

Mrs Clare Elizabeth Ann Froud

Care Purbeck

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 23 May 2017 and was announced.

Care Purbeck provides domiciliary health and social care support services to people in their own homes. The agency provides care and support people who are elderly and people diagnosed with dementia. At the time of our inspection there were 12 people receiving personal care from the service. There was a central office which was based at the providers home where the registered manager and supervisor worked from.

The service had a registered manager in place. 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 and staff told us that the service was safe. Staff were able to tell us how they would report and recognise signs of abuse and had received training in safeguarding adults.

Care plans were in place which detailed the care and support people needed to remain safe whilst having control and making choices about how they lived their life. Each person had a care file which also included guidelines to make sure staff supported people in a way they preferred. Risk assessments were completed, regularly reviewed and up to date.

Medicines were managed safely, securely stored in people's homes, correctly recorded and only administered by staff that were trained to give medicines.

Staff had a good knowledge of people's support needs and received regular mandatory training as well as training specific to their roles for example, oral suction, nebulisers and pressure area care.

Staff received regular supervisions and annual appraisals which were carried out by the registered manager. We reviewed records which confirmed this.

Staff were aware of the Mental Capacity Act and had received training in this.

People were supported to eat and drink enough whilst maintaining a healthy diet. Food and fluid intake was recorded for those who were under monitoring for this.

People were supported to access healthcare services as and when required and staff followed professional's advice when supporting people with ongoing care needs.

People told us that staff were caring. People said they felt comfortable with staff supporting them. People told us that staff treated them in a dignified manner. Staff had a good understanding of people's likes,

dislikes, interests and communication needs. This meant that people were supported by staff who knew them well.

People had their care and support needs assessed before using the service and care packages reflected people's needs in these. We saw that these were regularly reviewed by the management with people, families and other health and social care professionals where appropriate.

The service had systems in place to capture and respond to people's feedback. People were asked if they were happy with the support they are receiving and if they would like any changes made during people's regular review meetings.

There was a system in place for recording complaints which captured the detail and evidenced steps taken to address them. We saw that there were no outstanding complaints in place.

Staff, people and families told us that they thought the management was good at Care Purbeck. We found that the registered manager delivered support and promoted an open working environment and was flexible.

We saw that quality monitoring across the service took place regularly by the registered manager, and supervisor. These captured comments and actions were taken.

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. There were sufficient staff available to meet people's assessed care and support needs.

People were at a reduced risk of harm because staff had completed safeguarding training and were able to tell us how they would recognise and report abuse.

Risk assessments and business continuity plans were in place and up to date.

People were safe because medicines were managed safely, securely stored, correctly recorded and only administered by staff that were trained to give medicines

Is the service effective?

Good ●

The service was effective. People's choices were respected and staff had a good understanding of the principles of decision making under the Mental Capacity Act.

Staff received comprehensive training to give them the skills they required to carry out their roles.

Staff worked with external professionals and people were supported to access health care services.

People were supported to eat and drink enough and food and fluid charts were completed for those who required them.

Is the service caring?

Good ●

The service was caring.

People were supported by staff that used person centred approaches to deliver the care and support they provided.

Staff had a good understanding of the people they cared for and supported them in decisions about how they would like to live

their lives.

People were supported by staff that promoted independence and respected their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive. Care files were personalised with guidelines which were up to date and regularly reviewed.

People were supported by staff that recognised and responded to their changing needs.

There were systems in place for people, relatives and stakeholders to feedback to the service.

People and their families were aware of the complaints procedure and felt able to raise concerns with staff.

Is the service well-led?

Good ●

The service was well led. Relatives and staff spoke highly about the service.

Effective quality monitoring was in place and improvements acted upon within appropriate timeframes.

The registered manager delivered support hours which promoted and encouraged an open working environment.

Audits and spot checks were carried out which drove quality of care within the service and staff team.

Care Purbeck

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 23 May 2017 and was announced. The provider was given 48 hours' notice. This was so that we could be sure the registered manager was available when we visited and that visits to people could be arranged. The inspection was carried out by a single inspector.

This was the first inspection that the service had had under our new methodology. Before the inspection we reviewed all the information we held about the service. This included notifications the service had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive.

The provider completed a Provider Information Return (PIR). 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 discussed the delivery of care with three people who used the service and two family members. We met with the registered manager and three staff. We reviewed three people's care files, policies, risk assessments, quality audits and the 2016 quality survey results. We looked at four staff files, recruitment processes, staff meeting notes, training, supervision and appraisal records.

Is the service safe?

Our findings

We found that risk assessments were completed before staff started working with people. They included; environmental or personal care. All assessments were regularly reviewed. We saw that where people's individual risks had been identified there were detailed actions staff needed to follow to ensure risks were managed and people were kept safe. For example we saw that one person required the use of some equipment to assist them to move safely. The risk assessment clearly stated that two carers were to support the person when this was being used to reduce the risk of falling. The person said, "I feel safe when staff are hoisting me. Two staff do this. They know what they are doing". An additional risk of potential injury was identified about using the equipment and there was clear guidance for staff about how to manage this risk. Additional risk areas covered included; infection control, falls, nutrition and medicines. These demonstrated that Care Purbeck had good risk management systems in place and embedded to ensure safety to both people and staff.

People, relatives and staff told us that they felt the service was safe. A person said, "I defiantly feel safe with staff. I know they are there with me and for me. It's nice to know a carer is coming in every day". Another person said, "I feel the care is safe. When I am walking around my house with my walking aid they hold my sides which gives me more confidence".

A staff member told us, "Care Purbeck is safe. The registered manager is always available. All the staff follow care plans. We look for improvements and go the extra mile". Other staff said that the service was safe because staff were well trained, regular quality checks took place and risks were assessed. A relative told us, "They are very safe, staff are always there when they are meant to be, I never worry about them not turning up to (names) home".

People were protected from avoidable harm. Staff were able to tell us how they would recognise signs of potential abuse and who they would report it to. Staff told us they had received safeguarding training. We reviewed the training records which confirmed this. We reviewed the service's local safeguarding adult's policy which was up to date, comprehensive and reflected the six key safeguarding principles introduced by the Care Act 2014. We also reviewed the provider's whistleblowing policy this reflected a clear purpose which was to encourage and promote all employees to raise concerns and detailed a process in which to do this. Staff told us they had access to these.

The provider had a Business Continuity Plan in place. Its aim was to provide a reference tool for staff to follow in response to an emergency or incident that may disrupt normal activities. For example, adverse weather and utilities failure. We did however notice that this did not contain any contact numbers for management or trusted contractors.

The registered manager told us that they complete initial assessments when people were referred. They said, "This enables me to understand people's needs and levels of support including staffing". They told us that by completing this and supporting the person themselves through the personal care task/s it would in

turn determine the staffing numbers and time required.

Staff, people and relative told us that they felt there were enough staff to deliver the support hours required and that care given was consistent. The registered manager told us that care packages varied from 15 minutes to one hourly visits daily. We were told that the service had not missed any visits during the past 12 months. A person told us, "There are enough staff to support me. I have never had a missed visit".

We reviewed four staff files and found that recruitment was carried out safely. Checks were undertaken on staff suitability before they began working at the service. Checks included references, identification, employment history and criminal records checks with the Disclosure and Barring Service (DBS). The DBS checks people's criminal record history and their suitability to work with vulnerable people. Where gaps in employment history were apparent on the member of staff's application form, these gaps were explored and documented as part of the recruitment process.

Medicines were stored in people's homes and recorded accurately. Medicines were signed on the Medicine Administration Records (MAR) which indicated they had been given as prescribed. We reviewed MAR sheets in one location which were completed correctly and showed no gaps. Staff were required to complete medication e-learning and class room training as well as undergo a competency test by management before administering medicines. There was a comprehensive up to date medicines policy in place which staff told us they were aware of.

Is the service effective?

Our findings

Staff were knowledgeable about people's needs and received regular training which related to their roles and responsibilities. We reviewed the training record's which confirmed that staff had received training in topics such as first aid, manual handling, and safeguarding adults. We noted that staff were offered training specific to the people they supported for example behaviour management and dementia. In addition to this staff had completed or were working towards their diplomas in Health and Social Care. New staff carried out an induction which included number of shadow shifts, completion of mandatory service training and the care certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. A person said, "Staff come across skilled and professional". A person told us, "Staff understand how to support me. Follow guidelines, assessments and are trained. We see them log and update my records. They are very thorough". A staff member said, "New staff complete shadow shifts with the manager or supervisor. They complete training as well. If staff don't feel confident the registered manager supports us until we are confident". This demonstrated that the service ensured that staff had the appropriate skills and knowledge necessary to carry out their roles effectively.

A staff member said, "I receive enough training. We have access to guidelines and care files. I ask if I'm unsure". Another staff member told us, "I'm offered enough training. It is regular and we are able to request additional if necessary".

We reviewed staff files which evidenced that regular supervisions and appraisals took place and were carried out by management. A staff member said, "We all receive regular supervisions. I find them a useful opportunity to discuss things like; problems, other staff, personal issues and the people we support".

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.

We found that consent to care was sought and that care plans were signed by people. The registered manager told us that everyone they supported had capacity and took part in the planning and review of their care as well as family as and when requested by the people. The registered manager told us that if they were to support anyone who may lack capacity then they had the correct assessments and best interest documentation to use. A person told us, "I am always asked for my consent to care and treatment". Another person said, "Staff always ask for my consent before delivering personal care to me".

Staff were aware of the Mental Capacity Act and told us they had received Mental Capacity training. The training record we reviewed confirmed this. A staff member told us, "MCA is about people's capability to make decisions. This is used when people can't do this. We must always assume that everyone has capacity. I have done the training".

People can only be deprived of their liberty to receive care and treatment, which is in their best interests and legally authorised under the MCA. The Deprivation of Liberty Safeguards (DoLS) authorisation procedure does not apply to domiciliary care services. For this type of service, where a person's freedom of movement is restricted in a way that may amount to deprivation of their liberty it has to be authorised by the Court of Protection.

People were supported to eat and drink enough. We saw that appropriate records were kept in relation to nutrition including food and fluid intakes. Other people were supported by staff to prepare, cook and eat their meals. We found that a person had a safe swallow plan in place which gave staff information about food consistency, equipment and support. The plan also stated that food must be mashed and that the person had a preference of using a fork and spoon which needed to be placed in their left hand. The person confirmed that staff followed this guidance.

People were supported to access healthcare services as and when required and staff followed professional's advice when supporting people with on-going care needs. One person told us that they were being supported to the hospital the day after the inspection.

Is the service caring?

Our findings

Positive caring relationships were developed between people and staff during the induction shadow shifts which were carried out with the registered manager and other experienced staff. A person said, "New staff are introduced to us through the registered manager or supervisor. New staff always shadow experienced ones at first. This helps us get to know them". A relative told us, "Staff know my loved one well and have a great relationship with them. We always feel we can trust staff".

Staff promoted and supported people to make choices and decisions about their care and support. A person said, "I can make my own choices and decisions with my family. Staff always ask what I would like on a daily basis". Another person told us, "Staff know my needs and give me options and information to make choices and decisions like food, drink and clothing". Staff told us that they provided information to enable people to make informed decisions. A staff member told us, "I ask people what they want. I make them part of everyday decision making from clothes to activities. I give information and options when necessary". Another staff member said, "I give people a range of choices. I also offer alternatives. For example, a bath or a shower, a hot or a cold drink, this or that to eat".

We were told that staff were respectful in their interactions with people. One person told us, "Staff are very caring. The way that they speak to me, we have a little laugh and they have a lovely manner about them". Another person said, "Staff are lovely. Very polite and never bully or rush me ever. They are very caring towards me". A staff member told us, "I'm a caring person. I'm patient and have a real passion to care for others. I love to make a difference even if it as little as making someone comfortable and having a cup of tea with them". Another staff member said, "I'm sympathetic and keep an eye on people. I make sure they are feeling ok and are clean". A relative told us, "They (staff) are all just so very helpful I can't say enough how kind and caring all the staff that come here are. They treat my loved ones with total respect and kindness, we couldn't ask for more." This told us that people received positive care from staff that had developed good working relationships with them and their families.

The care files we reviewed held photographs, pen profiles of people, recorded key professionals involved in their care, how to support them, people's likes and dislikes and medical conditions. This information was held in each person's file in their homes. This information supported new, agency and experienced staff to understand important information about the people they were supporting.

People's privacy and dignity was respected by staff. People's individual records were kept securely in locked cabinets in the central office and on an internal online care system which required individual usernames and passwords. This ensured sensitive information was kept confidential.

Staff were able to tell us how they respected people's privacy and dignity. One staff member said, "I cover private areas and close doors and curtains. I keep people informed of what I am doing for example, washing, rolling or transferring".

Is the service responsive?

Our findings

Care Purbeck delivered care and support that was responsive to both people's changing needs and circumstances. For example one person told us how they had had an early appointment and required their morning visit time to be brought forward. We found that the registered manager had arranged this which the person was very grateful of. Another person said, "Staff look after me well when I am feeling ill or having a bad day". Another person told us, "I go away for a number of weeks in the summer and know that my place is always kept open for me when I return". A staff member said, "We are very responsive to people's changing needs. If we notice changes or see something that is different we inform the registered manager. For example, I was concerned that someone may have Parkinson's. The registered manager referred them to the GP and now they are having an assessment. If the person's needs change they will be reassessed and we will all be informed". The registered manager told us that all staff are issued with a smartphone when they start and that the on line system allows them to send update memo's regarding any changes to all staff so that they remain responsive at all times. A staff member said, "When people come out of hospital their needs may change. These are always updated in the care plans and on the on line system. We are then informed about it and can access the revised plan on our phones. It's a good system".

We found that care being delivered was centred around people's individual needs and that staff were aware of what was important to the people they were supporting. Initial assessments completed by the registered manager formed the foundation of care and support plans and protocols. For example they detailed support needs at different times of the day and reflected outcomes of what people wanted to achieve. We noted that one person's outcome was to be able to maintain a healthy lifestyle. Another person's outcome was for them to live independently and make choices about how their care and support is delivered. Protocols were in place and gave staff clear guidance on how to support people in achieving their outcomes whilst meeting their individual needs. A person said, "At first following a long time spent in hospital I needed help with everything. Care Purbeck have now helped me gain my independence. I can now do my own cooking and put myself to bed. Staff have really helped me".

Care reviews took place regularly. People and relatives we spoke to confirmed this and told us they were important. A person said, "They (staff) understand my needs and meet them well. The registered manager reviews my care package regularly. They were here doing a review last week". Another person told us, "I have review meetings to discuss my care package and staff are made aware of any changes". We reviewed one person's recent review which took place on 21 May 2017. We found that all areas of their care were reviewed with no changes required. We saw that the person had been offered the opportunity to have day centre visits arranged by the service but the person had chosen to remain at home as they preferred their own company. Review forms also captured feedback from people and relatives involved in the meeting. We noted that one person had said, "The carers all take an interest in my news and are happy when they visit me".

Staff were able to tell us what people's hobbies and interests were. We found that people's profiles reflected these. A person said, "Staff know my interests and hobbies. I hope to watch the cricket this summer". The registered manager told us that they were planning to arrange ticket to the local cricket club for this person. Another person told us, "Staff know my likes and interests. We have some lovely conversations. I have the

hairdresser visiting me today".

People and relatives had opportunities to share their experience and raise concerns about the service. People confirmed that they had received questionnaires in the past and completed these. We reviewed the most recent feedback questionnaires and found that in the eight returned 100% of the people and relatives very satisfied with the service. The registered manager told us that they did not have a results summary but instead reviewed and analysed each response and would take immediate action if necessary. The registered manager believed this worked well because of the small size of the service. Some of the comments we read included; "Care is the best I have ever had – always outstanding – nothing is ever too much trouble".

The service had a complaints system in place which captured complaints and reflected the steps taken to resolve them. There were no open complaints at the time of this inspection. The registered manager told us they had not received any complaints for over two years. A person told us, "If I had a complaint I would contact the registered manager. I have never had to complain though. I do believe that the management would respond to any complaints promptly".

Is the service well-led?

Our findings

The service has a registered manager in place. 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.

Staff, people and families told us that the thought the service and management was good at Care Purbeck. We were informed that the registered manager promoted an open working environment and was flexible. We observed staff popping into the central office during the inspection. The registered manager took time to talk to these staff who appeared relaxed and comfortable around them. A family member told us, "The registered manager is excellent, goes above and beyond what they should. Always make sure if they can help they will. Always put my loved ones at the heart of their care package". A staff member told us, "The registered manager is lovely. They are always available and encourages us to contact them and check in. The managers really care. They are easy going and always happy to help". Another staff member said, "The registered manager delivers care. I think that's important so that people and staff get to see them. It helps gain trust and respect". A person told us, "The manager runs the service well. They deliver care to us themselves. I think that is important as it is leading from the front". This demonstrated how the service was well managed and led.

We reviewed staff meeting notes. The registered manager told us that these took place every three months. We found that the last meeting was in March 2017 and were told that one was planned for this month. The registered manager told us that they often took place before training as the team was together and it worked well. We reviewed the last notes and saw that topics discussed included people, changes and staff holidays. We noted that one person had feedback that they had enjoyed having the team at their home to receive hoist training. We also noted that the registered manager acknowledge the teams hard work and thanked them for this. A staff member told us, "Staff meeting take place regularly and are informative. We discuss each person and any changes like needs or medicines. Any concerns are shared and we each give updates".

We found that the registered manager had good knowledge and were open to learning and further developing the service. The management were responsive throughout the inspection and supported us with questions we had and gathering the evidence we required.

People and staff rated the service highly. One person told us, "I rate the service 50/10! Because of how the registered manager runs the service. How they choose staff and that they deliver care themselves rather than choosing to sit in an office all day every day. I feel very valued". A staff member said, "10/10. The management and staff are very good and compassionate to the people we support. I would recommend Care Purbeck".

We saw that quality monitoring systems were in place and were carried out regularly by the registered manager and supervisor. Spot checks took place on a regular basis. The registered manager told us that

these were generally random checks where they will arrive unannounced and observe staff. Check sheets were completed which covered areas such as observations of staff practice, their punctuality, use of personal protective equipment (PPE), review of records and feedback from people receiving the care. Any competency needs were identified and addressed via supervision. The registered manager told us that these were important because they helped them assess the quality of provision and measure the staffs and services performance. In addition to spot checks, regular audits took place. We reviewed recent audits of staff records, medicines, falls assessments, risk assessments and care notes. We noted that an action recently identified and addressed was to make the medicine risk assessments more robust.

The service had made statutory notifications to CQC as required. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.