeck is a domiciliary care service that provides care and support to adults in their own homes. It was providing personal care to 12 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

The service had a clear, compassionate person-centred culture. The provider and staff frequently exceeded people's expectations, providing kind, thoughtful and sensitive assistance over and above their care package, at no cost to them. This promoted people's independence. Recognising that people were often lonely or had practical worries, the provider had appointed a support worker to provide social contact and assistance with tasks such as form filling.

People and relatives felt the provider and staff knew them well and understood how they liked things done. They confirmed staff always respected their privacy and dignity.

People and relatives were confident in the abilities of the staff and felt safe with them. Staff arrived when they expected them to and did not cut visits short. They understood how to recognise and report suspected abuse. Risks to people's health and wellbeing were assessed and managed. Medicines were handled safely, where the service was responsible for 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.

People and their relatives were very happy with the care and support provided. Assessments and care plans were devised and reviewed with involvement from people and their families and were kept up to date. The provider was flexible in accommodating what they needed, sometimes at short notice.

People, relatives and staff were confident in the provider's leadership of the service. The provider regularly met people and maintained a close oversight of the service. The provider had clear expectations of staff, who shared the provider's caring, person-centred ideals. They enjoyed and cared about their work. They were well supported through training and supervision.

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

The last rating for this service was good (published 8 July 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we 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?

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?

Outstanding ☆

The service was exceptionally 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.

# Care Purbeck

## 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

The inspection was undertaken by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people in their own homes.

#### Notice of inspection

We gave the service a week's 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 5 February 2020 and ended on 18 February 2020. We visited the office location on 5 and 12 February 2020.

#### What we did before 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We visited two people who used the service and met a relative. We spoke on the telephone with a further person and a relative about their experience of the care provided. We also spoke with the provider and three members of care staff, and with a professional who has contact with the service.

We reviewed three people's care and medication records. We also looked at two staff files and a variety of records relating to the management of the service, such as audits and minutes of meetings.

We sought feedback from the local authority and professionals who work with the service.

After the inspection

A professional provided feedback about the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider and staff had regular training in safeguarding adults. They understood signs of abuse they should be alert for and how to report suspected abuse.
- Staff also had training in equality and diversity, to enable them to recognise and report discrimination on the grounds of legally protected characteristics, such as age and disability.
- Staff had reported two safeguarding concerns they had identified. These did not relate to acts or omissions by Care Purbeck. No safeguarding concerns had been raised about Care Purbeck staff since the last inspection.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health and wellbeing were identified and assessed, in consultation with people and, where appropriate, their relatives. These covered issues such as moving and handling, and the development of pressure ulcers. Care plans set out how these risks would be managed. Staff understood and followed these.
- Risks people's home environments might pose to staff, such as whether a person had pets, were also assessed and planned for.
- There had been no adverse events, such as accidents and near misses, since the last inspection.
- Staff had ready access to people's care records, including risk assessments.
- Paper copies of care records were stored securely once returned to the office.

Staffing and recruitment

- People and relatives were confident in the abilities of the staff. They said staff arrived when they expected them to and did not cut visits short. Comments included: "They're very good" and "I trust them implicitly".
- Staff said care calls were long enough for them to provide the care needed at that time, and that they usually had enough travel time between calls.
- The provider was mindful of always having enough staff to provide the care people needed. They would only accept new care packages when staffing levels allowed. They also coordinated staff annual leave to ensure holidays could always be covered.
- The provider only recruited staff they were confident could provide care safely and in line with people's preferences. These were usually candidates they already knew.
- Recruitment procedures helped ensure staff employed were suitable. This included obtaining criminal records clearance, references and an employment history. However, whilst the provider knew about them, employment histories and reasons for changing job were not always fully recorded. The provider agreed to update their application form accordingly.

- There was a six-month probationary period for new staff. This enabled the provider to have confidence these staff were working safely, to the standards expected.

#### Using medicines safely

- Care plans set out clearly any support people needed to order and take their medicines.
- A relative told us how the service had recently taken over all of their loved one's medication and that this was working well.
- Staff had regular training in managing medicines safely. The provider or a senior member of staff observed them at least annually to check they were competent in handling medicines.
- Medicines administration records (MAR) were kept on paper and on the computerised care system. Care records contained a list of people's current medicines, with doses and instructions. The computerised system prompted staff to administer medicines if they were due and sent an alert to the provider if they were not signed for.
- The provider confirmed there had been no medicines errors since the last inspection.

#### Preventing and controlling infection

- Staff had regular training in infection control, so they knew how to take precautions such as handwashing, using alcohol hand rub and wearing protective equipment.
- Staff confirmed they had ample supplies of hand rub and protective equipment, such as disposable gloves and aprons, which they were always able to replenish when needed.



# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- The provider assessed people's needs holistically before they began to receive a service. This included their physical and mental health, religious and cultural needs and social circumstances. This formed the basis of each person's individualised care plan.
- Assessments and care plans were kept up to date. They were reviewed at least annually, more often if there were changes in a person's circumstances. Care files in people's homes included the current documents.
- Current care plans were also available to staff in people's homes via the computerised care recording system. A person who used the service commented, "They [staff] get all the answers they want from that."
- Care plans contained details of any equipment people used, such as mobility aids.

Staff support: induction, training, skills and experience

- Staff were well supported through training, supervision and informal conversations with the provider. A care worker commented, "We get so much support from [provider]", and another member of staff described how they were "massively" well supported.
- Staff had a variety of self-directed and face-to-face training. The provider regularly checked that training was up to date.

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

- Where people had assistance with preparing and consuming food and drink, they were happy with this aspect of their support. They said staff knew and respected their choices about what to eat and drink, and how they wanted this presented.
- People's risk of malnutrition and dehydration was assessed, and their care plans took account of the risk. Staff recorded at each visit whether people had drunk during the visit and whether drinks were left over from a previous visit. The computerised system alerted the provider if staff had not recorded this.
- Where people had swallowing difficulties, information about this, such as safe swallow plans, was kept in their folders and was flagged up to staff through the computerised recording system.

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

- People's care records contained details of their health and social care professionals.
- Care plans set out details of any health conditions that people lived with, such as diabetes. Information about those conditions was kept in people's care records.

- Staff flagged up any concerns about someone's health and wellbeing with the provider, who contacted the person's health professionals as appropriate.
- The service had developed a 'grab sheet' that could be printed off from the electronic care record in the event a person needed a planned or emergency hospital admission. This would provide key information to hospital staff about the person's health and particular care needs.

#### 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.

- Staff had training in how the MCA applied in their work. They understood the importance of people making choices for themselves if they were able to.
- Care was only provided with people's consent. A person who used the service talked about how staff always checked with them before doing things.
- Consent to various aspects of their care was recorded in people's care records. A person who was unable to give consent themselves to some aspects of their care had delegated this to someone they had appointed to have lasting power of attorney.

# 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 good. At this inspection this key question has now improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- The service had a clear, compassionate, person-centred culture. People described this in terms such as: "Nothing is too much trouble", "Always respectful", "All very gentle, thoughtful", "They are absolutely lovely", "I don't have to tell her, she knows", and, "They respect the home they're in and they do whatever they can".
- The provider and staff demonstrated real empathy towards people, routinely seeking out opportunities to show kindness and caring for people in a way that exceeded their expectations. Someone told us how being unable to go out made it harder for them to keep track of the day and date. They told the provider about this, and the next day the provider provided a clock that clearly displayed the day and date. They said, "I thought how kind, I didn't ask her to do it" and told us this helped them have a sense of control. The provider had given a similar clock to another person who often asked the date. This person told us they were surprised and grateful, and that they found the clock useful and reassuring. Someone else had to go to bed early because of a medical condition. They were delighted with the television the provider had procured to provide some distraction and entertainment. They and their spouse were also touched that staff had stayed on the previous day after providing care to assemble a table for them.
- A person remarked on the kindness they had experienced from the provider, when they had felt isolated and reluctant to prepare food and eat. They said, "She [provider] doesn't only buy the crumpets, she toasts them, and it makes all the difference."
- The provider had recognised that people were often lonely or had worries that fell outside the scope of their care package. They had therefore employed a support worker to provide social contact and assistance with tasks such as form filling. For example, the worker had supported a person whose spouse had recently died, during the early days of the bereavement.
- The provider and staff cared for each other in a way that went above and beyond what would generally be expected at work. The provider felt a sense of duty towards the staff, in terms of supporting them practically and emotionally and ensuring they had stable, competitively paid employment. They demonstrated compassion to the staff, recognising that this would be reflected in the way staff supported people and their families. Conversely, there was a sense of staff loyalty towards the provider and their colleagues. The provider ensured only staff who were comfortable to support a dying person were involved in that person's care. This was important as the service operated in a close-knit community where many people using the service knew staff or their parents.
- People felt the provider and staff knew them well and understood how they liked things done. One person said of the provider, "She knows my kitchen better than I do - she's exceptional." They appreciated the attention to detail from other staff too, giving the example of a member of staff serving food: "She puts it down gently rather than just banging it down, with a bit of magic about it... She doesn't just leave it there."

She does that little bit extra."

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- Respect for people's privacy and dignity was inherent in the provider's and staff's attitudes to their work and the people they supported. People confirmed staff always respected their privacy and dignity. People's preferences, including those relating to privacy and dignity, were considered at assessment and were incorporated into their care plans.
- Staff respected and promoted people's independence, offering support sensitively and respectfully. A person who had initially been reluctant to receive care said staff did what was needed to help them "get started" but did not take away their independence. Another person told us, "They let me do what I can do myself."
- The provider was always alert to further ways to promote independence. They had purchased a smart keyring for someone who kept losing keys, so the keys could be located easily. They were providing people who would benefit with small smart speakers, to enable them to make calls, and to prompt food, drink and medication.
- The provider ensured that people, and where appropriate their relatives, were involved in decisions about their care. They regularly checked whether people were satisfied with their care and involved them in care plan reviews. A relative commented, "I feel like I can ring [provider] at any time."
- Relatives described how staff worked closely with themselves as carers, respecting and supporting their involvement. This hinged on ongoing good communication: "I always feel I know what they've done and that they know what I've done".
- Confidential information was kept secure. In the office, confidential paper records were locked away. Access to the computerised record system was password-protected, each member of staff having their own log in and password via a secure app on their mobile phone.

# 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 good. At this inspection this key question has remained the same. 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

- People and relatives were very happy with the care and support provided. They told us the care they had was right for them. Comments included: "Nothing is too much trouble, and if they [staff] can't do it themselves they pass the word down the line [to whoever needs to know]", and, "I feel safe in the knowledge [person] is well looked after".
- This was echoed in compliments and feedback questionnaires the service had received. Comments in these included: "I couldn't have had better care over the years" and, "I'm looked after better here [at home] by [provider] than anywhere else".
- People told us how the provider was flexible in accommodating what they needed, describing the service in terms such as "very, very accommodating". A person who sometimes had hospital appointments said they contacted the provider each time they knew they would need an early care call, and "each time, she's arranged it".

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.

- Care plans flagged people's communication needs, such as hearing and visual impairments. They prompted staff to provide any support people needed with communication. For example, a person needed staff to assist them to put in their hearing aids and staff were required to initial a chart to state they had done this.
- People's information packs were provided in large, bold, black print. The service was able to provide information in other formats on request.

Improving care quality in response to complaints or concerns

- People told us they would feel able to raise a concern or complaint, if they had one, with the provider.
- The provider had a complaints procedure, which was circulated to people.
- There had been no complaints since the last inspection.

End of life care and support

- No-one was anticipated to be approaching the end of their life during the inspection.
- Care plans contained details of people's cultural needs and preferences.

- Staff liaised with health professionals if they were concerned someone's health was declining, and to ensure a person's death was comfortable and pain-free.
- The service had received a compliment about the care staff had provided during a person's final days. This referred to "the magnificent and efficient service that made [person's] last few days so bearable and for which we will be eternally grateful".

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and relatives praised the quality of the service and thought the provider ran it well. They said things such as, "I haven't a bad word to say".
- Staff shared the provider's values of a caring, person-centred approach to people. They enjoyed and cared about their work. Staff comments included: "It's overwhelmingly rewarding", and, "I really enjoy it".
- The provider had close oversight of the service, regularly visiting people and routinely working alongside staff. People said they regularly met the provider, who often provided care herself.
- A person explained the provider promptly noticed and corrected anything that was wrong. They described how a member of staff had not done things properly and the provider had dealt with this swiftly. They commented, "You can't hide anything from [provider], she sees things too quickly."
- Staff said the provider was supportive and always made time for them if they needed it. They told us they would feel confident to blow the whistle on poor care to the provider, who would do something about it.

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 adverse incidents since the last inspection that required the provider to exercise their duty of candour. However, they understood it was essential to be open and honest with people and their families if anything went wrong.

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

- The provider was clear with staff about how they expected them to work. They checked staff maintained the high standards they had set.
- Staff confirmed there were regular unannounced spot checks of their work, where the provider or a supervisor would turn up unannounced and observe how they worked. They received feedback following the observation.
- The provider maintained informal oversight of all aspects of the service, alongside audits that covered matters such as medicines recording, care recording and staffing. The computerised care system assisted the provider by alerting them of care that was due but had not been recorded at the correct time.
- The provider understood the legal requirement to notify CQC of significant events that occur within the service. There had been only one notifiable event within the past year, which was of a death that had been anticipated.

- The provider had changed their legal entity prior to this inspection. However, they had not ensured the legal entity responsible for providing personal care was appropriately registered. They took immediate action to rectify this during the inspection.

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

- People confirmed the provider met them regularly and always checked whether they were happy with their care and support.
- The provider sent out an annual survey to gather people's and their relatives' views of the service. Results from the last survey in March 2019 had all been positive.
- There were staff meetings every couple of months. At these meetings staff discussed people's individual care and support, as well as any current issues for the service. Staff felt encouraged to contribute their ideas at these meetings.
- The service reflected the close-knit community in which it operated. The provider and staff already knew, or knew of, most people who used the service, or their families. The service attracted new business through reputation and word of mouth, rather than advertising.
- The provider and staff also knew each other. The provider had a strong sense of loyalty to their staff, which was reflected in the way staff described the provider.