Care Quality Commission

Purple Professional Services Limited

Purple Professional Services

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 02 December 2015 and was announced. At our last inspection in September 2013 the service was found to be meeting our essential standards.

Purple Professional Services are a service based in Luton which provide contact centres for children and parents and are registered with the Care Quality Commission to offer a domiciliary care service for adults. At the time of our inspection the service was providing personal care to one person in their own home for an hour a day

The service had a registered manager in post. 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.

The service provided safe care to the person being supported. The person's care plan was detailed, regularly reviewed and included assessments of any risk for staff working in their home. Consent was provided on the person's behalf and their relatives were regularly involved in the planning and review of their care.

The person was supported by enough trained and skilled staff to meet their needs. Staff had received training

Summary of findings

which was regularly refreshed and appropriate to their role. The relative of the person told us that staff delivered friendly and compassionate care to the person and there were enough staff to meet their individual needs.

The service had completed all pre-employment checks to ensure that staff were suitable to do the job they were employed to do. However we found that staff were not regularly supervised and did not receive regular performance reviews.

The service had systems in place for handling complaints. Quality assurance was carried out by holding regular reviews of the person's care involving their relative. The relative of the person and staff told us that management were friendly and approachable.

Summary of findings

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.

Risk assessments were completed to enable staff to work safely with the person in their home.

Staff were trained in safeguarding and knew how to recognise and report signs of abuse.

There were enough staff available to meet people's needs.

Good

Is the service effective?
The service was not always effective.

Staff were not regularly supervised.

Staff had received training to enable them to deliver effective care to the person supported.

The requirements of the Mental Capacity Act 2005 were met.

Requires improvement

Is the service caring?
The service was caring.

Staff were friendly and compassionate and understood the person's needs.

The person's privacy and dignity was respected.

Good

Is the service responsive?
The service was responsive.

Care plans were regularly reviewed and reflective of the person's individual needs.

The service had a complaints policy in place and people knew who to complain to.

Good

Is the service well-led?
The service was well-led.

Relatives of the person supported were positive about the management of the service.

The service had system in place to monitor the quality of the service provided.

Staff told us they felt supported by management.

Good

Purple Professional Services

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.

This inspection took place on 02 December 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure people were available on the day.

The inspection was carried out by one Inspector.

Before the inspection we reviewed the information we had about the service. This included looking at notifications and other information we had received.

During the visit to the provider's office we looked at the care plan for the person who used the service, one staff file, training records, risk assessments and other records relating to the day to day running of the service. Following the inspection we carried out a telephone interview with a relative of the person using the service.

Good

Is the service safe?

Our findings

The relative of the person being supported told us the service was safe. They told us, “Yes, the staff are great with [relative], he’s safe.”

The service had a policy in place for safeguarding people from abuse. Staff had been trained in safeguarding and knew how to recognise and report signs of abuse. The staff member we spoke with told us they would report any concerns to management or the Local Authority. We reviewed training records which confirmed that they had received the appropriate training in safeguarding and that this was regularly refreshed.

The service provided personal care for an hour a day to one person in their own home. The care was provided directly by the owner, registered manager and team leader and the person required two staff to meet their needs. The manager told us they had enough staff to meet the person’s needs. We asked what would happen if two staff were unavailable and they told us, “On the rare occasion that happens we usually notify the family in advance and they help us out.”

We saw the person’s care plan and found records that confirmed that this communication took place regularly between the service and the family. Rotas were agreed in advance to ensure the person received personal care at agreed times.

We looked at the staff file for one member of staff and found that all the relevant checks had been carried out before they’d started work. This included a DBS (Disclosure and Barring Service) check to ensure the applicant did not have any criminal convictions. References and identity checks had been undertaken prior to them commencing employment with the service.

The person’s care plan included risk assessments which enabled staff to work safely in the person’s home. These gave a comprehensive overview of each potential risk and how these were to be managed, including transfers using equipment provided by the family. Staff who supported the person had received training in moving people safely and this was regularly refreshed.

The service did not manage or administer medicines on behalf of the person.

Requires improvement

Is the service effective?

Our findings

The relative of the person being supported told us that the care received was effective. They said, “The staff look after [relative] well.”

Staff had received training that was appropriate to their role. We reviewed training records which showed us that the staff who supported the person had received regular training in topics such as safeguarding and moving people safely. The training was delivered through a combination of e-learning and courses provided for staff by professionals. The staff member we spoke with told us “I’ve done a lot of training to help me do my job.”

We found that staff were not always regularly supervised. Staff records showed that the member of staff who worked with the person supported by the service had not received formal supervision since January 2014. The staff member told us they felt supported and the manager told us they conduct more informal supervisions in the office but were not able to produce any notes for these. The staff’s file did not contain any evidence of regular performance reviews or observations.

The provider worked in accordance with the requirements of the Mental Capacity Act 2005. The 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 noted that staff understood the relevant requirements of the MCA, particularly in relation to their roles and responsibilities in ensuring that people consented to their care and support. The person’s care plan included a mental capacity assessment which identified that the person lacked capacity to make decisions about their day to day care. Therefore it had been agreed through the local authority that consent for their care would be given by their next of kin. Support Plans were signed by the next of kin to confirm that they consented to the contents.

The person’s healthcare needs and nutrition were managed by their family and not supported directly by the service.

Good

Is the service caring?

Our findings

The relative of the person supported told us, “Yes the staff are caring and friendly.” We saw evidence in the person’s care plan that they were regularly given opportunities to provide feedback on the quality of care for their relative and were involved in all planning and reviews.

The three people who provided care to the person spoke of them positively. The manager told us “[person] is a wonderful, happy individual and a great character.” They were able to describe how they supported the person in detail and told us they enjoyed working with them. They told us they called them by their preferred name and described the ways in which they’d tried to encourage their independence, for example by reducing the support offered when helping the person to brush their teeth.

The member of staff we spoke with told us they always respected the person’s privacy and dignity and described the ways in which they assist with this. The relative we spoke with confirmed that staff always treated the person with respect. Staff told us they would not discuss confidential matters relating to the person’s care with anybody else, and files were kept securely and safe in the provider’s office.

Good

Is the service responsive?

Our findings

The relative of the person supported told us that they had been involved in reviewing and updating the person's care plans. They told us, "The care is good, I'm really pleased it's so consistent."

The member of staff we spoke with told us they knew what was in the care plan and described how it helped them provide care to the person. They told us, "Yes there's enough detail in there for us." Care plans we reviewed were detailed and provided staff with enough information to support the person with their personal care. There was a detailed background of the person, their likes and dislikes and ways to communicate with them. Daily tasks were listed and comprehensive instructions provided for each stage of their routines.

Where the person's care had been reviewed we saw that outcomes had been established and met. For example the service had begun to use social stories to aid communication, which were stories made up of pictures familiar to the person to help to prompt and guide them through their routines. We saw another outcome which detailed how they'd encouraged the person to be more independent with some elements of their personal care. We saw evidence that the service regularly communicated with the person's relatives and planned ahead to ensure consistency of care and to ensure that any issues were resolved ahead of time. A record of this contact was kept in the person's care plan.

The manager showed us a policy for handling complaints and told us they had a two stage investigation process which they used to resolve any complaints from people. No complaints had been received from the person receiving care but the relative knew and understood the complaints procedure.

Good

Is the service well-led?

Our findings

The management team consisted of the owner, the registered manager and a team leader.

The relative of the person we spoke with was positive about the management of the service. “They’re very approachable, no problems at all.”

The member of staff we spoke with told us they had a good relationship with the manager. They told us “Yes, they’re good.” They said they had been with the service for several years and told us they enjoyed working with them.

The service had a whistleblowing policy in place. This detailed who staff could contact if they needed to report any concerns anonymously. The member of staff we spoke with told us they were aware of the policy and knew how to follow the procedure.

The manager told us they had considered accepting additional referrals to provide care to adults in the community, but would not accept any work when they did not have the resources or staffing capacity to manage the workload. This showed us that the provider wanted to deliver a quality service to people.

The service assured quality through regular reviews of the person’s care and by consulting the family of the person to ensure they were satisfied with the support provided to their relative. The manager told us they would implement a more detailed quality auditing process were they to accept any additional referrals.