Purple Care TM Limited

Purple Care

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
Purple Care is a domiciliary care service. The service provides personal care to people living in their own homes. At the time of the inspection there were 47 people using the service, whose needs included mental health, learning disabilities and dementia.

People's experience of using this service and what we found
Although there were enough staff deployed to meet people's needs, people did not always receive care from consistent staff who knew them well. Records showed, and people confirmed, staff did not always stay for the full duration of calls, times which had been assessed as required in order to ensure people's needs were met. Timings of calls could not be confirmed by records as these were not always accurate. People and relatives were not always confident to raise concerns or that their concerns would be resolved through sustained improvements.

People and their relatives shared mixed views about staff. Where people received care from consistent staff, they spoke about positive, caring relationships. People who did not have consistency in carers spoke about staff rushing, not having time to talk with them and being focussed on getting to the next call. People told us this made them feel 'invisible'.

There were some systems in place to monitor the quality of the service however these were not effective in identifying areas for improvement. The provider had identified the issues we found during inspection and had begun to take action to bring about improvements.

People's needs and expectations of care were assessed and used to develop a package of care, to support the person at home. People's needs were met by staff who had the necessary skills but not always the detailed knowledge. Staff were supported through ongoing training and supervision to enable them to meet people's needs. Staff promoted people's health by supporting them to take their medicine where required and by liaising with relatives and health care professionals in response to changes in people's health and well being.

People were supported to have maximum choice and control of their life and staff supported them in the least restrict way possible and in their best interests; the policies and systems in the service required further development to support this practice and develop staff understanding of mental capacity.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was good (published 25 January 2018).

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?

Requires Improvement

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Purple Care

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 carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Purple Care is a domiciliary care agency. It provides personal care to people living in their own flat or house in the community.

The service did not have a manager registered with the Care Quality Commission, although a manager had been appointed and was in post at the time of inspection. They were in the process of applying for registration with the Care Quality Commission. This means that only the provider was legally responsible for how the service was run and for the quality and safety of the care provided.

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. The provider had not been sent a Provider Information Return prior to this inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We gave the provider the opportunity to discuss this during our inspection.

During the inspection
We reviewed a range of records at the registered office on 3 December 2019. This included six people's care records, including their medicine records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, complaints and incidents were reviewed.

We spoke with five people and two people's relatives who spoke on their behalf, by telephone on 2 December 2019. We also visited two people in their own homes, spoke with one relative and two staff members on 4 December 2019. We contacted three staff members by telephone.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and discussed call schedules.

Good

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 as 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

- Most people and relatives felt safe using the service. One person told us, "Of course I feel safe. My carer is very sensible and knows exactly what to do which makes me feel safe." A relative told us they felt their family member was safe because, "[Name] knows all the carers now."
- People's safety was monitored and promoted. Staff had been trained in safeguarding procedures, and they knew what action to take to protect people from harm and abuse.
- The provider had effective safeguarding systems in place. The management team understood their responsibilities about keeping people safe and reporting concerns to other agencies.

Assessing risk, safety monitoring and management

- Risks associated with people's care, support and environment had been identified and assessed. Records provided guidance to staff on the measures needed to reduce potential risk.
- Detailed information from risk assessments was not always transferred onto records. For example, one person's catheter care record advised staff to monitor output and any signs of blockage. Records did not provide information about usual range of output for the person or what signs indicated a potential blockage. Risks were mitigated to some extent due to the involvement of other agencies. The provider told us they would review records to ensure staff were provided with sufficient information to manage known risks.
- Staff were able to describe how they kept people safe and how they contacted the office in the event they had any concerns about a person's safety.

Staffing and recruitment

- There were enough staff to meet people's needs, though some people felt they didn't receive care from consistent staff. One person told us, "It's all over the place, everyday I see a different face. A couple of times a manager has come from the office because they're so short staffed." Where people had consistent staff, we received positive feedback. One person told us, "I have a regular carer plus others who come regularly as well. If the regular carer is held up, they always put another [carer] in place." We looked at concerns around consistency of staff under responsive.
- Staff told us there were enough of them to be able to provide the support people needed as the provider ensured sufficient numbers of staff were deployed to meet people's needs.
- Recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working in care and support services.

Using medicines safely

● People were supported to manage their own medicines where they had been assessed as safe to do so. At the time of the inspection a majority of family members supported people with their medicines. Staff applied creams and prompted some people to take their medicine.

● Staff had received training around medicines. Medication administration records (MAR) were completed by staff.

● Regular audits were carried out on medicines and the medicine administration records. However, these were not always effective in confirming staff had administered medicines as prescribed. We found several gaps in signatures on medicine administration records which had been audited in the last month. Audits showed medicine records had been signed off as compliant and had failed to identify these gaps. Gaps in medicine administration records were not supported by any codes or explanation. The deputy manager told us this was an oversight and we were told more robust auditing would be implemented.

Preventing and controlling infection

● People's safety was promoted through the prevention and control of infection. The provider ensured personal protective equipment (PPE), such as disposable aprons and gloves, were available and used by staff when supporting people with personal care.

● Staff received infection control training.

Learning lessons when things go wrong

● Systems had recently been put in place to enable the provider to review and analyse incidents to identify themes and patterns.

● Prior to this, the provider told us concerns and issues were discussed at manager's meetings and communicated with staff so that lessons could be learned when things went wrong within the service. They provided examples of improvements such as more robust documentation and improvements in communications with other agencies.

Good

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

- People's needs were assessed before they started using the service to help ensure their needs and expectations could be met.
- The assessment looked at people's physical and mental well-being, level of independence, their preferences, social circumstances, communication needs and dietary requirements.

Staff support: induction, training, skills and experience

- We received mixed views from people and relatives as to whether they had confidence staff were suitably trained and experienced to meet their needs. Positive comments included, "I feel my carer is well trained. They fully understand anything about me, we've talked about any health things. I feel I can ask them anything too," and "[Name] is very frail and staff are gentle with [name]. [Name] would soon say if they did anything otherwise." Where people had concerns, these tended to relate to staff who had been called in to cover shifts and were not as familiar with people's needs as their regular carers. People told us their needs were met but staff sometimes lacked the knowledge to provide personalised care. We looked at these concerns under responsive.
- Staff felt they had received enough training to enable them to meet people's needs. One staff member told us, "We do a lot of training on line. [Provider] always makes sure training is completed before we go out (on our own)". Another staff member described their induction, which included on-line training and face to face training in moving and handling including using equipment.
- Staff received supervision and guidance to support them in their roles. Staff told us their line manager and the provider was supportive.

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

- Where required, people were supported to eat and drink and encouraged to maintain a balanced diet.
- People told us they were happy with the support they received from staff, and were able to make choices about what they ate and drank. We observed one person supported to have a meal of choice. The staff member knew the person well, including their preferences as to condiments they liked with their meal.
- Care plans included guidance for staff to follow to prevent the risk of choking where this had been identified.

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

- Most people managed their health needs independently or with support from their relatives.
- Staff described how they reported any concerns or changes in a person's well-being to the office, who in

turn communicated with relatives or health agencies.
● People and relatives confirmed staff had contacted medical services in the event of an emergency or if someone's health had deteriorated.

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.
● Assessments of people's capacity to make informed decisions about their health, care and welfare were not sufficiently robust or recorded clearly within their assessment and care plan. For example, people had been asked generic questions where specific decisions around an area, such as finances, was required. Relatives had answered on behalf of people but staff had not established if the relative had legal authorisation to do so.
● Staff sought consent before providing care and support but had limited understanding of the MCA.
● The provider had recognised they needed further support and guidance to ensure all staff fully understood and complied with the requirements of the MCA and records were sufficiently robust. They had approached the local authority who had agreed to provide training for staff to support this.
● Where people had mental capacity, they had signed consent forms and care plans agreeing to their care.

Requires Improvement

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 deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- Five people and one relative told us staff were rushed and did not spend time speaking with people. Comments included, "They always say hello, but sometimes they don't take their coats off. They do what they have to and go again. This makes me feel like I'm not worth anything," and "I find it difficult with them [staff] I don't think they care very much. They are always in such a hurry, which is sad." Where people received care from regular carers, they said staff were caring and kind. For example, one person told us, "My carer is marvellous, fantastic at their job. They make sure I've got everything I need, If I'm running out of something like milk, they write it down so I don't forget." A relative told us, "The carers are excellent. They have a lot of jokes and banter, they get on really well. [Name of relative] sings when [name] hears [carer]."
- We raised this lack of consistency with the provider who told us they would address concerns with staff where required.
- We received mixed feedback from staff as to whether their rota schedules had been developed to ensure there was sufficient time to provide the appropriate support and care for people, which included travel time between visits. Some staff described how they voluntarily started earlier to ensure they arrived at their calls on the time because of the schedule work didn't allow for this. The provider had engaged a quality manager who was in the process of evaluating visits and rota schedules to improve efficiency. They told us they had already identified issues with call schedules which made it difficult for staff to get to calls on time in some areas.
- Staff understood the importance of promoting equality and diversity. Care plans contained information about people's religious beliefs and their personal relationships.

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

- The provider met people before they started to use the service to enable them to make decisions about their care and manage their expectations. This information formed the basis of people's care plans.
- People told us they were able to say how they wanted their care to be provided, though some felt they had to repeat themselves due to inconsistent staff. One person told us, "I choose what I need. [Name of carer] always asks me though to make sure, every time."

Respecting and promoting people's privacy, dignity and independence

- Staff had received training about respecting people's privacy and dignity. They gave us examples of how they did this when providing personal care.
- All the people and relatives we spoke with felt staff upheld people's privacy and dignity, such as ensuring people were covered during personal care and making sure people could not be observed.

● People felt staff supported their independence by not 'taking over' when providing care and support. Care plans detailed abilities and how support should be provided.
● People's confidential records were stored securely.

Requires Improvement

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 Requires Improvement. At this inspection this key question has remained the same. This meant people's needs were not always met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● People who received care from staff who were not as familiar with their needs, did not feel they always received personalised care. One person told us, "Staff don't stay long because they've got somewhere else to go. They just want to get on to the next call. I feel I am invisible sometimes." A relative told us, "It never feels like staff know [name] or take the time to find out about [name]. [Name] is not able to describe if it's a good day or bad day. If they are short staffed, other carers are brought in from different areas but they haven't been introduced. They don't know what's going on, they don't know who they are visiting."

● The provider had in place an electronic call monitoring system, which meant staffs arrival and departure time from a person's home was monitored by the system. The system alerted office-based staff if a member of staff had not arrived at a person's home. The provider had identified this monitoring was not effective chiefly due to signal delays in rural areas which resulted in inaccurate log times. To resolve this, they intended to implement a new, more reliable monitoring system.

● We reviewed a sample of call logs for October 2019 and found inaccuracies in call log times. We also found on some occasions staff had not stayed for the full duration of the call. There was no explanation as to why staff had left earlier than the time required to meet people's needs. The provider said they would follow this up with staff.

● Where people had consistent staff, they were happy with their care and felt staff knew they very well. One person who we spoke with was very positive about a new carer who they felt 'had taken the time to listen to them and gone the extra mile to ensure they were comfortable."

● People had clear support plans, which set out how their individual needs should be met. The plans were specific to people and contained detailed information for staff.

● The provider had reviewed and improved the format of care plans, which set out how people's individual needs should be met. The plans were specific to people and most contained detailed information for staff. We found some plans required further development to capture the detailed knowledge held by the provider which promoted personalised care. The provider told us they would include this information.

Improving care quality in response to complaints or concerns

● Record keeping in relation to complaints was inconsistent. Staff had not always clearly documented that improvement had been made and sustained in response to concerns.

● There was no evidence that complaints or concerns were analysed to reduce the chance of recurrence.

●People were unsure of the complaint procedure. People told us they would raise concerns with their family member in the first instance. One person told us they would be reluctant to complain as they didn't want to risk losing the staff member who they really liked. Another person told us, "I have said things occasionally to

the staff but it doesn't change." One relative felt the service addressed issues quickly and were reliable. A second relative felt the provider listened to their concerns and made assurances they would be looked into, but they never received a response in relation to their concerns or noted any improvements.

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.
● People's communication needs were assessed, and staff used a range of different strategies to support people to express their wishes.
● The provider had access to resources which ensured people were provided with information in their first language or in a format of their choice, if required.

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
● People were supported to attend community events and activities where required, such as local places of worship or community centres
● People were supported to maintain relationships with family and friends.

End of life care and support
● The service was not supporting people with end of life care at the time of the inspection. People's records included information as to their next of kin and general practitioner in case staff needed to contact someone in an emergency.

Requires Improvement

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 now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; 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 was no registered manager in place when we inspected. A manager had been in appointed and was newly in post. They had applied to the Care Quality Commission as a new manager to be registered.
- Systems to monitor and assess the quality and safety of the services provided were not always effective. For example, audits of medicine records had failed to identify or action gaps in recordings. Records did not include explanations as to why staff were not staying the full duration of calls.
- Outcomes of audits were not clearly documented and there was no clear evidence that results of quality assurance checks were used to plan improvements to the service.
- The provider told us they were aware of areas within the service where improvements were needed as they personally monitored the service closely. Planned improvements included a new electronic monitoring system which would improve call monitoring and produce more accurate information for the provider. They told us this would enable them to undertake more accurate analysis of the service provision and take timely action to bring about improvements.
- Staff were positive about the support they received from the provider. Comments included, "[Name of provider] looks after staff. We can go to her with anything. If we have any concerns, [name] listens and acts quick," and "[Name] is supportive and we can get hold of [name] at any time if we need to."
- The provider had taken action in response to people's concerns regarding lack of consistent staff and call times. They had recruited a compliance manager to oversee quality assurance. This person was new in post at the time of our inspection and had begun to shadow staff and speak with people and relatives to review the care and support provided. However, the impact of these improvements could not be evaluated at the time of our inspection.
- The management team were aware of the duty of candour, which sets out how providers should explain and apologise when things have gone wrong with people's care.
- The provider understood their role and responsibilities. Notifiable incidents were reported to the Care Quality Commission (CQC) and other agencies.

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

- People's views were sought about the quality of the service. The provider and managers undertook

telephone reviews and quality reviews with people and relatives to gain their feedback. Comments we reviewed were mainly positive about the care people received. Quality assurance systems did not demonstrate how this feedback was collated and used to drive improvements in the service.

- Relatives felt involved in their family members care and able to share their views about the service.
- Staff felt there was good communication from the provider and could access office support if they needed clarification or advice.

Working in partnership with others

- The provider kept in touch with relevant industry associations and external agencies to ensure they were updated in relation to any changes in legislation or good practice guidance.
- Local authority commissioners, responsible for funding some of the people who used the service, were working with the provider in relation to contractual responsibilities.