

Focus Caring Services Limited

Purely Care

Inspection report

The Old Corner Shop
26 Cromer Road
Norwich
Norfolk
NR6 6LZ

Date of inspection visit:
17 May 2021

Date of publication:
05 October 2021

Tel: 01603407707

Website: www.purelycare.co.uk/

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Purely Care is a domiciliary care service providing support to people living with a learning or physical disability and, or mental health difficulties. They provide personal care and support to people living in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection the service was providing a regulated activity to 25 people.

People's experience of using this service and what we found

The auditing and quality assurance systems in place required improvement, as they did not ensure accurate upkeep of full records and identify areas for improvement.

There was poor administration around the management, care planning and auditing of medicines. People's health conditions which created risks, as well as communication needs, were not covered sufficiently in care plans.

Although staff understood the principles of the Mental Capacity Act 2005 (MCA) and supported people in decision-making, there were no records relating to this.

We have made a recommendation around end of life care planning, as this was not considered in the existing care plans.

People were supported by enough safely recruited, competent staff to meet their needs. People received their agreed care visits.

When incidents or accidents occurred, there was action to further mitigate risk or recurrence.

Staff supported people safely with eating and drinking when part of their support needs. Staff supported people to access healthcare and worked alongside other healthcare professionals if needed.

People's needs were assessed prior to using the service and a care plan was developed.

Staff were kind and caring, and involved people and relatives in their care.

People knew how to contact the office and raise any concerns if needed. Complaints were investigated and responded to appropriately.

Staff were positive about working for the service and felt involved in the running of the service.

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

Rating at last inspection and update:

The last rating for this service was Requires Improvement (published 23 August 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found not enough improvements had been made and the provider remained in breach of one regulation.

The service remains rated requires improvement. This service has been rated Requires Improvement for the last two consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service/We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a breach in relation to good governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least Good. We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective..

Details are in our safe findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was not always responsive.

.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

.

Details are in our safe findings below.

Requires Improvement ●

Purely Care

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

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

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. 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

We gave two working day's notice of the inspection visit because we needed to be sure that the provider or registered manager would be in the office to support the inspection. We also needed to request records to review remotely and contact details for staff and people using the service.

Inspection activity started on 17 May 2021 and ended on 19 May 2021. We visited the office location on 17 May 2021.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection, such as notifications and information received from the public. We sought feedback from the local authority and professionals who work with the service. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and seven relatives via telephone about their experience of the care provided. We spoke with four care workers remotely via telephone, and spoke with the registered manager on our office visit.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including incidents and accidents records, were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records including a service improvement plan.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely; Learning lessons when things go wrong

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people and there was unsafe medicines management. Not enough action was taken following incidents and accidents to learn from them. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. There were improvements in the assessment and planning around risk to people.

- There were risk assessments and guidance to mitigate risk in some areas of people's care, for example with regards to pressure ulcers and moving and handling activities.
- Staff gave examples of how they mitigated risk to people who used equipment such as catheters. They were also able to explain how they mitigated risk to people in respect of physical and mental health conditions.
- Further improvements were needed in respect of full risk assessments of some health conditions in the care plans. There was not always guidance for staff on risks associated with people's health conditions, and how to mitigate them. For example, risks related to conditions such as epilepsy, choking risks, respiratory disease and diabetes.
- People and relatives told us they received their medicines safely. However, recording around medicines administration across the service required improvement.
- Thorough investigation took place following incidents and accidents, followed by additional staff supervision, training or review of risk where needed.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to ensure staff knew how to report concerns regarding safeguarding.
- People and relatives told us they felt safe with staff delivering care. One relative said, "I know [family member] feels very safe with [staff member]."
- Staff had received safeguarding training.

Staffing and recruitment

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

- People told us they received their agreed care visits and staff stayed for the agreed time.
- Where some staff had been stuck overseas during the recent pandemic, contingency plans had enabled the service to provide enough staff to cover this.
- Recruitment practices included checks such as criminal record checks and obtaining references to check suitability for the role.

Preventing and controlling infection

- There were systems in place to control any outbreaks including COVID-19.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. Staff used PPE effectively and safely, and the provider was accessing testing and vaccination for people using the service and staff.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At the last inspection, assessment of staff competence and staff training had not ensured consistently good care provision. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Improvements were required in the efficacy and frequency of checking competence around medicines administration. This is because we saw poor recording in relation to medicines administration.
- We saw some supervisions had taken place with some staff, but not all staff remembered having any recent supervisions. However, staff told us they felt supported in their roles.
- Staff received training relevant to their role. Recent training had been online and included areas such as dementia and the MCA.
- People felt staff were competent. A relative said, "I think [staff] are well trained."
- New staff were supported to undertake a qualification in care. Induction included shadowing more experienced staff.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- At the last inspection we found that there were no records relating to people's mental capacity, consent, support with making decisions, power of attorney for health and welfare or best interest's decisions. The registered manager had told us this would be incorporated into care records. However, at this inspection there were still no records around MCA.
- Staff explained to us how they supported people lacking capacity to make decisions in their daily life such as what they wanted to eat or wear.
- Where care reviews had been completed with a family member, or a family member had signed consent for care and there were no records explaining why or if they had the legal authority to do so.
- There was a risk as people's mental capacity was not being monitored and had not been assessed, staff would not pick up any changes or risks associated with the people's management of their health conditions and wellbeing.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's needs were assessed prior to the service agreeing to deliver care. This informed a care plan which included guidance for staff on what was expected at each visit, in line with assessment.
- Where needed, the service worked closely with health and social care professionals to ensure people had equipment relating to their care needs, and any further support around organising the care visits.
- Staff gave numerous examples of referring to, working with, and following recommendations of other healthcare professionals to ensure people received consistent care. This included district nurses, the mental health team, the dietetics team and other care agencies.
- Where required, staff supported people to access healthcare by raising any concerns with relevant professionals, such as a GP or social worker. This included requesting equipment if people's needs changed.

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

- Staff supported people to eat and drink where this was part of their care.
- Where relevant, people's support needs associated with eating and drinking were included in the care plans. Staff were aware of people's preferences and needs relating to food.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff were kind and caring. People's feedback was consistently positive about staff. Staff supported people with respect for disability or protected characteristics. One relative said, "[Staff member] is like our rock; I really don't know how we would manage without [them]." A further comment included, "[Staff] are all very kind, [family member] loves them."

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

- People and relatives felt involved with their care. One relative told us, "[Family member] is deaf and has dementia so I have to be very involved in communicating [family member's] needs. I think communication with [staff] is great, they always listen and respond promptly."
- People were consulted about their care and staff gave examples of how they discussed it with people and families. One member of staff gave examples of how they discussed health, safety and manual handling with families. Another explained how they discussed a person's care with their spouse who also provided care for them.

Respecting and promoting people's privacy, dignity and independence

- Staff upheld people's privacy and dignity and promoted their independence where possible.
- One relative said, "[Staff] always make sure [family member] has privacy but are right there if [family member] needs help." Another confirmed, "[Staff member] always shuts the door to give [family member] privacy."
- Staff gave examples of how they supported people with personal care which reflected a caring ethos. One said, "If something changes and someone gets suspicious, you just keep calm and explain thing." Another explained when they supported someone, "I also want to make sure the dog is well looked after; an important part of our routine is the two walks a day."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

At our last inspection the provider had failed to ensure sufficient overview, investigation and response to complaints. This was a breach of regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 16. There were systems in place which ensured formal complaints were dealt with appropriately, but some improvements were still needed with regard to acting on feedback.

- People and relatives knew how to complain; one relative said, "I have had to contact them several times recently to change the time the carer comes in and they have been very good and accommodated that without a fuss." Another said, "I know where to go and who to ask if I have any concerns."
- We saw that recorded formal complaints had been investigated and responded to in line with the provider's guidance.
- During documented reviews with people, any concerns raised were not always acted upon before the next review; this included niggles such as care staff not always turning lights off or emptying bins. We discussed this with the registered manager who said they would ensure where needed, an action arose from the discussion in future.

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

- Not all of people's health conditions and related risks and needs were covered in care plans. Life history information in care plans was brief; this was identified as part of the service improvement plan.
- Everyone we spoke with felt the care provided was responsive and person-centred. One person said, "[Staff] help me with lots of different things, they help me with what I ask them to really." A relative said, "[Staff member] always emails me to let me know [family member] is in a good mood and it is a good time to ring." A further relative commented, "[Staff] even play [family member] the organ and sing all the old songs when they visit."
- People's relatives told us they were involved in the review of their care; one relative said, "We're going to sit down together and go through a few bits and pieces in the care plan, they always listen to me and take on my suggestions."
- All staff we spoke with explained how they verbally handed over any updates or changes to other staff working with people, as well as recording these in daily notes.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Although there were not always recorded plans in place, staff supported people well with communication.
- People felt staff supported them effectively to communicate, including non-verbally. For one person who was not able to communicate verbally, a staff member explained in detail how they communicated and supported the person to articulate decisions. Another member of staff explained, "Sometimes it's looking at people's mood and facial expressions."

End of life care and support

- At the last inspection we made a recommendation around end of life care planning. At this inspection there were no records in place relating to end of life care. There had been no consideration of care planning for people's end of life needs and preferences.
- Staff gave examples of working with other professionals when delivering end of life care and explained how they delivered care according to people's preferences, including around comfort, fresh air, music, visitors and pain relief. They also told us the training they received for end of life care was helpful.

We recommend that the service seeks advice from a reputable source, to ensure that end of life planning and care delivery is in line with best practice.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection the provider did not routinely inform of us of notifiable events, as required. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 – Notification of other incidents.

Enough improvement had been made to notifications and the provider was no longer in breach of this regulation.

- The registered manager understood their responsibilities around notifiable incidents and had notified CQC and safeguarding where appropriate.

At the last inspection the systems in place to monitor and improve the quality and safety of the service were not effective and complete and accurate records were not being kept. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider remains in breach of this regulation. The service had not adhered to their action plan and there remained ineffective oversight.

- The registered manager was not clear about their responsibilities in overseeing the service. They had not adhered to the action plan they sent us following the last inspection and were not adhering to their service improvement plan to make the required improvements.
- There continued to be poor administration around the management and care planning of medicines. There were no protocols for PRN (as required) medicines. Staff recorded administration of PRN medicines inappropriately. There was poor recording of topical creams and pain patches. There was inaccurate transcription of medicines onto handwritten medicine administration records (MARs).
- The action plans included monthly auditing of medicines records; these had not been completed for several months at a time. For example, we saw one person's medicines records were audited from July 2020 to January 2021, and another had not been audited since November 2020. Therefore, it was not possible to identify and take action on errors in a timely way.
- The existing medicines audit was ineffective. There was no framework in place to guide staff on what to

check, so where medicines had been audited, not all errors had been identified.

- The action plan following the last inspection included implementation of records around mental capacity and end of life care, which had not been completed.
- Where people had health conditions which created risks, these were not covered sufficiently in care plans. There were not comprehensive communication plans in place, which meant that unfamiliar staff may not have access to information about how to communicate effectively with people. This had not been identified as an area for improvement by any quality assurance systems.

The above concerns constitute a continuing breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

- Five relatives told us they felt communication with the office could be better, around any changes in people's needs, or around the rota or changes of care staff. For example, one person said, "I don't like change and [staff] don't let me know sometimes which upsets me."
- Everyone we spoke with felt they could raise any concerns with the office if they needed; one relative said, "I can always pick up the phone, they're very approachable and understanding."
- One staff member said, "They're really compassionate and caring with their staff." Another said, "I report any issues and it's listened to and dealt with immediately."
- Staff felt involved and supported by the service, which considered their equality characteristics. This included consideration for staff's religious needs, such as allowing for time off for religious festivals outside of public holidays.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives felt staff supported good outcomes for people through managing their care needs well and promoting their independence.
- Staff were positive about working for the organisation and spoke of a supportive, inclusive environment.
- There was a survey to gain feedback from people about the service they received. A recent survey found people were happy with the care they received.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibility to report appropriately and communicate with people and families when in the event of an incident.
- We saw from records that staff contacted family if there was an incident, for example if someone fell.

Working in partnership with others

- Staff gave examples of working in partnership with other organisations such as external healthcare agencies and the local authorities.

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 The provider had failed to uphold systems to assess risks to health, safety and welfare of people and maintain complete, accurate records in respect of each service user. 17 (1) (2) (a) (b) (c)

The enforcement action we took:

We imposed conditions on the provider's registration in respect of Good Governance, around auditing of the service.