

Purple Professional Services Limited

Purple Professional Services

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

Purple Professional Services is a domiciliary care agency and provides personal care to people living in their own houses in the community. At the time of our inspection four people were being provided with a service.

Not everyone using Purple Professionals Services Limited receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People told us they felt safe with the care provided. Risks to people were appropriately planned for and managed.

People told us there were enough competent staff to provide them with support when they needed it.

Staff had received appropriate training, support and development to carry out their role effectively.

People received appropriate support to maintain healthy nutrition and hydration.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People told us they were treated with kindness by staff who respected their privacy and upheld their dignity.

People were given the opportunity to feed back on the service and their views were acted on.

People received personalised care that met their individual needs. People were given appropriate support and encouragement to access to follow their individual interests.

People told us they knew how to complain and were confident they would be listened to if they wished to make a complaint.

The management team worked hard to create an open, transparent and inclusive atmosphere within the service. People, staff and external health professionals were invited to take part in discussions around shaping the future of the service.

There was a robust quality assurance system in place and shortfalls identified were promptly acted on to

improve 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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Purple Professional Services

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 over several dates. On the 02 August 2018 we visited the office. On the 21 August we contacted relatives to get their feedback about their experience of the service and on 23 August 2018 we contacted both an outside professional and a representatives from the local authority to obtain their feedback about the service. We gave the provider 48 hours' notice of our intended inspection to make sure that appropriate staff were available to assist us with the inspection.

Before our inspection we reviewed information we held about the service including statutory notifications relating to the service. This included the Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we were unable to observe care provision due to the nature of the service which provided personal care and support to people living in their own homes and although it was not possible to speak directly to the people who used the service, we were able to speak to their relatives to obtain views and feedback regarding the services provided We also reviewed documentation in relation to the care provided. We spoke with two staff members, the registered manager and the provider.

We looked at two care plans, three employment files, quality monitoring records' and other relevant documents relating to how the service operated.

Is the service safe?

Our findings

We found the service continued to be safe. A representative from the local authority we spoke with told us "I have no concerns about the care and safety of people whose care is provided by this agency. They are extremely professional and well organised."

A relative told us "My [family member] loves the carers that come, especially [name]."

Staff we spoke with showed understanding of safeguarding with regard to safeguarding procedures, and how to report their concerns internally and externally to local safeguarding authorities. They were aware of how to prevent and recognise the different types of abuse and neglect and told us they would feel very confident in reporting concerns to the manager and were assured that the manager would respond to their concerns. We saw that the provider had an up to date policy for both safeguarding adults and children in place.

We saw that information and guidance about how to recognise the signs of potential abuse and report concerns, together with relevant contact numbers, was displayed within the office as a reminder for staff when they visited the office. Staff received safeguarding training when they joined the service and were provided with regular updates when required.

Safe and effective recruitment practices were followed which helped make sure that all staff were of good character and suitable for the roles they performed at the service. We checked the recruitment records for two staff members and found that all the required documentation was in place which included two written references and criminal record checks.

Staff rotas were planned in advance and records we reviewed confirmed there were enough staff to meet people's needs safely. We also saw information displayed with regard to the 'out of hours' arrangements and contact numbers for staff to call in the event of any emergencies.

Purple Professionals Limited does not currently manage or administer medicines on behalf of the four people they currently support as medicines are managed by people's respective families. However, we saw that there were systems in place for the management and administration of people's medicines, if and when required. We saw records that confirmed all staff had been provided with medicine training as part for their induction programme. And as part of the on going training programme

We saw that there was an effective system in place to manage soiled waste, within people's own homes and this was in addition to infection prevention training and hand wash techniques.

We saw that risk assessments were completed as part of the initial assessment of the person's needs. We found that these had been reviewed regularly to take account of the person's changing needs and circumstances.

There was a system in place for the recording of accidents and incidents although there had been none

since the service had been registered with the Care Quality Commission.

Is the service effective?

Our findings

We found that the service continued to be effective. People were supported by appropriately skilled and knowledgeable staff. Staff told us, and records confirmed that they received the training and support they needed to carry out their role effectively. A relative we spoke with told us "I consider the care my [family member] receives is excellent, the managers all do 'hands on' care which is a bonus as they can see first-hand what goes on and if there is anything that needs to improve, which there isn't. "A staff member told us, "We are provided with a range of training, initially when we first start and then as and when we need it." I have recently done Mental Capacity Act training and care planning training." We saw this person had also completed their Diploma in Social Work, Children and Families.

People who used the service received support from staff who had the appropriate experience and skills to carry out their roles and responsibilities. Staff completed an extensive induction programme when they started working for the service. This gave new staff the skills, training and knowledge to enable them to support the person effectively.

Training records confirmed that staff received a varied training programme and that the training was updated appropriately. Specific training had been provided which ensured that staff had the skills and knowledge to support people. For example first aid training for both adults and children, domestic abuse training, duty of candour and report writing training.

Staff competencies were observed and assessed by one of the managers which provided an opportunity to assess both staff competencies and also to mentor staff to ensure they followed good working practices.

One staff member we spoke with confirmed that they received regular supervisions with the registered manager which gave them the opportunity to discuss work related issues or concerns. They told us "We are a very small and friendly team here so any concerns or issues I may have are always discussed and rectified straight away."

The registered manager, provider and staff we spoke with understood that they were required to obtain people`s consent before they provided care and support. They told us that they always asked the person if it was ok to assist them and always respected the person's wishes. For example, the provider told us they contacted the person who used the service and their relative to inform them about the inspection taking place and to obtain their consent for us to contact them and obtain their feedback. We also saw that where the person themselves was unable to sign their plan of care a family member had signed consent forms within their care file. We checked the care plans of two people and saw written consent had been obtained and recently been reviewed.

People's healthcare needs and nutritional needs were currently managed by their families and not supported directly by the service.

People who used the service were all currently supported to attend their GP, hospital or other health related

appointments by their respective families. However we were told that if relatives were unable to accompany their family member to their appointments then the agency would provide this support.

Is the service caring?

Our findings

We found the service continued to be caring. One relative told us "We could not manage without them; they are a lifeline to me, when I need to go out and have a break or just got out to do the shopping."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS)."

Relatives we spoke with told us their family members were looked after in a kind and caring way. They told us their family member had regular staff who they liked and got on well with. They knew staff well and were familiar with their routines. One relative told us " Because the agency is small it means we get the same carers all the time and this makes such a difference to [name] as it makes them less anxious."

Staff had developed positive and caring relationship with the people they cared for and demonstrated that they knew about their individual preferences, likes, dislikes and daily routines. One staff member we spoke with was able to tell us how they maintained people's privacy, dignity and independence. We were not able to observe care being delivered but when one staff member spoke with us they talked about the person they supported in a kind, caring, and sensitive way.

People who used the service were encouraged to maintain positive relationships outside of the home which included attending local social clubs and activities held within the local community. We were told that staff always kept their family informed of any changes that related to their relative's needs.

Relative told us they had been consulted and involved in their care planning. We saw documented evidence of this within the two care plans we reviewed where both people had signed to confirm they has agreed with its content.

The person's private and confidential information was stored securely within the main office and we saw that confidentiality was maintained by the registered manager. The registered manager and provider were aware of how to contact advocacy services for people to use, when required.

Is the service responsive?

Our findings

People continued to receive care that was flexible and responsive to their changing needs. We reviewed one care plan where the person had been reluctant to receive support from staff with regard to their personal care needs. We saw from their plan of care that there was step by step written guidance for staff to follow which encouraged the person in a way that maintained their independence but ensured the level of their personal hygiene was maintained to an acceptable standard. The care plan also reflected and outlined the steps for staff to follow to ensure they maintained the person's' privacy and dignity by leaving the bathroom at regular intervals but ensured staff were still in close proximity to assist if and when necessary. We were told that this person is now always ready and waiting to have support with their weekly bath when staff arrive.

Staff had access to personal information which was kept in a folder in the person's home. This contained a copy of their care plan and the risk assessments. The support plan gave appropriate information and guidance to staff so that they could provide care safely and appropriately. We saw that this plan of care was person centred. For example, it contained detailed information about the person's life, their interest and their preferences and preferred routines. We found that the staff we spoke with had a detailed knowledge and understanding of the person's complex and changing needs. A relative we spoke with told us, "The staff are always professional and are always responsive to [name] needs."

We saw that there was an appropriate skill mix of female and male carers provide which ensured people who used the service could, if they wished, choose the gender of the staff who provided their care and support. One relative told us "The staff are very good and arrive on time and they let us know if they are running late and are always flexible if I need a bit of extra support with [name]."

Care plans were up to date and regularly reviewed and highlighted where care and support needs had changed. Staff confirmed that the care plans gave them sufficient information so that they could provide the required care and support. Staff completed daily notes which described the care and support that had been provided and noted any significant events that had occurred. The daily notes were monitored on a regular basis by the registered manager to evaluate care practices and identify areas for improvement and development.

Relatives we spoke with confirmed that they were involved in reviews, where appropriate in order that they had an opportunity to comment on the current care and support that their family member received. One relative told us "They contact me regularly if there are any changes to [name's] care and support."

People had their end of life care wishes recorded as part of their initial assessment. However we were told that for the people who currently use Purple Professional Services these arrangements are managed by the person's respective families.

People who used the service and their relatives confirmed that they were provided with an information pack when they commenced the service which contained information on how to make a complaint. Both

relatives we spoke with confirmed that they knew how to make a complaint but had no issues or concerns about the care and support provided by Purple professional services. They also told that they were in regular contact with the registered manager and provider and would raise any concerns directly with them, if the need arose. One relative stated, "I can always raise any issues and I feel listened to." One person who we visited said, "I can always speak to the manager any time."

A staff member told us they would report any concerns raised with them to the registered manager or the provider so they could be addressed and resolved quickly and to the satisfaction of person who used the service.

Is the service well-led?

Our findings

The service continued to be well led with robust systems and processes in place that had been established and further developed since the service first registered with the Care Quality Commission. This ensured the service operated effectively and safely. We saw records that related to risks to the person's health and well-being were up to date and had been regularly reviewed. In addition the provider had kept current and consistent records that related to staff who were employed at the service to provide care to the person which ensured staff had the appropriate skills and competencies to carry out their role effectively and safely. We saw examples of recent audits that had been completed. These included spot check audits in relation to staff competency which ensured staff were competent to carry out their role effectively and safely.

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.

The provider had systems in place to review and analyse information that related to the quality of the service and the views of visiting professionals, staff and commissioners were sought.

We found the service operated in accordance with their statement of purpose which is a document that sets out what the service aims to do and how they will achieve the objectives. The provider told us they had invested time and effort in the development and continual improvement of the service they provided. For example, the care and support plan seen demonstrated personalised care provided a high level of detail that enabled staff to provide the necessary support and care in a person centred way.

We saw that people who used the service and relatives were consulted and asked to feedback on the service provided and evidence seen as part of this inspection confirmed that everyone was very pleased with the care provided. One person said, "I get visits from the manager who checks that we are happy with everything." This demonstrated that the service and its staff monitored people's care and support needs and considered opportunities for improvement. One person commented "I think the success of this agency is due to being small and personable and we know each person who comes to provide care to [name]"

Staff told us they enjoyed their work and working for the service. Staff told us that they felt the service was well managed and that they were well supported by the registered manager and provider.

The relatives we contacted were very complimentary about the manager and provider. They considered the service was managed, "professionally and competently." There were systems in place to formally monitor the quality of the service. The relative of the person who used the service confirmed that the registered manager had regular contact with them to ensure that they were happy with the service. One staff member told us that they considered both the registered manager and provider to be both approachable and competent.

The registered manager and provider had created an open and inclusive service to the people they supported, their relatives and outside professionals.