

Focus Caring Services Limited

Purely 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

Purely Care is registered to provide personal care to people living in their own homes. There were 33 people receiving personal care from the service when we visited. A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Staff received training to protect people from harm and they were knowledgeable about reporting any suspected harm. There were sufficient numbers of staff to provide care and support for people. Recruitment procedures ensured that only suitable staff were employed. Risk assessments were in place for people's assessed risks and actions were taken by staff to reduce these risks. Arrangements were in place to ensure that people were supported and protected with the safe management of their medicines.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA). Staff were supported and trained and had an understanding of the principles regarding the MCA.

People were supported to access healthcare professionals and they were provided with opportunities to increase their levels of independence. Health risk assessments were in place to ensure that people were supported to maintain their health. People had adequate amounts of food and drink to meet their individual preferences and nutritional needs where appropriate.

People told us that their privacy and dignity was respected and their care and support was provided in a caring and a patient way.

A complaints procedure was in place and complaints had been responded to, to the satisfaction of the complainant. People could raise concerns with the management team and care staff at any time and felt listened to..

There were quality assurance processes and procedures in place to improve, if needed, the quality and safety of people's support and care. People and their relatives were able to make suggestions and changes in relation to the support and care provided and staff acted on what they were told.

There were links with the external community. There was a staff training and development programme and procedures were in place to review the standard of staff's work performance.

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.

Staff were aware of their roles and responsibilities in reducing people's risks of harm.

Sufficient numbers of staff were available and the appropriate recruitment checks had been completed to ensure they were suitable to carry out their role and meet people's needs.

People were supported with their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

Staff were trained and supported to provide people with safe and appropriate care.

People's rights to make decisions about their care were respected. The provider was acting in accordance with the Mental Capacity Act 2005 so that people's rights were being promoted.

People's health and nutritional needs were met.

Is the service caring?

Good ●

The service was caring.

People received care and support from staff who were kind, caring and respectful.

Staff knew people well and their preferences and routines.

Staff valued people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People were involved in their care assessments and reviews.

People's care records provided staff with guidance to provide consistent care to each person.

People knew who they could speak with if they had a concern or complaint. A complaints procedure was in place to respond to people's concerns or complaints.

Is the service well-led?

Good ●

The service was well-led.

The provider had effective arrangements in place to monitor and improve, where necessary, the quality of the service people received.

People and their relatives were able to raise any issues or concerns with the provider and staff when they wished.

Members of staff felt well supported and were able to discuss issues and concerns with members of the management team.

Purely 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.

This announced inspection took place on 21 and 22 September 2016. The provider was given 48 hours' notice because the registered manager is sometimes out of the office supporting staff or visiting people who use the service and we needed to be sure that they would be in. The inspection was carried out by one inspector.

Before the inspection we looked at all of the information that we had about the agency. This included information from notifications received by us. A notification is information about important events which the provider is required to send to us by law. Before the inspection the registered manager completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what it does well and improvements they plan to make. We took the information in the PIR into account when we made judgements in this report.

During the inspection we visited the services' office and spoke with the registered manager, two supervisors and five care staff. We spoke with seven people using the service, and five relatives by telephone. We also spoke with a physiotherapist, two care managers and a quality assurance officer from the local authority to gain their views about how people were being supported.

We looked at five people's care records and records in relation to the management of the service and the management of staff.

Is the service safe?

Our findings

People we spoke with said that they felt safe receiving their care. One person said, "I feel safe with the carers who come to see me." Another person said, "If there was anything I was not happy with or felt unsafe I would talk to [the registered manager and supervisors] and they would sort it out for me." Relatives we spoke said that they felt their family members were safely cared for by staff.

The staff we spoke with confirmed they had received training regarding safeguarding people from harm and they were knowledgeable about safeguarding reporting procedures. They described how to recognise and report any concerns in order to protect people from the risk of harm. One staff member said, "I would always report any incident of harm without hesitation to my manager." The provider was aware of the notifications they needed to send to CQC in the event of people being placed at the risk of harm.

People had individual risk assessments which had been reviewed and updated. Risks identified included; maintaining a safe environment to prevent hazards such as falls, assisting people to move and with the management of their medicines. Records gave information and guidance to staff about any risks identified as well as the support people needed in respect of these. Staff we spoke with were aware of people's risk assessments and the actions to be taken to ensure that people were safely cared for. Examples included supporting people with their mobility needs. Staff were aware of their responsibilities in reporting any accidents and incidents to the management team.

Effective recruitment procedures were in place to ensure that only staff who were suitable to work with vulnerable people were employed. We looked at personnel records of four members of care staff and they showed that the required checks had been undertaken before they had commenced work. Records included evidence of completed job application forms, interview notes, two references, proof of identity, and a satisfactory criminal record check. Staff we spoke with confirmed that their recruitment had been dealt with effectively and they had supplied the necessary documents that were required.

Staff told us there were always sufficient numbers of staff to meet people's needs. There were 'double up' visits where a person required two staff to safely mobilise. Staff told us that there was sufficient time given for each care call so that they were able to safely assist people with their care and support needs in their home.

Staff told us that they had time to socialise and chat with people whilst providing their care. One member of staff said, "I like to chat and socialise with people while I assist them with care - it's good to get to know people and how they want to be cared for." People we spoke with confirmed this to be the case. One person said, "The girls [staff] are really cheerful and we have a laugh and a chat together." Another person said, "They [the staff] know me well and help me with what I need."

The registered manager and supervisors monitored staffing levels to ensure that sufficient numbers of staff were available to meet people's care and support needs and to also cover periods of staff sickness and holidays. Staff we spoke with said that they were supported by an effective 'on call' process [provided by the

management team] outside of working hours to assist them if they had concerns or incidents occurred. Staff also added that the registered manager and the supervisors had been available to cover any care calls when the need arose.

The level of assistance that people needed with their medicine was recorded in their care plan. A relative of one person told us that, "The members of care staff always make sure that [family member] safely receive their tablets when they need them."

The registered manager told us that they regularly audited the medicine administration records (MARs). This was to ensure that medicines were being safely and accurately administered. Regular checks of medicines, administration and the associated records were made to help identify and resolve any discrepancies promptly.

We saw a sample of a MARs and found that the prescribed medicines had been correctly administered. A relative we spoke with said, "I check my [family member's] medicine record and they are always properly filled in by the staff who visit." Medicine administration training sessions were provided during new staff's induction and refresher training was given annually. Staff also received medicine competency checks, made by a supervisor, to ensure they were safely administering of medicines. Staff we spoke with confirmed this to be the case. This showed that people were supported to safely take their medicine as prescribed.

Is the service effective?

Our findings

People spoke positively about the care workers and they felt that they knew their care and support needs very well. One person told us, "The carers are very good to me and they help me with whatever I need." Another person said, "The carers are cheerful and ask me if there is anything else needed before they leave." A relative told us, "The carers [staff] are very good and I am very pleased with the care my [family member] receives."

Care staff we spoke with confirmed they had received an induction when they commenced employment with the service. Staff told us that they completed training during their induction period before providing care for people using the service. They said that this included training in topics such as safeguarding, first aid, administering medicines, MCA, infection control, and assisting people to move safely.

The registered manager told us that new members of staff shadowed an experienced member of staff until they felt confident in providing care. They also confirmed this could be extended to ensure new staff were competent. One member of staff said, "I received a variety of training before I cared for people and I also went out on shadow shifts with the supervisors and other staff which was very helpful." Another member of staff said, "The supervisors were very supportive when I started work which really helped in building up my confidence."

Care staff told us they were provided with refresher training and additional training in topics such as dementia awareness. The registered manager told us that staff were working towards The Care Certificate and also the Diploma in Health and Social Care [nationally recognised qualifications for staff working in social care]. This showed that staff were supported with further learning and to achieve nationally recognised qualifications.

Care staff confirmed and records seen showed that they had received supervision and an annual appraisal. This was to ensure that their work performance and development needs were monitored. Staff said the management staff were very approachable and supportive and they felt able to raise any issues or concerns with them at any time.

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.

Staff we spoke with demonstrated knowledge of the MCA principles. One member of staff said, "We assume everyone has capacity to make their own decisions and choices – some people's capacity can change depending on the situation but this does not mean they lack capacity at all times." The registered manager confirmed that no one receiving the service was subject to any restrictions on their liberty. They were aware of the circumstances they needed to be aware of if people's mental capacity to make certain decisions

about their care changed. The registered manager was aware of the relevant contact details and local authority procedures regarding this area.

Where the service was providing any meals for people, assessments of people's nutrition and dietary needs and food preferences had been completed. People told us that the staff had always asked them about their individual drink preferences and meal choices. One person said, "They [care staff] always ask me what I would like to eat and drink when they prepare my breakfast and lunch."

People's rights to make decisions about their care and support were respected. Care records showed that people or their next of kin had signed to agree their plan of care and associated risk assessments.

People told us that staff supported them with their health care needs. Records further confirmed that people were supported to access the services of a range of health care professionals, such as district nurses, GPs and an occupational therapist. Staff gave examples where they had called an ambulance or paramedic services when a person had been unwell. This had been done in conjunction with the management staff and the people's relatives. This meant that people were supported to maintain good health and access medical services where appropriate.

The healthcare professionals who we spoke with were positive about the care and support being provided by the service. A physiotherapist we spoke with was positive about the care staff and confirmed that they had followed their advice regarding assisting a person with their mobility needs. A social worker told us that they had been in contact with the management team regarding any changes that may be needed to people's care. They were positive about the service and told us they had not received any negative feedback from people or their relatives about the care being provided.

Is the service caring?

Our findings

People told us that staff were polite and respectful and preserved their dignity when they visited them to provide care. Relatives we spoke with confirmed this to be the case. One person said, "The staff are really kind and caring and I look forward to seeing them. They are lovely and kind to me and they [care staff] take their time and never rush me." Another person said, "The staff are very good to me and always make sure that I am comfortable and that everything is done before they leave. They [care staff] have tidied up for me which was very kind – I can't fault them at all." Another person said, "I usually know which carers are coming to help me which is very reassuring." One person told us that, "They [the staff] are lovely caring people and I have no concerns."

Relatives we spoke with were complimentary about the care staff and one relative said, "They [staff] have really helped and made sure [family member] is well cared for which has increased [family member's] confidence and independence." Another relative said, "Yes they do respect my [family member's] dignity and privacy. They are very kind and cheerful and I have no concerns at all." Another relative told us, "The carers are brilliant and they went to visit my [family member] whilst they were in hospital which was very kind."

The management team and care staff we spoke with were enthusiastic about their work and the care they provided for people. One member of staff said, "I really love my job and I do my best to provide the best possible care." Another member of staff said, "I love helping people to remain as independent as possible so that they can happily live in their own home." A third member of staff said, "I really enjoy my job and getting to know people and enjoy chatting with them whilst I provide care."

Staff received training and guidance during their induction about how to promote and maintain respect and equality and diversity and meet people's needs in a caring and supportive manner. We saw that the registered manager had taken steps to ensure, as much as possible, to meet people's individual preferences regarding whether they wished to be supported by male or female staff. People's preferred names were recorded in care plan documents. This showed us that people's equality and diversity was considered and acted upon.

The registered manager and staff demonstrated an approach that showed people were at the heart of the service. They had a good understanding of people's needs and preferences regarding how their care was to be provided. People told us that staff had taken time in talking with them about things which were important to them in a respectful way. People told us they felt involved in decisions about their care and individual preferences. One person said, "[The staff] never rush me and they carefully help me to get washed and dressed, at my pace, and they also help me get to bed in the evening."

People and their relatives told us they were aware of their care plans and were involved in reviewing these. One person said about their care plan, "Yes we did talk about it, and I agree with what is written and the help I get from the girls [care staff]." A relative told us that they had regular contact with the provider regarding any required changes to their family member's care and support needs.

People told us that their privacy and dignity was respected. For example, they said the care staff knocked on people's doors and announced they were there before entering. Staff spoke with a good deal of warmth and affection about the people they cared for. They demonstrated to us an interest to get to know the people they supported better and make the care visit an enjoyable experience rather than just a task.

The provider told us that no one currently had a formal advocate in place but that local services were available as and when required. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Is the service responsive?

Our findings

People told us that staff had a good understanding of, and met, their care needs. One person said, "My needs are met and the staff help me very well." A relative told us, "They provide my [family member] with the care that they need and I am very happy with it." Another relative we spoke with said, "The staff really know [family member's] needs and have got to know them well." We also saw a number of positive written compliments that had been received from relatives about the care and support that had been provided.

People told us that care staff was usually on time, had never missed a call and always stayed for the allotted time for their care visit. People said that they were informed if staff were running late due any unforeseen circumstances. People told us that staff always made sure that everything had been done and that they were comfortable before they left.

People's care needs were assessed by the registered manager and/ or the supervisors prior to them receiving care. This helped to ensure that staff could effectively meet people's needs. These assessments were then used to develop care plans and guidance for staff to follow. Assessments and care plans included information about people's personal history and their health, physical, mobility, medicines and nutritional needs. They also included information about what was important to the person and how the person preferred their care needs to be met. For example the meals and drinks that they preferred.

Care plans provided information for staff to follow to assist people with their personal care needs. Examples included assisting people with bathing and dressing and assistance with their medicines. We found that staff were knowledgeable about people's care and support needs and preferences. They also said that they felt that the care plans provided them with sufficient guidance regarding the care to be provided during person's care visit. Staff involved people and, where appropriate their relatives, in writing care plans. People we spoke to and their relatives confirmed that they had been involved in planning and reviewing the care and support being provided so that care was accurately recorded and summed up their needs.

However, we saw in some care plans that more step by step guidance to fully explain the care to be provided would further assist staff. We saw that phrases such as 'assist the person with a wash' did not always fully explain what the care staff needed to do and how much the person could do for themselves. We discussed this with the registered manager and they told us that they recognised this was an area for further development. They advised us that care plans would be reviewed and more step by step guidelines would be implemented within the next few weeks.

People and staff told us, and records showed that care plans were updated regularly and promptly when people's needs changed. We saw that there had been reviews completed regarding the care and support that was being provided. Additional information was added in care plans where the person's needs had changed. This included when a person had a medical appointment or where there was a health care change.

We saw a sample of daily notes that were completed by care staff, detailing the care and support that they

had provided during each care visit. Staff told us they read people's care plans and the records of the last few visits to see if there were any changes or significant events. Staff said they were also given updates of any care issues following reviews carried out by supervisors. This ensured that staff were up to date with any changes in people's care.

People told us they knew who to speak to if they had any concerns or complaints. One person told us, "I would tell them, [the care staff], or the manager [registered manager] but I have never needed to make a complaint." Another person said, "I have no complaints at all but if I did I would always talk to the staff and supervisors if I was not happy about anything." A third person said, "I did raise a concern with the manager [registered] and it was swiftly dealt with."

We saw a copy of the service's complaints procedure which was included in people's care folder kept in their homes. The registered manager told us that any concerns and complaints were always taken seriously. We saw samples of correspondence which demonstrated how people's concerns had been resolved to their satisfaction.

The registered manager and supervisors told us that they were in regular contact with people and their relatives. This helped to deal with any concerns or issues promptly and to monitor people's satisfaction with the care provided by the service. One person said "I see [members of management team] quite often and they are always keen to know that I am happy with everything." A relative told us, "I would phone the office and speak to [management team] to sort out any worries I may have."

Is the service well-led?

Our findings

People made positive comments about the service they received and the way it was run. Several people complimented on the quality of the service they received and said that staff met their needs satisfactorily. One person told us, "I would recommend [the service] to others." Another person said, "She [the provider] has often come to see me and asked me if everything was going okay."

The registered manager and supervisors were responsible for the day to day management of the service and the care and support being provided for people. Staff had a good understanding of their lines of accountability and the reporting structure within the service. Staff we spoke with were aware of the whistle-blowing policy. They said that they would not hesitate in reporting any incidents of poor care practice if ever they needed to do so. One member of staff said, "If I saw any poor practice I would immediately report it to my manager – I have reported a concern in the past and it was properly dealt with." Another member of staff said, "I feel that I would be confident in reporting any concerns to my manager [registered manager]."

Staff confirmed that there was an open culture within the service. They told us that they felt the service was well managed and that the registered manager and supervisors were 'hands on' (they often worked alongside care staff providing care) and were available and approachable. Staff said they felt well supported both informally and through regular supervision sessions.

Staff also told us that they were always able to contact the management team and that they would be confident that they would address any issues they raised. Records confirmed that staff received regular supervision sessions. We saw records of unannounced checks of staff's competence that were undertaken by management staff to ensure that the quality of care provided was monitored. This was confirmed by staff that we spoke with.

Audits of the service were regularly undertaken. These identified any errors or shortfalls and where improvements were needed and included the action that to be taken, by when and who was responsible for the action. The registered manager regularly considered the quality of care provided and took appropriate action where required. This was by speaking with people, their relatives, staff and health care professionals and their views were sought regularly.

We saw that there was regular contact with people to gauge their satisfaction with the services being provided. An analysis of the 2015 surveys received by the service showed that those who had responded were satisfied with the care that was provided by the service. People and their relatives we spoke to confirmed that they had regular contact with the management team and that their opinions about the care and support being provided were sought. The registered manager stated that a survey for 2016 was being sent out in the next few weeks.

The registered manager and the supervisors monitored the reviews of care (which included discussions with people who used the service and their relatives). We saw that audits of the staffing rosters, medicine administration and staff training were carried out. Where refreshers in staff training were needed action was

taken to book staff on courses. This showed that the registered manager had effective systems in place to identify, assess and manage risks to the health, safety and welfare of people using the service.

The registered manager was aware of their responsibilities in notifying the CQC of incidents that occurred while a service was being provided. Records we looked at showed that notifications were being submitted to the CQC as required. A notification is information about important events which the provider is required to send to us by law. This demonstrated the registered manager's understating of their legal obligations as a registered person.

The management team and staff worked in partnership with other organisations and this was confirmed by health care professionals we spoke with. Comments we received were positive and indicated that communication with the service regarding any issues and queries were responded to professionally and promptly.