

Purity Care Ltd

Purity Care

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	●

Overall summary

We carried out an announced inspection on 5 August 2015.

Purity Care provides personal care services to people in their own homes. At the time of our visit the service was supporting 10 people. This was the first inspection since the service registered at this location.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Some people's care records contained information that was inaccurate and out of date.

There were no systems in place to monitor the quality of the service and issues we found during the inspection had not been identified. There was no system to monitor missed or late visits.

Summary of findings

Medicines were not always managed safely and systems were not in line with the organisations medicines policy.

Care staff, who visited people in their homes, had a caring attitude and people were complimentary about care staff supporting them. People were positive about the registered manager and her caring nature.

Care staff received regular supervision and felt supported. Care staff told us the registered manager was responsive and approachable. Care staff did not receive annual appraisals. We have made a recommendation relating to appraisals.

The registered manager worked closely with health professionals. Ensuring people had access to appropriate health professionals when needed.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

People's medicines were not always managed safely.

Where risks were identified there were no management plans in place to identify how risks would be managed.

Staff had a clear understanding of their responsibilities to report concerns relating to abuse.

Requires improvement



Is the service effective?

The service was not always effective.

Staff were not aware of their responsibilities in relation to the Mental Capacity Act 2005.

Staff received regular supervisions, however staff did not receive appraisals.

People were referred to health professionals when needed.

Requires improvement



Is the service caring?

The service was caring.

People were positive about the caring nature of the staff.

People were involved in their care and support was provided in the way people wanted.

Care staff understood the importance of building relationships with people when supporting them in their own home.

Good



Is the service responsive?

The service was not always responsive.

People's care plans did not always contain accurate, up to date information.

People felt comfortable to make a complaint and that they would be listened to.

Questionnaires were sent out to seek feedback from people about the service.

Requires improvement



Is the service well-led?

The service was not always well led.

There were no audits in place to enable the service to identify issues and areas for improvement.

There was an open culture that was person centred.

Requires improvement



Summary of findings

Health professionals were positive about the registered managers approachability.	
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Purity Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 5 August 2015. The inspection was carried out by two inspectors. Notice of the inspection was given to make sure the registered manager would be there. At the time of our inspection the provider was supporting ten people living in the community.

During our inspection we looked at five people's care records, three staff files and a range of records showing how the service was managed. We spoke to the registered manager and two care staff.

Before the visit we looked at notifications we had received. Providers tell us about important events relating to the care they provide using a notification. This enabled us to ensure we were addressing potential areas of concern.

Following the inspection we spoke with two people who used the service and two relatives. We spoke with three health care professionals.

Is the service safe?

Our findings

Before people began using the service, an assessment was carried out. This included assessing any risks relating to people's needs. Risks identified included; continence, moving and handling, pressure sores and pain. However, where risks were identified there was no management plan in place to identify how the risk would be minimised. For example one person was assessed as at risk of falls as they were unable to weight bear. There was no detail as to how this risk would be managed when providing support for the person.

Medicines were not managed in a way that ensured people received them safely and were not managed in line with the providers medicines policy. One person's care plan stated they needed support with their medicines, however the care plan contained conflicting information about how often the person required support. Medicine administration records (MAR) did not contain details of the medicines prescribed and were not always completed accurately. We could not be sure people were receiving their medicines as prescribed.

Care staff told us they received medicines training, however there was no record of staff competency being assessed to ensure they were competent to administer medicines. The provider could not be sure that staff had understood the training and was following the providers medicines policy, which put people at risk of not receiving their medicines as prescribed. We could not be sure staff were competent to administer medicines safely.

These issues are breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives told us they felt safe. One relative said, "I feel very comfortable with [care staff] at home, I know [relative] is safe with them".

Care staff received safeguarding training and were clear about their responsibilities to report any concerns relating to abuse. One member of staff said, "I would need to report it to [registered manager]". Care staff knew where to report concerns outside of the organisation, including the Care Quality Commission (CQC).

There was a safeguarding policy and procedure in place. The registered manager had reported safeguarding concerns to the local authority safeguarding team and had taken appropriate action to safeguard people. The registered manager had followed disciplinary procedures where a member of care staff had been identified as supporting people in a way that was not safe.

People told us care staff arrived on time and provided all support identified in their care plans. People told us on the rare occasions care staff were late, people were contacted and advised. Care staff told us they had sufficient time to meet people's needs and were allocated enough travel time between visits.

Care staff were sent their work schedules weekly and were sent a text confirming and advising of any changes on a daily basis. Care staff told us schedules were clear and where two care workers were needed to meet people's needs there were always two staff allocated the visit.

The registered manager operated safe recruitment practices. Recruitment records showed that all relevant checks were carried out before staff began working in the service. One staff file only included one reference. We discussed this with the registered manager who told us a second reference had been received and they would ensure it was put in the staff file. Staff files included a disclosure and barring service (DBS) check. These checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people.

Is the service effective?

Our findings

People's rights and choices were not always supported because care staff did not have an understanding of the Mental Capacity Act (2005) (MCA) and associated codes of practice. Staff had not received training in the MCA were not able to tell us about how they worked to the principles of the Act.

People's care plans did not contain information relating to their capacity. For example, one person's care plan contained information from the local authority advising the person's capacity to make decisions fluctuated and that when the person lacked capacity, decisions should be made in their best interests. However there was no information relating to the person's capacity in their care plan. There was no record of a best interest process being followed.

One person's care plan contained a consent form signed by a relative. There was no record of the person lacking capacity or giving permission for the relative to sign on their behalf. We spoke to the registered manager who told us the relative did not have a power of attorney to make decisions on the person's behalf. The registered manager told us "[Relative] likes to make decisions for [relative]". This does not follow the principles of the Mental Capacity Act.

These issues are breaches of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives were positive about the service they received and the skills and knowledge of the staff providing support. Comments included; "They [staff] are trained well" and "Definitely well trained".

Staff told us they received an induction which included shadowing other staff until they felt confident to work alone. Staff had completed training which included; food hygiene, infection control, moving and handling and person-centred care.

Staff felt supported and received regular supervision. The registered manager carried out regular unannounced spot checks to monitor staff skills and knowledge. Staff told us they received feedback and were helped to identify training needs.

There was a supervision and appraisal policy in place. Staff received supervision in line with the policy but staff had not received appraisals. We have made a recommendation in relation to appraisals.

People's care plans identified where they needed support with meal preparation. Daily records showed people were given a choice of what they would like to eat. There were no details relating to any special dietary requirements. We spoke to the registered manager who advised us they were not supporting anyone who required specialist support relating to eating and drinking.

People had access to health and social care professionals when needed. This included occupational therapists, district nurses and social workers. People's care records showed when there had been discussions with health professionals and any advice and guidance given.

Health professionals told us the registered manager contacted them appropriately. Comments included: "They are very proactive with letting us know things", and "[The registered manager] is professional, she will ring if any queries".

We recommend the service finds out more about appraisal systems, based on current best practice.

Is the service caring?

Our findings

People told us care staff and the registered manager were kind and caring. Comments included: "Staff are caring and the best one I've had so far and I have had many before" and "The care has been excellent". Relatives were complimentary about the caring nature of care staff. One relative told us, "Staff are very caring".

Health professionals told us they received positive feedback from people about the caring nature of the care staff. One health professional said, "When you mention 'Purity Care' to people they like them. They [Purity care] are very pleasant; the staff and manager".

People and their relatives told us they had regular care staff and had got to know them well. One relative said, "I feel comfortable with them [care staff]".

People felt they were treated with dignity and respect. One person said, "Oh yes, definitely with dignity and respect". One relative told us, "They encourage [relative] to do things, like change his clothes. Sometimes he does not feel like having a shower, they would respect his wishes and offer a wash instead".

Care staff we spoke with understood the importance of building relationships with people and clearly enjoyed getting to know people. One member of the care staff said,

"When you know people well you can pick up on any issues and changes". Staff spoke with kindness and respect when speaking about people. Care staff understood the importance of encouraging people to be involved in their care.

One health professional told us how the care workers had built trust with one person and their relative. The relative would now leave the care workers to support the person which the relative had not felt confident to do with any other care agency.

During the inspection we heard the registered manager speaking on the telephone to a relative who was clearly distressed. The registered manager showed great empathy and understanding, calming them and asking questions about the person's condition. The registered manager was kind and supportive, reassuring the relative and making sure they were calm before finishing the call.

Care plans showed people were involved in their care. There were details of what people wanted to do for themselves and what support they needed. People told us the registered manager frequently visited to check people's needs were being met and to talk with them about any changes they might need.

Is the service responsive?

Our findings

People's care plans did not always contain accurate, up to date information. For example, one person's care plan contained an assessment from the local authority social services. The assessment included information relating to the person having reduced mobility and lack of coordination. This information was not included in the person's care plan.

People were at risk of not receiving the most appropriate support because care plans did not always have information relating to people's specific needs. For example one person's assessment identified the risk of pressure area care as high. There was no detail in the care plan about how this was being managed. We asked the registered manager whether any action had been taken to reduce the risk of pressure damage. The registered manager told us the person had a pressure relieving cushion which staff made sure was in place. This was not in the care plan.

People were at risk of not receiving support that recognised them as individuals. Care plans did not always contain information that was personalised. Assessments were carried out using a 'tick box' form and were task focused. Care plans did not contain information about the person's likes or dislikes. Care plans did not always contain information about the person's life history and what was important to them.

These issues are breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us the service was responsive to their needs. One relative told us, "They're flexible, they can arrange extra help if needed. When I went into hospital they came in the evenings to check on [relative]".

Health professionals told us the service responded to people's changing needs. Comments included, "They're flexible and would help us if we need to do a joint visit" and "One of my clients had a fall, they [Purity Care staff] went in and stayed with them, it's more person centred than others agencies".

Care staff told us how they included people in their care and the importance of ensuring support was provided in the way people wanted. One care worker told us the registered manager was clear with staff that care was always 'client specific'. Care staff felt care plans contained enough information about people to enable staff to provide support needed, but that getting to know people and building relationships was important.

People told us they knew who to contact if they had any concerns. One relative told us, "If I had any concerns I would be comfortable to raise them, but I have had no reason to do that". Complaints records showed complaints had been dealt with in line with the complaints policy and to the satisfaction of the person raising the complaint. The registered manager had taken action following a complaint to ensure all staff were aware of the policies relating to visiting people in their homes.

A quality assurance questionnaire was sent out every 6 months. Responses to the most recent survey showed people were satisfied with the service and included many positive comments.

The registered manager regularly called and visited all people using the service to gain feedback about the service.

Is the service well-led?

Our findings

There were no auditing systems in place to monitor the quality of the service in order to improve and develop. For example, care records were not regularly reviewed and issues we found during the inspection had not been identified. Medication records were not audited when they were brought into the office and issues had not been identified. For example, records relating to the application of a person's cream were incomplete and had been recorded on a form named, 'Antibiotics Administered/ prompted Record'. The registered manager told us there was a form for cream administration and the wrong form had been used for this person.

People were at risk of late or missed visits not being identified and rectified as there was no system to monitor or record missed or late visits. The registered manager relied on people or care staff telephoning to advise if visits were late or a visit had been missed. No one we spoke with had experienced a missed visits and were notified if visits were late. However, we could not be sure people had not experienced late or missed visits.

These issues are breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Health professionals were complimentary about the service and the registered manager. Comments included: "They're excellent"; "Can't fault them at all" and "[Registered manager] is very good with keeping in touch, letting me know if there are issues".

Care staff felt supported by the registered manager. One care worker told us, "[Registered manager] is a fantastic boss. Quick to correct you and quick to praise you".

There was an open culture and care staff felt comfortable to raise any issues or concerns with the registered manager. Care staff were confident that any issues would be taken seriously and dealt with immediately. Staff were aware of the organisations whistleblowing policy.

There were regular staff meetings that gave staff the opportunity to discuss issues. For example one person had asked a member of staff to provide a meal containing out of date food. The meeting enabled staff to discuss and feel supported to explain to people when they were unable to provide what the person wanted.

The registered manager identified their own development needs and was working towards a Level 5 Diploma in Leadership for Health and Social Care. The registered manager was aware of the introduction of the Care Certificate and was accessing training at a local college for new staff. The Care Certificate identifies set of standards for health and social care workers to give them the skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

The service had an Accident and Incident Policy and appropriate systems in place to record accidents and incidents. There had been no accidents or incidents at the time of the inspection.

There were systems in place to respond to emergency situations. This included bad weather and staff being unable to attend work.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. 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>Risks to service users were not always assessed and the provider did not always take reasonable steps to mitigate risks.</p> <p>Medicines were not always managed safely.</p> <p>Regulation 12. (1), (2), (a) (b) (g).</p>

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA (RA) Regulations 2014 Need for consent</p> <p>The provider did not ensure care and treatment of service users was provided with the consent of the relevant person. Regulation 11, (1), (2).</p>

Regulated activity	Regulation
	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider did not ensure systems were established and operated effectively in relation to maintaining an accurate and complete record in respect of each service user. There were no effective quality assurance systems in place. Regulation 17 (1), (2)(a), (b), (c).</p>