

Purity Care Ltd

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

Summary of findings

Overall summary

About the service:

This service is a domiciliary care agency. It provides personal care to people living in their own homes in Swindon and surrounding areas. It is registered to provide personal care to children, younger adults living with a learning disability and older people, including those living with dementia. On the day of the inspection 55 adults were receiving personal care.

People's experience of using this service:

The service was very responsive, and the team promoted a culture that empowered people. The quality of support people received had a very positive impact on their well-being. Staff had an excellent understanding of people's social and cultural needs and ensured the support provided considered and celebrated these needs. People, relatives and professionals were very complimentary about the care provided by the team. They said they had 'nothing but good things to say' and that everything was 'Perfectly alright. Everything smooth'.

The staff continued to provide safe care to people. The registered manager followed safe recruitment processes that ensured staff were suitable to work with adults at risk. Risks to people's personal safety and environment had been assessed, recorded and reviewed when circumstances changed. There were sufficient staff to keep people safe. The provider ensured people received their medicines as prescribed.

People continued to receive effective support from staff that received ongoing training relevant to their roles. People were supported to have choice and control of their lives and staff respected their rights to make their own decisions. People were supported to access healthcare services and to meet their nutritional needs.

The service remained caring and the caring approach was ensured by the management who led their team by example. Staff treated people with dignity and respect and people were supported to remain independent. There were processes in place to maintain confidentiality and people's personal information was kept secure.

There was a registered manager who was supported by the branch manager and a team of staff. The provider had a number of quality assurance processes in place that ensured where an area for improvement had been identified appropriate, corrective action took place. The provider ensured people and staff were involved and listened to.

Rating at last inspection:

Good (report published 01 November 2016).

Why we inspected:

This was our scheduled, planned inspection based on previous rating

Follow up:

We will monitor all intelligence received about the service to inform the assessment of the risk profile of the service and to ensure the next planned inspection is scheduled accordingly.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was very responsive.

Details are in our Responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led

Details are in our Well-led findings below.

Good ●

Purity 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 as part of our regulatory functions. This inspection checked 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.

Inspection team:

The inspection team consisted of 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:

Purity Care are a domiciliary care agency (DCA). The service provides personal care to people living in their own houses and flats in the community. There was a registered manager. 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'. 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.

Notice of inspection:

This inspection was announced and took place on 16 April 2019. We gave the service 48 hours' notice of the inspection visit because we needed to be sure the management would be in the office.

What we did:

Before the inspection we reviewed the information, we held about the service and the service provider. The registered provider completed the Provider Information Return (PIR) however it was submitted after the deadline. 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 looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

During the site office visit we looked at records, which included three people's care and medicines records. We checked recruitment, training and supervision records for four staff. We looked at a range of records

about how the service was managed. We also spoke with the registered manager, the branch manager, the care co-ordinator, one team leader and one senior care staff.

After the site inspection visit we contacted five people and six relatives to gather their feedback. We also contacted six external health and social care professionals, including commissioners to obtain their views about the service.

Is the service safe?

Our findings

Safe – We looked for evidence that people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes:

- People and their relatives told us people were safe. Comments included, "Definitely safe, sort out all my problems, can't fault them (staff) at all" and "Carers (are) dependable, nice people. Feel quite safe".
- Staff knew how to recognise and report safeguarding concerns. Staff told us they were 'absolutely confident' appropriate action would be taken by the management if they were to report any safeguarding concerns. There was evidence the management reported any safeguarding concerns in an open and transparent way to the local safeguarding team.

Assessing risk, safety monitoring and management:

- The provider had a system to record accidents and incidents. We sampled the records and there was evidence appropriate action had been taken when needed.
- Risks to people, such as risks surrounding their individual needs were assessed and recorded. People's care records gave clear guidance to staff around what risks were involved and how to manage these. For example, one person used a catheter and their care plan clearly identified when the leg bag needed to be emptied and how to record urine output.
- There were systems in place to assess and record risks surrounding the environment. For example, one person's care plan clearly stated staff needed to ensure the floor was dry before the person mobilised to minimise their risk of falling.

Staffing and recruitment:

- There were sufficient staff to keep people safe. People told us, "Very reliable timing, they usually get to me on time" and "Always turn up and stay for their time. Reliable!". People, and people's relatives were able to access the provider's electronic system to view the call schedules and to see which staff member they were expecting. The staff monitored the calls live which ensured if there were late visits due to unforeseen circumstances this would be addressed promptly.
- The provider followed safe recruitment practices that ensured people were supported by staff safe to work with adults at risk.

Using medicines safely and preventing and controlling infection:

- The provider used electronic records that demonstrated people received their medicines as prescribed.
- People told us they had their medicines when needed. One person said, "They write on my tablet box. Any new tablets only need to ask, and they will explain things to me". Another person told us how the staff

assisted them with application of their prescribed cream.

- People told us staff followed good practice guidance around infection control. Staff received training around infection control and had access to personal protective equipment (PPE) such as gloves.

Learning lessons when things go wrong:

- The management team ensured they reflected on practices and where things could be improved. There was an emphasis on continuous development that ensured people received safe support.

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.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- People told us staff respected their rights to make their own decisions. One person said, "(They) always ask me and say what they are going to do. Never do anything without asking me first". One relative said, "(They) ask for consent when they are going to roll [person] over to change their position (in bed)".
- Staff knew the principles of the MCA. Comments from staff included, "You always work to the person's best interests (principle) and in least restrictive way" and "MCA empowers people's (rights) to make own decisions". When people had a Power of Attorney (PoA) appointed, such as for health, welfare or property and affairs this was clearly recorded in their care records.

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

- People's care plans highlighted people's dietary and nutritional requirements and level of assistance required to maintain people's food intake. Staff were aware of this.
- People told us how staff supported them with eating and drinking. Comments included, "(Staff) help me with ready meals. Take me shopping to get food" and "Help me, dinner in fridge for them to get for me. Like my porridge so they make it for my breakfast".

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

- People were positive about care received and felt they achieved good outcomes. Comments included, "(They are) very good at what they do. Must have been well trained to do what they do", "Not a single complaint about their care. (They) definitely know what they are doing" and "Very good carers, very well trained they really are".
- People's needs were assessed before commencement of the service. Where applicable the assessment received from commissioners and the provider's own assessment had been used to draw people's care plans. People and if applicable their relatives were involved in this process.

Staff support: induction, training, skills and experience:

- Staff received ongoing training and told us it prepared them well for the role. One staff member said they had, "Really, really good induction, you always shadow (work alongside an experienced colleague) first anyway".
- Staff had opportunities to complete training that reflected the Care Certificates standards. The Care Certificate is a nationally recognized set of standards that social care workers need to adhere to.
- Staff told us they were well supported. The office manager used their skills from their previous roles and ran a monthly development support session that provided additional opportunity for staff to discuss their training requirements or get help with completing their qualifications.

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

- People were supported to access healthcare professionals and advice received was incorporated into their care planning process.
- People we spoke with told us how staff supported them in doing so. One person said, "There have been times when carers have got the GP in". One relative said, "Have told us when [person] has not been well and we got the GP in. Good communication with the family".

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.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:

- People told us staff were caring. Comments included, "Very friendly kind, nice people, caring for me" and "Nice carers, get on very well with them, all very helpful".
- People told us they built meaningful, caring rapport with staff and they liked the staff that supported them. One person said, "Friends really, have a laugh and a joke, nice and kind" and "I'm ex-army and so is the carer so we have a natter".
- There was evidence the management led by example and staff embraced the caring approach. One staff member said, "I do think we're a caring service, we're very supportive of each other".

Supporting people to express their views and be involved in making decisions about their care, equality and diversity:

- Feedback from people reflected staff ensured people were the driving force behind their support. One person told us, "I was offered a choice of carers (male or female), they asked, me but don't mind". Another person said, "Staff chat through care plan. Seem to take suggestions seriously. Things I would like are taken seriously".
- People's individual communication needs were assessed, and the provider met the Accessible Information Standard (AIS) framework. AIS was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. It is now the law for the NHS and adult social care services to comply with AIS. For example, one person who struggled with verbal communication had a detailed care plan around how to communicate effectively with them e.g. using picture cards. The copies of the cards were stored in the office so these could be used when training new staff.
- People's diverse needs including needs around equality were respected. The provider had a relevant policy in place that highlighted the team's commitment to embracing diversity. This related to people that used the service as well as the staff and we saw how the provider made reasonable adjustments. For example, one member of staff due to dyslexia struggled with writing notes, the electronic system the provider used for the care records had been enabled to allow the member of staff to voice record their notes, so these could be converted into text.

Respecting and promoting people's privacy, dignity and independence:

- People's privacy and dignity was respected. People's care plan highlighted the need for ensuring people's dignity. One person's care plan read; "check personal appearance to maintain dignity". This was due to

some instances of the person being known to occasional incontinence. An external professional said, "When observing carers I have found them to be mindful of a person's dignity and choices".

- People's personal records were kept secure and staff used own logins when accessing records that were held electronically.
- People's care plans highlighted people's capabilities which ensured people's independence was promoted. For example, one person's care plan said, "I am independent with personal care with supervision and support". The registered manager told us that following attending training on dementia they reviewed the way care plans for people living with dementia were written. This was to highlight the importance on focusing on people's abilities. For example, one person's care plan stated, "Always remember to build on my strengths and don't forget me".

Is the service responsive?

Our findings

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

Outstanding: Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Staff had an excellent understanding of people's social and cultural needs and ensured the support provided considered and celebrated these needs. For example, one person's planned outing with a friend to celebrate the royal wedding got cancelled. Due to the person's very limited mobility and complex needs they were unable to go out independently. Staff recognised this person's need and disappointment and organised to take them out to a pub in their own time. The person enjoyed a traditional English meal and were able to celebrate the royal wedding with other people. We saw a picture of the person, enjoying their lunch next to a cardboard cut-out of a Prince Harry. The registered manager told us the person expressed they were "very happy and felt appreciated".
- Staff fully respected the way in which people wanted to receive care and treatment. Because of the team's vigilance and excellent responsiveness, they prevented a hospital admission for one person. The registered manager, identified one person's behaviour was not in character for the person. The team immediately involved local district nurses and the person's doctor, who diagnosed an infection and prescribed antibiotics. The staff collected the medication and returned to the person in their own time for an additional, unscheduled visit. Due to this prompt action the person was able to start the course of antibiotics within a couple of hours and remained at their own home. The registered manager told us, when the person recovered from the infection, they expressed their gratitude to the team. The swift action of the staff not only enabled the person to improve their health, but also enabled them to stay at home during the recovery period which had a positive impact on the person's well-being.
- People described how staff excelled in meeting their needs and went the extra mile. Comments included, "(They) go that bit extra. Any little things they sort out. Find any problem will sort it out", "Make a real difference to my life. Couldn't, wouldn't go out without their help. When I go out know I can rely on them" and "(They) make a real difference to me. Can rely on them, just help me with anything". One relative said, "Invaluable, I used to struggle, very stressed. Been better since carers come in I now see [person] as my [relative] - more time, more relaxed. Staff give [person] all the help [person] needs".
- The feedback received from professionals was exemplary and demonstrated staff were focused on promoting a culture that celebrated person-centred care and delivered support that achieved excellent outcomes for people. One professional said, "One of the customers (...) was very variable due to reoccurring urine infections. The customer lived on their own, no insight into own medical needs, unable to raise concerns regarding their own health, and no family close by. Purity were able to pick the care package up promptly to avoid any delay in hospital discharge. They would liaise with the customer's son as the dog needed to be taken care of! Purity were able to adjust their level of support and took a re-ablement approach as customer regained some strength and ability after being in hospital. It was very important to the customer they were able to remain living in their own home". Another professional said, "Purity are very

good at making contact if there has been a change in customer ability, to request joint visits, early review and/or and Occupational Therapy (OT) input. I have found their assessments realistic and appropriate to ensure risk of injury for the customer and their carers is well considered and minimised".

- Staff knew people's wishes well and focused the support on things that made a huge difference to people. For example, one person due to their complex past struggled to fit into the local community. The staff told us due to their past behaviour, the person could be perceived as a risk to others. The team went the extra mile to work closely with the person, this included carrying out two weekly reviews to ensure the person's needs were explored clearly understood and the person was supported to be a part of the local community. The team succeeded in enhancing the person's well-being and by putting the right support in place the person now attended a day centre and had opportunity to socialise with others.
- The team promoted a culture that empowered people and the quality of the service people received had a very positive impact. For example, one person lived with a mental health condition, staff explored and used positive techniques to support this person's individual needs. They worked with the person to learn how to recognise any triggers to prevent the episodes of behaviour that could challenge. This had resulted in the person no longer needing support with personal care and the support they received was significantly reduced. The increase in the person's wellbeing to being able to lead an independent life was a significant success and a real achievement that positively affected the person's self-esteem. Purity Care still supported the person by only providing welfare checks.
- The team at Purity Care were focused on reducing the risk of social isolation and facilitating social opportunities for people. The provider had moved to a new office with a facility to hold coffee mornings and meetings. We saw pictures of coffee mornings that had taken place. People were encouraged to attend and share their skills and hobbies. We saw pictures of one person sharing their passion for knitting at an event. The coffee mornings were also opportunities for people's families to socialise and share experiences. This meant there was a real emphasis on creating a real community spirit approach. One person told us, "Went to the coffee morning recently. Talked about things with the manager". This showed the provider encouraged community links and facilitated opportunities for people and their relatives to sustain these.
- Staff gave us additional examples of when they went the extra mile ensuring people received support at the time they needed it the most. A member of staff told us when a person's relative rang the office and said the person had an upset stomach and as a result needed urgent help with personal care. The office staff rang the member of staff immediately who was able to attend the person promptly, even if that was outside their scheduled visits. The member of staff told us, "I went straight away as [person] was in a quite predicament". This showed staff put people's well-being at the centre of the service delivery.
- People's individual communication needs were assessed, and the provider met the Accessible Information Standard (AIS) framework. AIS was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. It is now the law for the NHS and adult social care services to comply with AIS. For example, one person who struggled with verbal communication had a detailed care plan around how to communicate effectively with them e.g. using picture cards. The copies of the cards were stored in the office so these could be used when training new staff.
- Our observations throughout the day demonstrated staff were extremely polite and respectful to people that telephoned the office. They made every effort to adjust and accommodate people's needs, for example, one person needed a last-minute change as they wished to attend church and the team were able to accommodate the change of the visit.

Improving care quality in response to complaints or concerns:

- People knew how to make a complaint but told us they had no need to do so. Feedback from people and

relatives included, "They have given me the booklet, got everything in it" and "Very pleased with the service and the carers – no complaints at all".

- There was a system to gather and analyse the feedback from relatives and people via the new electronic system used for care planning. We saw an example of a relative thanking for care and advising how one person was much happier. People's relatives, where appropriate, could also see the notes staff had made on a visit by visit basis which provided reassurance. Staff were also able to see feedback from relatives and we saw that this feedback was used to amend a care plan. This meant there was an open and transparent approach to any feedback received and the team saw it as a way of improving the service for people.
- There was a system to manage complaints and the log we saw confirmed complaints had been responded to.
- We saw the compliments log and saw numerous compliments had been received by the service since our last inspection visit.

End of life care and support:

- The registered manager informed us no one received end of life care at the time of our inspection. People's end of life wishes if applicable, were discussed with people and reflected in care records.
- The registered manager informed us the team attended people's funerals as a way of paying respect to people and their families.

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.

Good: 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. Continuous learning and improving care:

- The registered manager who was also the director of the company had a clear vision they wanted their service to provide a high-quality service to people. Feedback from staff reflected they successfully shared their vision with the team. One staff member said, "The manager's standards are where they should be, and she is the one to go to. My job never ends at 5pm, but I love my job and the recognition from people is rewarding".
- People and relatives were also complimentary about the service and how it was run. Comments included, "The manager is very competent, gets things right", "Well managed, everything very smooth. Nothing but good things to say" and "Happy with everything. Would recommend them".
- The provider had a number of quality assurance systems in place. For example, care documentation audit, audits of staff supervisions, recruitment files, training, spot checks and staff competency. Changes were made where an area for improvement had been identified, for example, a revised structure was now in place for the on-call rota.

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

- There was an open and transparent culture created by the management team. People were able to provide their feedback in a number of ways, via surveys, reviews and spot checks. One person's relative said, "The manager is very willing. There are times when she comes out as a carer to see if things are going well. Finds out what is going on and talks to us about care needs".
- Staff were encouraged to attend staff meetings and to visit the office. Staff also had a platform to communicate with each other and used it to share the most recent updates about rotas and people's needs.
- The provider also created opportunities for people that used the service to be involved in staff recruitment process.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- Feedback from people demonstrated the provider prided themselves on providing a high quality service and achieving good outcomes for people, we reported on this in detail in responsive domain of this report.

We saw the management team clearly communicated their ethos to staff. For example, we saw staff meeting minutes read "Think 'customer first'. It's always about the clients, not us".

- The registered provider and the registered manager fulfilled their responsibilities in relation to the Duty of Candour to improve the sharing of information and further develop the high-quality service.

Working in partnership with others:

- The provider worked well in partnership with other local social and health professionals. We received positive feedback about Purity Care. Comments from professionals included, "I would like to say that [registered manager] is always responsive, has a professional approach, and strives to do the best for the customer and make services as person-centred as possible" and "Management and office staff were open and transparent during the visits and were willing to improve with requirements noted".
- The registered manager ensured they kept their knowledge updated to ensure they worked in line with the good practice guidance. Since our last inspection they attended a number of training courses that ensured their skills and knowledge was continuously updated.