Purestar Homecare Resources Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on 24 June 2016 and was announced. We gave the provider short notice before our visit that we would be visiting to ensure the registered manager was available.

The last inspection of the service was 5 May 2013 where they had met all the standards assessed.

Purestar homecare resource is a domiciliary care service that provides care and support to people living in their own homes. People purchased their own care. At the time of our inspection nine people received support from this service.

There was a registered manager in post who is registered with us. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe with the staff that supported them but systems were not in place to ensure staff had the skills and knowledge to protect their rights and keep them safe. People were not always protected because management plans were not in place to manage risks based on people's individual assessed care needs but were reliant on staff knowing people well.

You can see what action we told the provider to take at the back of the full version of the report.

People were supported with their medication when required however staff had not received training to ensure people received their medication safely.

There were sufficient numbers of available to support people. Staff had not received adequate training to ensure they had the skills and knowledge to care for people. Recruitment practices did not ensure that only suitable people were employed to care for people.

People were consulted about their care so their wishes, choices and preferences were known so they could receive care that met their individual needs. People were able to make decisions about their care and were actively involved in how their care was planned and delivered. People's rights to make decisions were promoted by the staff. People's privacy and dignity was promoted and maintained.

People were able to raise their concerns or complaints and these were addressed. Monitoring of complaints had not taken place to enable improvements to be made and prevent reoccurrence. Staff supported people with their nutrition and health care needs .Referrals were made in
consultation with people who used the service if there were concerns about their health.

Systems to enable the manager to monitor the quality of the service provided and manage risks relating to

people using the service were not in place. People felt that they were able to make suggestions on the quality of the service they received and their views were listened to.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not safe.

People told us they felt safe with the staff that supported them.

Procedures were not in place to ensure staff were suitability recruited. People were supported by enough staff who knew people well. People were reliant on staff to know them well to manage the risk to them.

People were supported with their medication when required.

Is the service effective?

Requires Improvement

The service was not effective.

Staff did not have formal training, or supervision to ensure they supported people safely and in line with current good practice.

People were supported to make choices and to consent to their care so that their legal rights were protected.

People received food and drink to meet their needs and were supported with their health care needs as required.

Is the service caring?

Requires Improvement

The service was not always caring.

People told us they had a good relationship with the staff that supported them. People told us that staff was kind and caring.

People were able to make informed decisions about their care and support they received. People's privacy, dignity and independence was respected and promoted.

The systems in place did not ensure that staff was suitable, recruited, and trained which meant that there was a risk that people may not receive good care.

Is the service responsive?

Requires Improvement

The service was not responsive

People were involved in all decisions about their care and that the care they received met their individual needs.

People were able to comment on their experience of using the service and were confident that they could speak with staff if they had any concerns and that they would be listened to.

Processes were not in place record, monitor and use the information to improve the service.

Is the service well-led?

Requires Improvement

The service was not well led

All of the people spoke positively about registered manager, the staff and the service that they received.

The provider was aware that systems to manage the service had not been well maintained and gave a commitment to improve these so people received a consistently safe service.

Formal systems were not in place to assess and monitor the service provided to people to enable the provider to recognise and make improvements where required.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 24 June 2016 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office when we visited. The inspection was undertaken by one inspector.

At the time or our inspection the service provided a domiciliary care service to nine people. During our inspection we spoke with all nine people who used the service and two relatives. The registered manager [who is also the provider] employed eight staff and we spoke with all the staff and the registered manager.

As part of our inspection we reviewed previous inspection reports, notifications sent to us by the provider. Notifications are required from the provider about their service in relation to accidents/incidents and safeguarding alerts which they are required to send us by law.

Requires Improvement

Is the service safe?

Our findings

The provider was not carrying out safe recruitment practices. The registered manager told us that that four out of the eight staff had not been checked against the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions and checks are made to make sure that staff is suitable to work with people. Four of the eight staff had recently been employed. The registered manager told us that they had not carried out a DBS but were using the DBS that had been obtained from previous employers. However they could only locate these for two people at the time of our inspection. The registered manager told us that she could not find the other two. We saw that the two DBS checks available were over a year old at the time the individuals were employed and no other checks had been completed. Staff spoken with all told us that they had not been asked to complete a DBS.

The registered manager told us that she had recruited four new staff. There were no written references in relation to their conduct in previous employment, application forms, past experience or employment history. The registered manager told us that verbal references had been obtained however a record of these were not available. The registered manager told us that the suitability of staff to do the work had been checked at interview. However there were no records available to support this. The provider had a recruitment policy in place that stated that DBS and references needed to be undertaken. However this recruitment process had not been followed consistently. There was no evidence to show that the registered manager had taken account of the risks associated with placing staff that had not been suitably checked to provide care in people's homes. This meant that the provider had failed to operate an effective recruitment system and had failed to identify and act upon failures in the procedure used, which potentially put people that used the service at significant risk from unsuitable staff.

This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe when staff supported them. One person told us, "I have had the same staff all the time and I have used this service for four years. It's the manager who comes to me.'' Another person told us, "They [staff] lock my door and turn everything off and make sure I am ok.'' A third person told us, "All the girls are very nice, I don't feel that they could do any better than what they do. Yes I feel fine with them.'' A relative told us, "[Person's name] is very happy with the staff and the manager and often mentions how kind the staffs are and the [person name] is very comfortable with them. [Person's name] normally has the same staff member so [person's name] has built up a relationship with them."

All staff told us that they looked after the same people and it was very rarely they looked after someone they didn't know. One staff member told us, "Because I go to [Person's name] all the time I know what I need to do and also if anything changes [Person's name] can tell me.'' Another staff member told us, "We have the manager if we need anything and we have a WhatsApp group between staff and the manager so if we have any problems we can get an answer straight away.'' A WhatsApp group is a way of using social media where conversations can be held on line.

All staff spoken with told us that they would report any concerns they had about the safety of people to the registered manager. Staff told us that they would report any concerns if they suspected abuse to the registered manager, social services or the police and that they could report to us if they were concerned that someone was at risk of abuse. Staff told us they had never had any concern and therefore never had to take these actions.

People told us that staff involved them in their care and that risks such as using a hoist had been explained to them. Staff told us that if people's care needs changed and there was a potential risk when providing support, they would report this to the registered manager. One staff told us, "For example, if the hoist was faulty, if the slings were torn or the brakes did not work I would report to the manager.''

Care plans did not include risk assessments and staff confirmed that they used information in the care plans to support people. Care plans were very clear and detailed in what staff had to do to support people. Each area of need was identified and provided staff with guidance about how the person needed their care to be. For example when supporting people with meals, personal care and the staying safe in the environment.

People told us they felt there was enough staff to support them and that they had the same regular so they knew who would be coming. All of the people spoken with told us that they never had a missed call, someone always came. One person told us, "What I like most is that I have got to know the staff and I am very happy. You could not ask for better. They go above what they are supposed to do.'' Staff spoken with said there was enough staff to provide care because each call was covered and there was flexibility if a staff member was delayed another member of staff would complete the call.

People told us that staff supported them with medication when required. One person told us that staff reminded them to take their medicines. Another person told us that staff put their eye drops in for them. All staff spoken with told us that they had received no formal training in medication administration but the registered manager had showed them what to do. We saw two records where staff had supported people with their medication and there were no gaps in the administration recording that indicated people had had their medication as prescribed. One staff member told us that if they had any concerns about a person not taking their medication they would contact the registered manager so that action could be taken.

Requires Improvement

Is the service effective?

Our findings

The registered manager told us she had "train the trainer" qualifications which enabled her to train staff in various tasks such as manual handling, first aid, food hygiene and safeguarding. However, the registered manager had not updated her own training, and the train the trainer course that had been completed in 2006. This meant the registered manager was not up to date with current legislation and training to ensure she trained staff in line with current good practice. The registered manager told us that she was aware that she needed to update her own skills, but felt that hands on training with staff would enable them to know what people needed.

All staff spoken with confirmed that they had undertaken no formal training at all since commencing employment, and some staff had been employed for over two years. Staffs were not received training in the Mental Capacity Act. (2005) and had limited understanding of their responsibilities under this legislation. The provider did not have a system in place to ensure that staff received the training they needed to meet people's needs safely. One staff member told us, "We are going to start E learning. We discussed this at a recent staff meeting. The manager is just waiting for them to get back to her.'' E-learning is on line training that staff complete but involves no practical training or assessments of staff competence. People told us that the registered manager visited them with new staff to show them what to do. All staff confirmed that they had been shown what to do by the registered manager. Staff told us that although there had not been any supervision with the registered manager where they could discuss areas such as personal development they felt able to get guidance and support from her when needed.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One staff told us "I would like training in different areas for example, first aid and medication, I would like to know more about these subjects.'' Another staff member told us, "I have never had formal training and would like to have recognised qualifications in care because I have come from a different background that was not care. I am happy with what has been shown to me and feel confident to support people.'' One person told us, "I think they [staff] are trained because the manager tells us when they come that she is showing staff what to do." Another person told us that the training was when the registered manager brought staff to show them what to do, so felt staff had training."

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.

Care staff had not had training in relation to the Mental Capacity Act 2005 (MCA) .
However despite a lack of training all the people spoken with told us that staff always sought their consent before providing care. One person told us, "Staff talk to me about my care so we both know what support I

need and I give consent." Another person told us, They [staff] are marvellous, very considerate , they [staff] help me a great deal, could not ask for better.'' Another person told us, "There is nothing the staff won't do; brilliant. The best I have ever had.'' Another person told us, "I have a laugh and joke with them, they [staff] make my day. I am very happy with them.'' A relative told us, "[Name of person] knows what she wants and has always praised the staff and the manager.'' All staff told us that they encouraged people to make decision for themselves so that people have some independence. One staff member told us "We always ask what they want us to do, so I think that this is making decision for themselves and their ability to do

All the people spoken with told us that staff did what was asked of them and went above what was in the care plan to help them with other things. For example, One person told us, "Staff hang my washing out for me.' People told us there had been no problems with the staff that helped them. A relative told us, "Everything is discussed with [the name of person] before it is done so they know who is coming and what they are going to do. They [the named person] have told me they are very happy.''

People told us that when needed staff supported them with their meals and healthcare. One person told us, "I am hard of hearing so staff contact the doctor for me.'' Another person told us that when they had a hospital appointment staff made sure that they attended by reminding them. A relative told us, "They [staff] make sure that meals are available and cooked so [Person name] has enough to eat.''

Requires Improvement

Is the service caring?

Our findings

All the people who used the service were complimentary about the quality of care and support from the staff. People gave various comments about the staff that supported them which included. "They are marvellous.'' "Brilliant staff.'' "Nothing wrong with the staff they do an excellent job for me.''

People who used the service told us the staff were caring and kind and that they received the help and support they needed. They said the staff were patient and treated them with respect and dignity; always sought consent and explained what they were doing, before they provided any care and support. One person said, "[Staff name] is wonderful." Another person told us, "[Staff name] is lovely, always asks me what I want to do and is more of a friend, they are smashing." Although people told us that staff were caring, kind, and considerate the monitoring systems in place did not ensure that steps were taken to ensure that people were protected and cared for. For example, the registered manager did not ensure that systems were in place to prevent people from inappropriate or unsafe care because staff were not trained, recruited, or had appropriate supervision that promoted good practice and safe care.

People told us they were involved in planning the care they received from staff. One person told us, "They [staff] do what is expected, they let me do things for myself and help me when it suits me, they treat me with respect." Another person told us, "The staff are always very polite and very respectful when they come." Another person said, "They [staff] never just come in without making themselves known to me first." People said that staff were very discreet, one person told us, "Staff help me with very personal things and I feel comfortable with them.'' Staff were able to give us examples of how they ensured a person's dignity and privacy was maintained. For example, always making sure curtains and doors were closed and, where appropriate, politely asking family members to leave the room before carrying out any personal care.

Staff told us that people's independence was promoted when they assisted with personal care and gave us examples how they did this. For example, staff told us if people were able to wash themselves or get dressed themselves this was encouraged. People told us their privacy and dignity was respected.

Requires Improvement

Is the service responsive?

Our findings

All the people who used the service told us they were involved in planning their care, so they decided how they wanted their care and support to be delivered. Care records looked at confirmed people's involvement in assessing and planning their care. People spoken with told us that staff asked at each visit what they would like help with. Care records confirmed people had agreed what care they needed when they started using the service. People told us that they were always asked their views about the service they had. One person told us, "When staff come they ask me if everything is all right, do I need anything. I have no problems with my care or the staff who come.'' Staff spoken with told us they always discussed the care with people. One person told us, "They [staff] take time to find out what I like. I never feel as if they don't care what I think. I am still in control.'' Another person told us, ''You only have to ask and the staff do their best."

Care plans seen were very detailed and person centred, about the support people needed and the equipment that they needed. For example, what bowl to use for breakfast, how people liked to have their meals, how people liked their meal tray to be set, what support they needed with showering and when staff were to be available to support them.

All the people that we spoke with told us they were happy with the care and the way staff supported them. People spoken with confirmed that there were no missed calls. One person told us, "If my regular carer doesn't come the manager comes to me instead, never been left, someone has always come.'' All eight people spoken with told us that they had never had a missed call. All the people spoken with told us that they had the same care staff or the manager would come when they were on holiday so they knew who would be coming. One person told us, "I have never had such a good service; you can set a clock by my carer. Always on time very kind and caring. Treat [Person name] like family.'' This showed people were supported at the right time which eliminated risks to their health and wellbeing. People spoken with told us they were supported by the same member of staff at each visit which meant people received continuity of care.

People who used the service and relatives told us that the registered manager was very approachable and if they had any concerns this was dealt with immediately. One person told us, 'If you tell the manager she is straight out to see what she can do. Staff are pretty much the same, 'If you tell them anything they help." People told us that they had not been given information about how to complaint, but knew who to contact and felt that the registered manager would sort things out. The registered manager told us that not all complaints were recorded to show what the complaint was and the outcome if the investigation. However people told us that they would raise any concerns they had with the registered manager who dealt with things straight away. For example one person told us that they had requested that two members of staff did not support them because they felt that they [staff] did not listen when the person gave instructions on how to move them. The person told us that this had been discussed with the registered manager and the registered manager had stopped them [staff] from coming in for a time until she could show staff how to do this. The person told us that the staff were alright now that they have been shown. The registered manager told us because she deals with issues immediately she did not record them. This meant that it would not be possible to see if there was a trend so that actions could be taken to prevent reoccurrence.

Requires Improvement

Is the service well-led?

Our findings

The registered manager had not completed any audits to ensure that the service was meeting people's needs. For example no checks had been carried out on staff to ensure they were carrying out the calls and tasks as required. The registered manager did provide care and told us that she sought the views of people this was not recorded and it was not possible to see how their views were used to improve the quality of the service. The registered manager told us that they did not use satisfaction questionnaires to seek the views of people on the quality of the service but did ask people regularly for their views about the service and make changes where required. The registered manager has made no records to support. The registered manager did not have a system in place to monitor and improve the quality of the service.

Procedures that were in place were not been implemented. For example the providers recruitment process to ensure that only appropriate people were employed and records in respect of recruitment checks were not been followed In addition no records of complaints was maintained so that they could be analysed for themes and trends to prevent the situation reoccurring. This meant people could not always be assured that the registered manager had taken appropriate steps to ensure they were supported safely. The registered manager did not have any systems in place to ensure that staff had received any training that was based on current good practice so that have the required skills to provide safe and effective care.

During our inspection we saw the provider's systems for the management of records were not adequate. We saw that some records were not maintained at all or stored so that they were accessible or available.

This is a breach Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

It was evident that good relationships had been developed between the registered manager and people who used the service. It was clear from the discussions we had that the well- being and welfare of people was important to the registered manager and the staff that supported. Discussions with her demonstrated that she knew people well and knew about their specific needs and provided hands on care. All the people spoken with told us that they were happy with the care provided by staff. One person told us the registered manager is really nice, very thoughtful, visits often to see how I am and if staff are doing what they should.'' Although we saw that formal system where not in place to enable receive feedback on their performance staff told us that they felt able to ask for guidance and support and the registered manager was always available if needed.

The registered manager told us that she had not kept on top of the management side of the business as she had been focused on providing care. She knew where she needed to improve.

The registered manager was aware that improvements were required in how the service was operated. She told us that she had been busy in supporting people and had not concentrated on her management role. We were told that an administrative assistant had just been employed on 17 June 2016 to assist her so she could concentrate on the management of the service. We spoke with the administrative assistant who confirmed what her role was. Since the inspection the registered manager has provides us with evidence

that she has stated to take action in relation the issues identified during inspection.

Staff told us that they knew what to do and if they needed advice the registered manager was always available. Staff told us that they knew what to do if they thought people were at risk of harm.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Systems in place were not sufficient to ensure that staff received appropriate support, training, professional development, supervision and appraisal to ensure they had the skills and knowledge to provide safe and effective care to people. 18(1) (2)(a (b)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance 17,a,b,c The provider did not have systems in place to assess monitor and improve the quality and safety of the services provided. The provider did not assess risks relating to recruitment, safety, and the assess the quality of the experience of people using the service.

The enforcement action we took:

Warning notice

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider did not ensure staff were suability recruited, that had the qualifications, competence, skills and experience which are necessary for the work to be performed by them.

The enforcement action we took:

Warning notice