

Altruistic (North Kent) Ltd

# Pure Life Homecare

## Inspection report

Unit B3, Clover House  
John Wilson Business Park  
Whitstable  
CT5 3QZ

Tel: 01227207340

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Pure Life Homecare is a domiciliary care agency. It provides personal care to people living in their own houses and flats. At the time of the inspection the service was providing care for 30 people, including people with physical disabilities, learning disabilities and autism, mental health problems and people living with dementia. The service was provided in Canterbury and surrounding areas.

Not everyone using Pure Life Homecare 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.

### People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

The quality of service people received had improved since our last inspection. People told us they received the care and support that they needed.

Management of the service had improved. Since the last inspection the manager had registered with Care Quality Commission (CQC). The registered manager had oversight and scrutiny of the service and was receiving support from the provider. The provider and registered manager were both committed to improving and developing the service.

People told us the service was well managed. People, their relatives and staff spoke highly of the registered manager. They were described as 'very supportive' and 'approachable' and sorted out any issues they had. People and their relatives gave positive feedback about the service they received. People said they felt safe with the staff when they received care in their own homes. People told us they were treated kindly and compassionately by the staff.

People were protected from the risk of avoidable harm. When concerns were identified about people's safety, information was shared with appropriate stakeholders so investigations could be conducted. Risk to people health and safety were identified. The registered manager had ensured all risks associated with people and the service had been assessed and action taken to mitigate the risks.

People were supported with their health needs. The registered manager had oversight of incidents and

accidents and lessons had been learnt when things went wrong.

Staff communicated effectively with people and each other to make sure people's needs were met in the way they had chosen. When people were unwell or needed extra support, they were referred to health care professionals and other external agencies. People received person-centred care that promoted their dignity and independence. Staff followed infection control policies and practices to help protect people from any infection.

Staff knew their roles and were able to tell us about the values and the vision of the service. There were adequate quality assurance measures in place. The registered manager visited people and made calls to check people were happy with the service. Any complaints that were made were managed in the right way and people had been invited to suggest improvements to the service.

There were sufficient numbers of staff to provide the care people needed. People and their relatives said staff arrived when they should and stayed the allotted amount of time. They reported they had not had any missed calls. People said that they usually had consistent care from the same group of staff who had got to know them well. Staff received the training they needed to look after people in the way that suited them best. Their competencies were checked by the registered manager to ensure staff had the skills to do their job well and effectively meet people's needs.

Staff received support, guidance and advice from the registered manager and provider. Learning needs were identified and staff had opportunities for personal development. The registered manager regularly worked alongside the staff team and checked that staff were working with people safely. All safety recruitment checks were completed before staff started working with people.

People were supported to express their views and make decisions about their care. 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's needs were assessed and reviewed to ensure care being delivered was up to date and reflective of their needs. People had care plans that provided detailed guidance for staff on the support and care that they needed on a daily basis. Care plans were specific and personalised. People were supported to do things they wanted to do.

People consented to their care and were supported by staff who were trained to fulfil their roles effectively. Staff were aware of the importance of good nutrition to people's health and wellbeing. Medicines were managed safely and people received their medicines.

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 and update

The last rating for this service was requires improvement (published 9 March 2020). There were two breaches of the regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that people's mental capacity be assessed and recorded, that staff had specialised training and people had information in format they could easily understand. At this inspection we found the provider had acted on any recommendations and made improvements.

### Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective, Responsive and Well- led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 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.

# Pure Life Homecare

## 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 Health and Social Care Act 2008.

#### Inspection team

This inspection was completed by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 28 July 2022 and ended on 10 August 2022. We visited the office location on 28 July 2022. On the 9 and 10 August we spoke with people, relatives and staff on the telephone.

#### What we did before the 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements

they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with three people and three relatives of the people who used the service about their experience of the care provided. We spoke with registered manager, the care co-ordinator and three members of staff. We reviewed a range of records. This included four people's care plans, medicines records and daily care records. We looked at recruitment checks and complaints. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the service was no longer in breach of the regulation.

- Risks to people, including risks from the environment were assessed, monitored and recorded. Action was taken to reduce the risks. Risk assessments contained guidance for staff on what action to take if the risks occurred.
- One person was living with diabetes. Risk assessments contained the signs and symptoms they would display if they were unwell and the action staff should take. Another person had a percutaneous endoscopic tube (PEG) inserted into their stomach. A PEG tube can be used to give drugs and liquids, including liquid food, to a person directly into their stomach. There was guidance and instructions in place on how to use the PEG tube and what to do if it was blocked. Staff had received training on how to manage this safely.
- Risk assessments gave clear guidance to staff on how to support people safely, including medicines and moving and handling. Staff confirmed the care plans gave them enough information for them to support people safely. People told us they always felt safe with the staff. A person said, "I trust all the staff. They know what they are doing. I don't have to worry"
- People's environment was assessed and reviewed to ensure it was suitable and safe for people and staff.

### Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us staff provided safe care. One person said, "This is the best company I have ever used and there have been a few. I have a good relationship with all my carers and trust them to do the right things."
- The provider had systems to help protect people from the risk of harm or abuse. The registered manager understood their responsibilities to safeguard people from abuse. The registered manager had reported safeguarding incidents to the local authority safeguarding team. Investigations and action had been taken to prevent re-occurrence and to make sure people were safe.
- Staff had received training and were clear about how they would report any concerns both internally to the provider/registered manager and externally to the safeguarding authorities. One staff member said, "If I had any concerns, I would report them immediately to the registered manager. They always respond very quickly to any issues we raise. I am confident the registered manager would take action."

### Staffing and recruitment

- Staff were recruited safely. Recruitment checks were completed to make sure staff were safe to work with people. This included obtaining references from previous employers, and background checks with the Disclosure Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Full employment histories had been obtained and the required number of references had been sourced before the staff member started work.
- Enough staff were employed to make sure people received the care and support they needed. Staff provided safe care and they visited the same people regularly. People told us that they had a consistent team of staff who knew them well. One person told us, "They are the best. The care is good, and the staff are excellent. They are all very respectful and considerate and you can have a good laugh and joke. I look forward to them coming."
- Staff arrived promptly and stayed for the allocated time. On the whole people knew each day which staff would be visiting and what time they would be arriving. One person told us: "They have never missed a call. They might be a bit late on rare occasions, but I get a phone call to let me know."

#### Using medicines safely

- People received their medicines safely. Staff had received training in the safe administration of medicines and their competency had been assessed. The registered manager observed staff supporting people with their medicines during checks of their practice.
- Care plans highlighted how people preferred to take their medicines and provided staff with any information they needed to know. Medicines records were maintained which demonstrated people received their medicines in line with their prescriptions. The registered manager had recently reviewed how they ordered medicines to reduce the risk of people running out.
- Regular medicine audits were completed to ensure people received their medicines safely. If any errors or mistakes were identified or reported then action was taken by the provider to reduce the risk of reoccurrence.

#### Preventing and controlling infection

- Risks to people from infection were managed to ensure they were minimised.
- We were assured that the provider's infection prevention and control policy was effective. Staff had completed the relevant training. Spot checks on infection control practice were undertaken to ensure staff were following the correct procedures.
- COVID-19 testing was carried out in accordance with government guidance, staff underwent a regular testing regime. Staff understood appropriate use of personal protective equipment (PPE). Staff had access to enough PPE, and PPE was worn at care visits. People told us the staff always wore the correct items before they supported them with personal care.

#### Learning lessons when things go wrong

- A system was in place to record accidents and incidents. Incidents and accidents were reported by staff in line with the provider's policy.
- Any accidents and incidents were reviewed by the registered manager. Details were analysed to check if any action was required to minimise the risk of the incident happening again.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

At the last inspection we recommended people's mental capacity was assessed and recorded in line with legislation. At this inspection improvements had been made.

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 MCA 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.

- People, or their representatives where appropriate, had signed and consented to the care and support to be provided. The provider recorded consent to care and treatment in line with legislation and guidance. It was clear decisions around people's care had been made and/or agreed.
- Staff demonstrated they understood the principles of the MCA, supporting people to make choices when people were unable to make their own decisions.
- People confirmed the staff always asked their consent before providing their care. One person said, "The staff always explain what they are going to do and they always check that it is Ok with me. They always ask my permission before they do anything."

Staff support: induction, training, skills and experience

At the last inspection we recommended the provider, sourced reputable training for staff in specialist areas. At this inspection improvements had been made.

- Staff had received all the training they needed to make sure they had the skills to meet people's specific care needs. Staff had completed training in dementia, end of life care, PEG management, stoma care and catheter care. They had also received training in effective communication and equality and diversity. Staff told us the training equipped them with the skills to give people the care and support they needed.
- The registered manager was an accredited train the trainer which meant staff received face to face

training in areas like manual handling, medicines and dementia from the registered manager.

- Initially newly recruited staff received an induction, which included all mandatory training such as manual handling and infection control. New staff worked alongside experienced members of staff until they had completed their basic training and felt confident and competent. Staff said they had got to know people and how they liked to be cared for and supported. A person told us, "They really listen to how I like things to be done."
- People were supported by staff who were skilled, trained and knowledgeable. Staff refreshed their knowledge to keep up to date with best practice by completing refresher training. The registered manager regularly checked that staff were up to date with training.
- Staff told us they received regular supervision with the registered manager or the provider. Staff we spoke with said they felt supported by the registered manager. Staff received annual appraisals and there were regular checks on their competencies to make sure they were safe and effective in caring and supporting people. Staff told us the registered manager was approachable and supportive. One staff member said, "The registered manager or provider are always available either in person or at the end of the phone if you need anything."

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

- People's needs were assessed in line with best practice before being offered a service. People were offered the support in the way they preferred and that suited them best.
- The registered manager met with people before they started to use the service. Relatives told us that the registered manager visited and gathered all the information they needed to make sure they would be able to support their loved one in the way they preferred. One relative said, 'They were very professional and thorough. The registered manager dealt with everything with sensitivity. You could tell they cared.'
- There was information about people's past medical history and information about people's background. People's care was regularly reviewed. Some paper care plans were kept in their own homes other people were able to access their plans using their electronic device. Staff knew about people's individual needs.
- People's protected characteristics under the Equalities Act 2010, such as religion, sexuality and culture, were recorded. The registered manager told us they discussed people's preferences with them and the staff team. People's rights were respected, and their diverse needs were supported in a way that made sure they were not discriminated against.

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

- People's nutritional and hydration needs were met. Some people did not need support with their meals or planning a nutritious diet as family members made their meals.
- Those people who did need staff assistance chose what food they wanted. Where people required support with their meals and drinks, this was agreed with them. Some people were at risk of not eating and drinking enough. Staff supported and encouraged them to have regular meals and drink enough fluids to maintain their health. People had gained weight and their health had improved as a result of the support they were receiving. People told us, "Staff know what I like and how I like it prepared, right down to how much milk I like in my tea" and "Staff always make sure I have everything close at hand before they go."
- People's care records detailed when a person needed assistance with food preparation and there were instructions for staff on how this needed to be done and what foods to prepare. People's likes and dislikes were recorded in their care plans. When people were living with dementia staff had used their training to support people to be more independent. One person was provided with red utensils to eat and drink. This had resulted in the person being able to eat and drink more independently.
- People confirmed staff knew how they liked their food prepared and always offered them a choice of meals, drinks and snacks.

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

- People had access to healthcare agencies and support in a timely way. Staff worked with professionals to provide good outcomes for people.
- People's care records contained details of their medical history and any health support needs. Staff received training in specific health conditions where they were required to provide support and monitor aspects of people's health. The registered manager had developed positive relationships with GP's, palliative care nurses, community nurses and specialists.
- People and their relatives were confident that the registered manager and the staff team would contact medical and specialist services if they were need

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

### Meeting people's communication needs

At the last inspection we recommended the provider ensured that people were given information about their care and support in a way they can understand. At this inspection improvements had been made.

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care plans contained information about their communication needs. The management team had produced information about the service and contact details in large format which was easy to read. A copy of this was given to each person. Some people had communication boards in their homes to help them with communication. People used these to say how they were feeling and remind them to drink and let them know which staff will be visiting next. When English was people's second language staff used electronic devices to help them communicate in the persons original language. Staff had made picture cards so people could choose and let staff know what they wanted from the shops.
- One relative told us, "Staff communicate very well with my [relative]. They speak to them slowly and clearly. They stroke their hand to reassure them that everything is OK and they smile a lot. The staff never rush, and everything goes smoothly."
- People were supported to use electronic devices to help them communicate with staff, family and friends.
- Some people were supported by family members or friends who helped them to understand information on a day to day basis if they needed it.

### End of life care and support

At the last inspection we recommended the provider sourced further reputable end of life training for staff and that people's end of life wishes were recorded. At this inspection improvements had been made.

- People had been cared for and supported at the end of their life. Staff had received training in how best to support people at the end of their lives. Staff told us they found this beneficial and gave them confidence to care and support people and their relatives at this time of their lives.
- Staff worked in partnership with healthcare professionals to ensure people had a comfortable and dignified death. They worked with the local palliative care team, district nurses and GP's.
- People's end of life wishes were recorded in their care plans to make sure people received the care and support they needed at this time of their lives.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- The registered manager and staff recognised the importance of supporting people on an individual basis. They understood the importance of promoting equality and diversity and respecting individual differences.
- Care plans were detailed with regards to people's preferences, likes and dislikes. Staff had the information available to help ensure people received consistent care to meet their individual needs.
- People were supported to maintain contact with their friends and family. Information about people's hobbies and interests were included in their care plan. People were supported to go to local groups like Age UK, People went shopping, other people were supported to continue with pastimes and hobbies. One person was continuing to play the piano another was encouraged to continue with their carpentry.

Improving care quality in response to complaints or concerns

- The provider had an appropriate complaints procedure in place. People were given a copy of the complaints procedure when they started using the service. It explained how people and their relatives could complain about the service and how any complaints would be dealt with.
- People and their relatives told us they could confidently raise any concerns with staff or the registered manager. The registered manager regularly met or spoke on the telephone with people and their relatives to make sure they were happy with the service.
- The registered manager recorded complaints. Complaints were investigated, responded to and satisfactorily resolved. People told us that when they had raised concerns these had been dealt with immediately by the registered manager. They said they felt listened to and were taken seriously.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant 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

At our last inspection the provider failed to have systems and processes to effectively monitor the quality and safety of the service being delivered. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the service was no longer in breach of the regulation.

- Since the last inspection the manager had registered with the CQC and they had addressed the breaches of regulations and recommendations made in the last report.
- All risks had been identified and mitigated. People received person centred care that was tailored to their individual needs. People had access to their care plans and knew what was in them. Care plans, risk assessments and mental capacity assessments were up to date. Staff had completed specific training to meet people's specialist needs.
- People, their relatives and staff spoke highly of the registered manager. Staff were clear about their role and were positive about the management team. Comments included, "The management team are very supportive. We all get on well together" and "The communication between everyone is good. We all know what we are doing and when to do it." People told us they had received support and care from the registered manager. Relatives told us, "The manager is very hands on. They often visit us and check everything is OK, and they support the staff when they are giving care."
- Audits took place to look at the care being provided that included care note audits, care plan audits and, medicine audits. The registered manager discussed any shortfalls with staff to reduce the risk of re-occurrence. The records that were kept at the service were readily available, comprehensive and easy to navigate.
- Checks were undertaken and covered areas of staff performance as well as other matters. These were used to make sure staff arrived on time, were dressed appropriately, wearing PPE and carried out care tasks properly.

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

- The management team promoted a positive culture within the service. People were central to this and the provider understood the best way to grow their business was to invest in their staff and enable them to grow professionally. Staff had opportunities to develop and achieve.

- The provider had recently visited Amsterdam to research, observe and shadow a new way of working which was innovative and could improve the service and the way people were receiving care.
- People and relatives told us they thought the service was well managed. They only had positive comments to make. People said, "The standard of care is very good. They never let you down. It is much better than the five other agencies I have used".
- People and their relatives said the phone was always answered promptly when they rang, and the staff responded to queries. One relative said, "I can phone any time if I need to talk. There is always someone around." Staff told us they could 'pop' into the office at any time if they needed any support or just wanted a chat.
- Staff and people had confidence in the registered manager. Staff told us communication was good and the registered manager was supportive. They told us that staff morale was good and they felt listened to. They said the staff team were guided by the registered manager to provide a high standard of care.
- The registered manager and provider were committed to develop the skills and knowledge of the staff. The registered manager spoke about valuing and promoting the staff team so, they in turn would deliver a high standard of care to people receiving the service.

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; Continuous learning and improving care

- The registered manager understood their duty to be open and transparent when something went wrong. They told us they would be honest, provide an apology and explore how things could be done differently.
- The registered manager demonstrated openness and honesty throughout the inspection process. They were fully aware of their responsibilities for monitoring, improving and developing the service.
- The registered manager had undertaken transparent investigations into complaints and accidents/incidents. They had learnt from these and had taken action to prevent any re-occurrence.
- The registered manager said they did not want to compromise the quality of care they delivered. They were developing the service slowly and ensured they had enough staff to give people the care and support they needed. When there were staffing shortages and the registered manager felt they could not provide a high standard of care the funding authority had been contacted and the situation explained. Other care providers had been sought for people.

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

- People were involved in all aspects of their care and support including day to day discussions with staff. There were meetings with the registered manager, and this helped drive better quality of people's care.
- Relatives and people were regularly asked for feedback about the service and about their involvement. People had said that they were unable to read staff name badges as the writing was too small and they did not want to keep asking staff for their names. Larger print name badges had been obtained so people felt confident in addressing staff by their name. People received a quarterly newsletter to keep them up to date about what was happening at the service.
- One person told us, "We are often asked for our feedback. We had a survey sent to us recently. I am very happy with service I get. If I want anything extra done the staff are always willing to help me."
- Staff felt well supported and had the opportunity to feed back about the service in supervisions and staff meetings. Staff told us they felt listened to and that their feedback was taken on board. A staff member said, "I feel I am listened to and what I say matters."

Working in partnership with others

- The registered manager worked with external organisations, such as clinical commissioning groups, the local authority, palliative care teams, occupational therapists, GP's and district nurses. This helped to ensure

people received effective joined up care, and support, which met their needs.