

Altruistic (North Kent) Ltd

Pure Life Homecare

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Pure Life Homecare is a domiciliary care agency. It provides personal care to people living in their own houses and flats. At the time of the inspection the service was providing care for 34 people, including people with physical disabilities, mental health problems and people living with dementia. The service was provided in Canterbury, and surrounding areas.

Not everyone using Pure Life Homecare receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

Since the last inspection the provider is no longer involved with the franchise 'Expertise Homecare' and has changed its name to Pure Life. The legal entity of the service remains unchanged.

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

We found there were two breaches of regulations which had continued since our inspection in January 2019. Improvements had been made in some areas, but further improvements were needed.

People were not always fully protected from risks. Risks to people continued not to be fully assessed and there was limited guidance in place to make sure risks were kept to a minimum.

Governance and performance management systems were not always effective. The quality of information in people's care plans varied. The service was not always well led as systems to monitor the quality and safety of the service had failed to identify and address the areas of concern we found during the inspection.

People's care plans needed developing to show how person-centred care needed to be delivered in a way that people preferred and suited them best. There was a lack of guidance within care plans to support people with their medical and health conditions. There was no information in people's care records to show how the staff explored people's preferences and choices in relation to end of life care. Some people told us they were did not have access to their care plans. The manager had identified this shortfall and was addressing the issue. Other people and their relatives told us they were involved in and directed the planning of their care and support they needed.

Staff received mandatory training. However, staff had not received training to meet people's specific and specialist needs such as epilepsy, behaviours that can be challenging and end of life care and support. We have made a recommendation that staff receive the training they need to carry out their roles effectively and safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported

this practice. However, the procedure to assess people's capacity to make decisions was not always clear or completed accurately. We have made a recommendation to ensure people's capacity is assessed in line with legislation.

There were enough staff deployed to give people the care and support that they needed. On the whole people told us they had the same team of staff who arrived on time. The manager was aware of this and new staff had been employed to make sure people received care from a consistent staff team,

Improvements had been made when new staff were recruited, and this was now managed safely to make sure only suitable staff were employed to provide care and support to people. People's complaints were now responded to in a timely way. People knew how to complain and felt confident they would be listened to. People received their medicines safely and as prescribed by their doctor. Lessons were learnt when things went wrong, and action was taken to prevent the risk of re-occurrence.

People's needs were assessed before they started using the service to make sure staff could deliver the care they needed. Staff were regularly supervised, and the manager checked that staff were undertaking their roles safely and effectively.

People were supported to access healthcare services when needed and were protected from the risks of developing infections. When staff prepared meals for people, they were supported to have a range of nutritious food and drink that they had chosen.

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

Rating at last inspection

The last rating for this service was requires improvement (published 14 January 2019). The service remains requires improvement. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, enough improvement had not been made and the provider was still in breach of two regulations.

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

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified two breaches of the regulations at this inspection in relation to, the assessment of individual risk, and the monitoring of quality and safety.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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 effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

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 ●

Pure Life Homecare

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 team consisted of one inspector.

Service and service type

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

The service did not have a manager registered with the Care Quality Commission (CQC). There was a manager at the service and they were in the process of registering with the CQC. They had been in post since September 2019. Prior to this they worked at the service as a care co-coordinator. This meant that at the time of the inspection the provider was legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

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

Inspection activity started on 8 January 2020 when we visited the office location. On 21 January 2020 we contacted people and relatives by telephone.

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 the information we already held about this service, including details of its registration, previous inspection reports and any notifications of significant incidents the provider had sent us. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who use the service and two relatives about their experience of the service. We spoke with the provider, the manager, two management support staff who were also carers, and two care staff. We reviewed a range of records. This included four people's care plans and associated 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 surveys and quality assurance records.

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

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Risk to people's health, safety and welfare were not consistently assessed, identified and monitored. Some areas of risk had not been considered, which meant that measures were not always in place for staff to keep people safe when delivering care
- Risk assessments were not in place where people had health conditions, which carried potentially serious risks such as epilepsy. When people were at risks of falls or developing pressure sores there was limited guidance in place to ensure staff knew the best action to take to keep risks to a minimum. Other people sometimes became anxious and had behaviours that could be challenging. There was no individual guidance in place on how to manage behaviours in a way that was safe and to make sure people were getting the support they needed in a way that suited them best.
- There was a risk that staff would not know what action to take if these risks occurred. Staff did not have training in some of these areas. A relative told us that staff had difficulty in supporting their loved one and they often had to 'step-in' to support staff

Individual risks relating to the health, safety and welfare of people had not been robustly assessed. This was a continued breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- All the people and relatives we spoke with told us they always felt safe with the staff. One person said, "I feel very safe, I trust them. They (the staff) take great care." Relatives said, "They (the staff) know what to do."
- People's environment was assessed and reviewed to ensure it was suitable and safe for people and staff.

Staffing and recruitment

At our last inspection the provider had failed to operate effective recruitment procedures. This was a breach of Regulation 19 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 19.

- Staff were recruited safely. Gaps in employment history were explored and references obtained before staff were allowed to work alone with people. Proof of identification was checked. Disclosure and Barring service (DBS) checks had been completed which helped prevent unsuitable staff from working with people
- Enough staff were employed to make sure people received the care and support they needed. Staff told us, on the whole there was enough staff to provide safe care and generally they visited the same people regularly. People and their relatives told us that for most calls they had a consistent team of staff who knew them well. However, there had been some issues with late evening calls. People said they were unsure which staff would be coming. After the inspection the manager told us that this issue had now been resolved and new staff had been recruited to cover the later calls. The manager told us they continued to recruit new staff to try to maintain suitable staffing levels so extra support could be given if people's needs changed.
- The people we spoke with said staff usually arrived on time and if staff were delayed then they were contacted. An electronic system was used to make sure people received the visit and staff stayed for the agreed duration of the call. One person told us: "They have never missed a call. I have the same team of staff, so I always know who is coming."

Using medicines safely

At our last inspection we recommended the provider consider current guidance on administering medicines and act to update their practice. The provider had made improvements.

- Peoples medicines were managed safely. Some people did not need support from staff to take their medicines and other people needed prompting. Some people needed assistance, for example, for staff to get their medicines ready for them to take themselves. Others needed full support from staff to take their medicines
- Medicine administration records (MARs) were in place and were signed by the staff when medicines were given. One person told us, "The staff always give me my tablets in the morning and they sign a chart."
- Staff had received training on how to administer medicines safely. They had regular refresher training and their competencies were checked by a senior member of staff.
- The manager had developed and implemented systems to make sure people received pain relieve safely and consistently
- Regular medication audits were completed to ensure people received their medicines safely. If any errors or mistakes were identified or reported action was taken by the manager. Investigations took place, staff were retrained, and their competencies checked.

Learning lessons when things go wrong

- A system was in place to record accidents and incidents. Incidents and accidents were reported by staff in line with the provider's policy.
- The manager reviewed any accidents and incidents and looked for any patterns or trends to prevent any re-occurrence.
- The manager took steps to ensure that lessons were learned when things went wrong. When a person had regular falls the manager investigated and took action to have the flooring replaced to a non-slip surface. The falls had stopped.

Systems and processes to safeguard people from the risk of abuse

- People said that they felt very safe with the staff who came to visit them. One person told us: "I definitely feel safe. I am very confident and comfortable with the staff."
- Staff were trained to recognise and respond to potential abuse and the manager demonstrated knowledge of the local safeguarding procedures.

- The manager and care staff knew what to do if they suspected or witnessed if someone had been abused. Staff said in the first instant they would report anything suspicious to the manager and they were sure action would be taken. They also knew how to report to the local safe guarding team.
- The service had notified us about allegations of abuse; the records showed this was dealt with properly and the people involved were protected.

Preventing and controlling infection

- Staff had training to make sure they understood the precautions they should take to prevent the spread of infection.
- The provider made sure enough personal protective equipment was available for staff to use, such as disposable gloves and aprons.
- Infection control checks took place in people's when necessary. New checks had been but in place for checking that people food was in date and microwaves were clean.

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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff demonstrated they understood the principles of the MCA, supporting people to make choices when people were unable to make their own decisions. Staff had received training in this area to promote their understanding of the act.
- People confirmed the staff always asked their consent before providing their care. People, or their representatives where appropriate, had signed and consented to the care and support to be provided.
- Best interest meetings were organised when people did not have capacity to make important decisions about their care and treatment.
- The manager did not always record consent to care and treatment in line with legislation and guidance. It was not always clear how decisions around people's care had been made and/or agreed, as this information was not captured or included in people's care records.

We recommend the that mental capacity is assessed and recorded in line with legislation.

Staff support: induction, training, skills and experience

- Staff had not received all the training to make sure they had the skills to meet people's specific care needs. Staff had not completed epilepsy awareness training or training in supporting people at the end of their

lives. Care and support was provided by staff to people who had these health care needs. Staff were able to explain how they cared for and supported people and the action they would take to make sure people would the intervention they needed.

- The provider and manager told us they would arrange the additional training.

We recommend the provider, sources reputable training for staff in specialist areas.

- Staff had received additional training in some areas, such as how to safely support people who were receiving oxygen therapy to help them breath.
- Staff received mandatory training and had regular updates. Staff were encouraged to improve their skills and continuously develop. Staff were supported to undertake extra qualifications to enhance their skills.
- Initially newly recruited staff received an induction staff worked alongside experienced members of staff until they had completed their basic training. They said they had got to know people and how they liked to be cared for and supported.
- Staff told us they received regular supervision and an annual appraisal with the manager or a senior member of staff. Staff practice was observed by senior members of staff to make sure they were safe and effective in caring and supporting people. Staff told us the manager was approachable and supportive.

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

- People's needs were assessed before they began to use the service to make sure people's needs and wishes could be met.
- The new manager was re-assessing all the people who used the service. This was to make sure all their care and support needs had been identified. Care was then planned and delivered to people in the way they had chosen and suited them best.
- People and their relatives told us they were involved in sharing important information and agreeing to scheduled times for their care calls.
- People's protected characteristics under the Equalities Act 2010, such as religion, sexuality and culture, were recorded. The manager told us they discussed people's preferences with them and the staff team. People's rights were respected, and their diverse needs were supported in a way that made sure they were not discriminated against.

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

- People's nutritional and hydration needs were met. Some people did not need support with their meals or planning a nutritious diet as family members made their meals.
- Those people who did need staff assistance chose what food they wanted. Where people required support with their meals and drinks, this was agreed with them. One person told us, "Staff get my breakfast ready and always ask what I'd like. Another person told us, "Staff always make sure I have a drink close at hand before they go.
- When people were at risk of not eating or drinking enough the staff monitored their diet and fluid intake. They reported any concerns to people's relatives or their doctor.

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

- People were supported to maintain good health and were referred to appropriate health professionals as required. For example, their GP, a district nurse or Occupational Therapist. Staff adhered to advise and guidance
- People accessed healthcare services themselves or with the support of their relatives. Staff told us if they had concerns about people's health they would offer to telephone their GP on their behalf, or inform their relatives. One person told us, "The girls (staff) call the doctor if I need one. They always make sure I am OK."

- When one person was transferred from another Domiciliary agency to Pure Life , the staff from both services worked together to make the transition was a smooth as possible.
- The manager and staff were aware about the importance of oral health for people. Staff supported people to ensure they had good oral hygiene.

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 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

- People received kind and compassionate care and staff had built positive, meaningful relationships with people.
- People and their relatives were positive and praising about the care provided. One person said, "I suddenly needed extra help and I was given it at the drop of a hat. The girls (staff) said, 'We are going to look after you', and they did." Another person told us, "The staff help me. They are good. They know what I need. They listen to me."
- The provider recognised people's diversity and they had policies in place that highlighted the importance of treating everyone equally. People's diverse needs were known and respected by staff. Staff told us they treated people as individuals and respected their choices.

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

- People were involved in day to day decisions and had control over how their care was provided. Where appropriate relatives were also involved in decisions about people's care.
- Staff demonstrated a good knowledge of people's communication needs and how to support them to be involved in their care and support.
- Some people told us the manager had visited them to discuss their and support needs and ask about their views of the service.
- People had a choice about who gave them support that they needed. The manager tried to match staff with people. If people decided they did not want a certain member of staff to visit them then their wishes were respected.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity and respect when meeting their care needs.
- People said, "It's not very nice having to be washed but they [staff] do it well" and "I feel my privacy is respected, the [staff member] who helps me is very good." Another person said, "The staff don't intrude but support. They give me confidence and encourage me to do things for myself."
- Staff understood the importance of maintaining people's privacy and dignity. One staff member told us, "I let people do what they can in personal care, I explain what I'm doing and how and check this OK for them. I keep it private. I don't want them embarrassed or make them feel uncomfortable."

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.

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

- People's care plans varied in detail. Some care plans did not give information to staff about people's personalised care needs such as dementia and epilepsy. This meant staff did not have information to rely on to give consistent care and support. Other plans contained detailed information about people preferred to receive their care and support.
- The provider used an electronic care planning system, which linked to electronic devices carried by staff. This enabled staff to confirm care was delivered in line with the care plan during the visit. The system had recently been changed and had yet to be fully imbedded.
- Some people and relatives told us they did not have access to their care plans and did not know what information was in them. Other people said they did have a care plan which they had been involved in developing. The manager had identified this as a shortfall and was in the process of reviewing and updating people's care plans. Checks were being made to make sure everyone had a copy of their care plan at their home.
- Staff communicated electronically to update each other on changes to people's needs. However, there was a risk that this information would not lead to an update in peoples care plans. This was an area for improvement.
- People and relatives told us they received the care they needed in the way they preferred.

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.

- People's care plans contained minimal information about their communication needs. The provider informed us they were able to produce documents in other formats if required, but stated they had not yet needed to produce care plans in line with AIS.
- Most people were supported by family members or friends who helped them to understand information on a day to day basis if they needed it.

We recommend that the provider ensures that people are given information about their care and support in a way they can understand.

End of life care and support

- People had been and were being cared for and supported at the end of their life.

- Staff worked in partnership with healthcare professionals to ensure people to have a comfortable and dignified death.
- People's end of life wishes were not fully recorded in their care plans. The manager told us these were being further developed to make sure people received the care and support they needed at this time of their lives.
- Staff had received some training in how best to support people at the end of their lives. Staff told us they thought extra training would be beneficial to the care and support they gave people and their relatives.

We recommend that the provider sources further reputable end of life training for staff and that peoples end of life wishes are recorded.

Improving care quality in response to complaints or concerns

At our last inspection the provider had had not ensured all complaints were investigated without delay.

This was a breach of Regulation 16 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.

- The provider had an appropriate complaints procedure in place. It explained how people and their relatives could complain about the service and how any complaints would be dealt with. People were given a copy of the complaints procedure when they started using the service.
- People and their relatives told us they could confidently raise any concerns with staff or the manager.
- There had been no formal complaints raised since the last inspection. People told us that when they had raised concerns these had been dealt with immediately by the manager. They said they felt listened to and were taken seriously.

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

- Staff knew people well and supported them to continue to participate in activities they enjoyed. The feedback from people and their relatives was positive.
- People were supported to go out and do activities they enjoyed to reduce the risk of social isolation and enhance their wellbeing.
- When people were at risk becoming lonely and isolated social calls were arranged so they would have company and the opportunity to go out. People were supported to attend local groups and meet other people in similar situations.
- A person said, "I feel like I am a normal person again when I am out with the girls(staff). I can relax and do the things I have always done. It keeps me going until next time."

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 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.

At our last inspection the provider failed to have systems and processes to effectively monitor the quality and safety of the service being delivered. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found the provider had not made enough improvement in this area and they continued to be in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- We identified shortfalls at the inspection that had not been addressed by the provider. Since the last inspection the registered manager of the service was no longer in post. A new manager was appointed in September 2019 who knew the service, people and staff group. They were in the process of applying to be registered with CQC.
- The manager and provider had recognised that there were shortfalls in certain areas. At the time of the inspection the manager had commenced audits and quality assurance checks and some improvements had been made, however there were still shortfalls in meeting the regulations.
- All risks had not been identified and mitigated. People were at risk of not receiving person centred care as their needs had not been fully identified and they did not know what was in their care plans. Records, such as risk assessments, care plans and mental capacity assessments were not up to date.
- Staff had not completed specific training to meet the needs of people's specialist needs.
- The provider had failed to identify that people's mental capacity had not been continually assessed in line with legislation.

The provider failed to ensure the systems in place to regularly assess and monitor the quality and safety of the service. This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.
- Ratings from our last inspection were displayed in the office in line with regulations. At the time of the inspection the provider did not have a web-site to display their rating.

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

- The majority of people and relatives we spoke with told us they thought the service was well managed. They only had positive comments to make. They said the phone in the office was always answered promptly when they rang and the staff responded to queries. One person said, "I can phone any time if I need to talk. They (staff) are a tower of strength for me."
- Relatives told us that the staff were good, kind and caring. One relative said, "There is no problem contacting staff even at weekends. They are always helpful" and "The staff have never let me down. The two girls (staff) we have got are good."
- People and their relatives told us staff were always helpful and knew them well, creating a relationship based on trust. This meant they were confident in raising concerns if they had them and were sure they would be listened to.
- Staff were confident about the new manager and the management team. They told us that staff moral had improved and they felt listened too.
- The provider and manager were eager to develop the skills and knowledge of the staff. They offered extra support for staff if it was needed. The provider offered free counselling sessions if staff were experiencing personal difficulties that affected their work and well being. The provider and manager spoke about valuing and promoting the staff team so they in turn would deliver a high standard of care to people receiving the service.

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; Continuous learning and improving care

- The provider had systems in place which demonstrated the service was open and honest with people when things went wrong.
- The provider and manager demonstrated openness and honesty throughout the inspection process. They were fully aware of their responsibilities for monitoring and improvement of the service.
- The provider and manager where necessary, had undertaken detailed and transparent investigations into incidents, safeguarding and accidents and there was evidence of lessons learnt to help improve.

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

- People were engaged and asked their opinions. There was an open-door policy when people, relatives and staff could give their opinions about the service and share their views at any time. People told us that they always got a response from the office when they had query.
- The provider and manager were committed to promoting an inclusive ethos. The manager met and spoke regularly with staff. Staff said they were able to feedback their views and suggestions. Staff told us they were listened to and Pure Life was a good place to work. Staff meetings had been introduced monthly so staff had the opportunity to discuss their roles and learn from each others experiences.
- People told us they knew the manager and had confidence in them and the staff. One relative said, "Not only do they support (my relative) but they really help me too."
- Questionnaires were regularly sent to people, relatives, professionals and staff. The most recent questionnaires had been sent in 2019. The feedback had been positive. This feedback had not yet been passed on to all people involved.

Working in partnership with others;

- The manager and staff worked with other agencies to provide 'joined up' care and support for people. The manager had connections with the wider community and other local organisations.
- Staff communicated with a range of health professionals and other community agencies to ensure that people's needs were considered and understood so that they could access the support they needed.

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>Individual risks relating to the health, safety and welfare of people had not been robustly assessed.</p> <p>This was a continued breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to ensure the systems in place to regularly assess and monitor the quality and safety of the service.</p> <p>This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>