

Purple Flower Care Ltd

# Purple Flower Care

## Inspection report

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Date of inspection visit:  
22 September 2022

Date of publication:  
01 December 2022

### 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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Purple Flower Care is a supported living service providing the regulated activity of personal care. The service provides support to people with learning disabilities or autistic spectrum disorder and people with mental health diagnoses. At the time of our inspection there was one person using the service.

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.

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

#### Right Support

Although we found no evidence the person had been harmed, we saw some risks had not been effectively shared with the staff team. We found some risks had not been fully assessed to mitigate against avoidable harm. We found the person was subject to some restrictions which had not been subject to best interests' decisions. Staff had not fully consulted significant people in the person's life to ensure they were following least restrictive practices. A mental capacity assessment had not been completed to determine what decisions the person could and could not make for themselves. Some staff reported a good and supportive induction. One staff member told us they were only provided with one shift with a regular member of staff before supporting the person alone. Staff communicated with the person in a way that met their needs. Staff enabled people to access specialist health support in the community.

#### Right Care

The initial assessment and care plan for the person had not taken into consideration their sexuality or their cultural needs. Staff could not be sure they were fully supporting the person in the way they wished in these areas. The person's care plan lacked some important information and updates. There was limited information about the person's specific goals and how they were progressing with them. There was some evidence the person had been supported to try new experiences, although in the weeks prior to our inspection their activities were not very varied. Staff were kind and compassionate.

#### Right Culture

There was limited evidence the person and those who were important to them were involved in the development of the care plan. We found checks on the quality of the care provided were not always robust and had not identified many of the concerns we found.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 29 September 2021, and this is the first inspection.

#### Why we inspected

The inspection was prompted in part due to concerns received about how risk was being managed by the service. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### 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 and will take further action if needed.

We have identified breaches in relation to how the person's care needs were assessed and reviewed; lack of assessment and consideration of what decisions the person could and could not make for themselves and the use of restrictive practices; and the standard of checks and oversight of the service to ensure safe and effective care at this inspection.

Please see the action we have told the provider to take at the end of this report. 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 work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 effective findings below.

**Requires Improvement**



### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement**



### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement**



### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement**



# Purple Flower 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 Health and Social Care Act 2008.

#### Inspection team

The inspection team consisted of 2 inspectors and an assistant inspector.

#### Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 22 September 2022 and ended on 06 October 2022. We visited the location's office on 22 September 2022.

### What we did before the inspection

We reviewed the information we had received about the service. We sought feedback from the local authority and professionals who work with the service. Due to technical problems, the provider was not able to complete a Provider Information Return (PIR). A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with the person who used the service about their experience of the care provided. We spoke with 6 members of staff including the registered manager, the nominated individual, and support workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. These included the person's care records and medication records. We looked at 5 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We spoke with 3 people who knew or had worked with the person about the care they received.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. 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; Staffing and recruitment

- A known risk to the person receiving support had not been included in their care file. This meant there was no guidance in place to enable staff to safely support the person with this risk. Some staff we spoke with did not demonstrate knowledge of this risk. This placed the person at risk of harm. The registered manager told us guidance for staff would be updated to ensure staff were aware of this risk.
- The registered manager and nominated individual had decided staff did not always have to wear masks around the person using the service. Some staff told us there were good reasons for this decision. However, there was no risk assessment completed to identify the risks posed by this decision and how they could be reduced. This meant the person was at increased risk of avoidable harm from COVID-19 transmission.
- One staff member told us they had only completed one shift shadowing an experienced staff member before working alone with the person receiving support. They also told us they did not have an opportunity to read the care plan before commencing support of the person alone. The staff member was aware of key risks for the person but was not aware of other risks identified. This meant the person was at risk of receiving inappropriate or unsafe care. We spoke with the nominated individual about this. They provided evidence all staff had signed to indicate they had read the person's care plan. The staff member, however, had stated they only read the care plan after they had already begun working alone with the person.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed the person at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager and nominated individual told us they were taking steps to address the concerns identified. They advised care file documentation would be updated to reflect all known risks. They stated risks of not wearing masks around the person would be assessed. They gave assurance they would review induction processes for new staff to ensure they were robust.

- The person was supported by adequate numbers of staff. Staff had been recruited using appropriate safety checks, including Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse.

- Staff including management did not fully recognise a particular practice was a form of restraint. They had not ensured this practice was in the person's best interests and the least restrictive option to achieve the

desired goal for the person.

- Staff had all completed safeguarding training and understood how to recognise and report abuse. However, decisions around the use of restrictive practices had not been fully risk assessed and reviewed. This put the person at risk of unnecessary restriction and avoidable harm.

Systems had failed to ensure the person was fully protected from the risks of restrictive practices. This put the person at risk of harm. This was a breach of regulation 13(1) and 13(4) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Preventing and controlling infection

- We were somewhat assured that the provider was using personal protective equipment (PPE) effectively and safely. Staff told us they used PPE in line with government guidance when providing personal care. Some staff told us they did not wear a mask at other times around the service user. This decision needed risk assessing.
- We were not assured that the provider's infection prevention and control policy was up to date. Some policy and procedure documentation around the management of COVID-19 risk was not updated in line with current government guidance. Aside from the concern about staff not always wearing a mask around the person. Staff told us they were following updated guidelines, for example with regard to staff testing for COVID-19.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

#### Learning lessons when things go wrong

- Although staff raised concerns and recorded incidents when things went wrong, the learning from incidents was not always shared with the wider staff team.
- The staff team did not always review the use of restrictive practices to ensure they were necessary and in the person's best interests.
- The registered manager and nominated individual told us they would build on the lessons learned systems already in place. This would aim to ensure staff could all learn from mistakes and near misses.

#### Using medicines safely

- The service ensured the person's behaviour was not controlled by excessive and inappropriate use of medicines.
- Staff followed effective processes to assess and provide the support the person needed to take their medicines safely.
- The person was supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.



# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Staff had not completed a comprehensive assessment of the person's care needs on admission. For example, there was little information about the person's favourite hobbies and interests. The nominated individual agreed they would review the initial assessment process to develop a tool which could be used easily by staff.
- The person's care plan did not contain planning tools to track how they could reach their goals. This meant monitoring of their progress was difficult to evidence.
- The person's care plan did not consider their cultural needs or their sexual identity. This meant staff could not be sure they were supporting the person as they would wish in these areas.

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 MCA 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.

- We found the provider was not working within the principles of the MCA. There was no evidence the capacity of the person had been fully assessed to determine what decisions they could and could not make for themselves.
- A restriction the person was subject to had not been fully considered or recognised by the staff team. There was no evidence the decision to use this restriction had been fully explored to ensure it was the least restrictive option. There was no evidence family and professionals had been involved in making this decision. This meant the person was at risk of unnecessary restraint.
- A sensor had been placed on the person's bedroom door to alert staff if they left their room during the night. CCTV had been installed in the person's hallway and lounge to monitor their activity in their home.

There was no evidence a best interest's decision had been made regarding these decisions to restrict the person's free movement around their home.

The registered manager and nominated individual had not ensured the legality of the restrictive practices was underpinned by the Court of Protection, or that the principles of the MCA had been followed. This placed the person at risk of unnecessary restriction. This was a breach of regulation 11 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager and the nominated individual gave assurance they would review the use of all restrictive practices in line with the principles of the MCA. They also advised they would seek the support of family and other professionals to assist them.

Staff support: induction, training, skills and experience

- We received mixed views from staff about their induction experiences. One staff member told us they had only had one shadowing opportunity and had not been given time to read the care plan for the person before supporting them alone. Another staff member told us they had received a good quality induction. They said, "[The induction] helped me a lot and they have been really good."
- Staff responsible for surveillance and recording needed more training to ensure they were compliant with relevant codes of practice and regulation.
- Staff were knowledgeable about some aspects of the person's care and how they wanted to be supported. More training and support were needed to fully understand working within the MCA and supporting the person with decisions they could not make themselves.

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

- The person had a health passport; however, it contained out of date or insufficient information. The registered manager and nominated individual gave assurance the person would be accompanied if they needed to attend medical appointments.
- The person was supported to attend annual health checks, screening and primary care services.
- The person was referred to health care professionals to support their wellbeing and help them to live healthy lives.

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

- Staff encouraged the person to eat a healthy and varied diet to help them to stay at a healthy weight.
- The person received support to eat and drink enough to maintain a balanced diet.
- Mealtimes were flexible to meet the person's needs and to avoid them rushing meals.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- Decisions impacting upon the person's privacy and choice in their home had not been made following best interests' guidance.
- The person was able to gain independence in some areas of their day-to-day life. However, there was not a detailed skill teaching plan to support staff with this. This meant progress towards greater independence was difficult to evidence.

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

- Relatives were not always involved in reviews of the person's care. There was little evidence to show how the person was supported to contribute to reviews. This meant important information about the person's needs and wishes could be missed.
- The person was supported to maintain links with those who were important to them.

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

- Staff were calm, focused and attentive to people's emotions and support needs.
- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. A relative told us; "[Staff are] pleasant and friendly, I have no concerns about them."
- Staff members showed warmth and respect when interacting with the person.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

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

- The person's care plan did contain information personal to the person's own wishes and needs. However, there was no evidence of how the person had contributed to the development of their care plan.
- We found several examples of information which was out of date in the person's care plan. For example, the care plan stated the person disliked vegetables, but this was not the case. We saw a key risk for the person had not been included in their hospital passport. We also saw there was insufficient detail to guide staff in how the person needed to be supported with their oral healthcare.
- The registered manager had not fully considered the person's protected characteristics to ensure care was more tailored to their needs and wishes.

Systems were not effective in ensuring the person's needs and choices were fully assessed and reviewed to keep them updated. This meant the person was at risk of inappropriate care. This was a breach of regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The nominated individual and the registered manager advised they would review the care plan and hospital passport with the help of the person and others who were important to them. This would ensure their wishes and needs were fully reflected.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The person's care plan contained limited detail about their communication needs. However, staff had a good awareness and understanding of the person's communication needs. They knew how to facilitate communication and when the person was trying to tell them something.
- Attempts had been made to introduce new methods of communication to support the person. The possibility of using non-verbal communication aids had not been fully explored. The registered manager told us they would look into this type of communication further.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- A review of the person's recent daily activities showed little variety. The nominated individual told us the last few weeks had been quieter but gave evidence of a number of trips, days out and experiences over the year.
- There was little evidence to show how the person would be supported to develop and pursue interests in the future. This was discussed with the registered manager who told us they had some ideas which needed to be formalised into a plan.

#### Improving care quality in response to complaints or concerns

- Documentation of how complaints were addressed lacked detail about how learning was drawn from the findings of investigations.
- Key people in the person's life told us they knew how to raise a complaint if they needed to.

#### End of life care and support

- At the time of our inspection the service was not supporting anyone with end-of-life care.
- Basic information had been sought about the person's possible wishes at end of life. Further information was needed with the support of people close to the person.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. 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

- Governance systems to ensure the safety and quality of care provided had not identified many of the concerns we had noted at inspection. For example, there was no risk assessment in place for staff not always wearing a mask around the person.
- Checks on support offered at induction had not identified a staff member who had only had one opportunity to shadow a shift. Support mechanisms had not identified the staff member was not aware of some known risks to the person, or that they had not initially read the care plan.
- Governance systems had not identified access to surveillance monitoring equipment was not restricted to the designated staff.
- Checks on recruitment processes had not noted the need to seek health information from prospective staff.
- Quality assurance checks on care plan documentation had not identified some information was missing or in need of updating.

Governance systems were not robust and had failed to monitor and improve the quality and safety of the service provided. This placed people at risk of harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

During the inspection the registered manager and the nominated individual responded promptly to many of the concerns identified. They began work on improving systems to promote more effective monitoring of the quality of care provided.

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

- The views of important people in the person's life had been sought regarding the quality of the care provided. However, it was not clear how this information was used to improve their care.
- A key individual in the person's life told us they had not been invited to participate in reviews of the person's care.

Continuous learning and improving care; Working in partnership with others

- The registered manager and nominated individual had not always ensured policies and procedures were updated in line with national policy. For example, the business continuity plan for the service referenced

COVID-19 guidance from 2020. Although staff were aware of updates in national guidance in this area, they could not rely upon the business continuity plan in the event of a crisis. This could delay staff response to a crisis if one arose.

- A professional who had been working alongside the service told us they had not always been kept up to date with aspects of the person's care. For example, they had not been aware of some restrictive practices.
- Staff had ensured the person had their annual medical checks and also received other appropriate health care support as needed.

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

- Further work to demonstrate how the person and those important to them were included in the planning and development of their care was needed. For example, the care plan did not show how the person had been involved in its development.
- Staff told us they felt valued and supported by the registered manager. One staff member told us, "I have never had a manager as nice as her. In this service we are a family, not just a company." Another staff member said, "If I have concerns, I feel confident to speak to the manager."
- Staff said the manager was always easy to get in touch with and very visible in the service. One staff member told us, "If you have a question or concerns, we can ask the manager 24/7 even at night."

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

- A duty of candour incident is where an unintended or unexpected incident occurs which results in the death of a person using the service, severe or moderate physical harm or prolonged psychosocial harm. When there is a duty of candour event the provider must act in an open and transparent way and apologise for the incident.
- There had not been any instances related to the person receiving regulated activity which required the service to apologise for something which had gone wrong.
- The registered manager demonstrated they understood their duty of candour responsibilities.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed the person at risk of harm.</p>