

Purestar Homecare Resources Limited

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## 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?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We last carried out a full inspection at this service on 24 June 2016 when we found that the provider was not meeting regulations regarding the recruitment of staff and governance. We carried out a follow up inspection on 27 October 2016 to look at whether the required actions had been taken to address these issues. At that inspection we found that the appropriate actions had been taken to ensure that the requirements of the law were being met. At this inspection which took place on 01 and 06 September 2017 we found that the registered provider had failed to ensure staff were suitably trained to ensure care was provided safely at all times.

Purestar is a domiciliary care agency registered to provide personal care to people living in their own homes. At the time of our inspection there were six people using the service. Support is provided to people who may have physical disabilities, learning disability or mental health needs. The service supports people who require support with personal care needs at various times of the day.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Not all people were able to take their own medicine and were supported by staff who had not completed training.

Although staff had been shown how to use the hoist they had not been provided with training from a source that was up to date with current good practices and who could show they were trained to provide training. This showed that the provider had failed to ensure staff had the relevant skills and competence to provide safe support at all time as training had not been completed by staff.

Risks assessments were personalised to people's needs so risks associated with people's care were reduced and people had been involved in the planning of their care and received support in line with their care plan.

People were supported to make choices and were involved in the care and support they received. The provider took actions to ensure people's legal rights were protected.

Staff supported people in a way that met their individual needs and preferences. Where appropriate people were supported to access health and social care professionals.

Staff was caring and treated people with dignity and respect. People's choices and independence was respected and promoted and staff responded to people's support needs.

People, relatives and staff felt they could speak with the provider about their worries or concerns and felt they would be listened to and were confident changes would be actioned if needed.

The provider quality assurance and audit systems in place to monitor the care and support people received to ensure the service remained consistent, were ineffective.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not always safe.

People were protected by a staff team who understood how to reduce the risk of incidents related to their care and support, and were able to recognise and escalate safeguarding concerns.

People were not supported with their medicine by staff who had received the appropriate training.

People were supported by staff that had been recruited safely.

### Is the service effective?

**Requires Improvement** 

The service was not always effective

Staff had not completed training to ensure that they had the relevant skills and knowledge to meet people's need safely or update their training when required.

Staff supported people's ability and choices about their day to day care and obtained consent in line with the principles of the mental capacity act.

People were supported to access to healthcare when required.

### Is the service caring?

**Good** 

The service was caring.

People were supported by staff they had developed a good relationship with and who were caring and kind.

People's privacy, dignity and independence was promoted by staff.

### Is the service responsive?

**Good** 

The service was responsive.

People were happy with the care provided by staff and it was responsive to their needs.

People felt any concerns raised were taken seriously and responded to appropriately.

**Is the service well-led?**

The service was not always well led

Auditing systems were in place but they did not always recognise areas that required improvements. Where they did identify the need for actions to be taken these were not reliably followed up.

The registered manager was aware of the short fall but had not acted appropriately to ensure people using the service received care by staff that had the skills to support people safely.

**Requires Improvement** 

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## **Detailed findings**

### Background to this inspection

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

At our last inspection comprehensive inspection on 24 June 2016, we found that the provider required improvements in all the five questions asked. We issued two warning notices in relation to Regulation 12; Safe Care and Treatment and Regulation 19; Fit and Proper Persons Employed. We also issued a requirements notice for Regulation 18; Staffing asking the provider to take action to meet requirements.

We completed a focused inspection on 27 October 2016 to assess compliance with the warning notices that had been issued. We found improvements had been made to demonstrate people received safe care and treatment, and improvements had been made in relation to the monitoring of the service. We saw that staff had appropriate checks in place in relation to recruitment and training for staff had commenced.

This inspection took place on 01 and 06 of September 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office when we visited. The inspection was undertaken by one inspector. We found at this inspection further improvements were required.

At the time of this inspection, six people were using the service and three staff were employed. During our visit we spoke with three people who used the service; two relatives; two staff; the registered manager and assistant manager.

We looked at three people's care records, complaints and compliments records. We also looked at the recruitment records of three care staff, minutes of staff meetings, completed satisfaction questionnaires

received by the provider and quality assurance records. Before our inspection we reviewed all the information we hold about the service. We had not received any notifications about the service. Notifications are required from the provider about their service in relation to accidents/incidents and safeguarding alerts which they are required to send us by law. We contacted the local authority and reviewed the information they provided to us.

## Is the service safe?

### Our findings

Staff spoken with told us they had access to risk assessments which they understood. Staff had developed an understanding with people over time so that they felt safe and reassured because staff knew them well. We saw that risks assessments had been completed, which included consideration of the environment and any activities which could pose a risk to staff or people using the service. We saw that risk assessments had been completed for one-person who required assistance with a hoist and although staff had been given guidance by the registered manager they had not been formally trained in moving people safely. While this person had not received any injury to date the risk of this happening was increased because staff had been trained fully.

People told us they received appropriate support with their medicines. One person said, "I take my own medicine but they will help if I need them too." Staff we spoke with told us that they had not yet had official training in supporting people with their medicine but had been shown what to do by the registered manager. However the registered manager had not completed training in the administration of medicines to ensure the guidance that was provided to staff met current legislation. There was only one person who needed support with their medicines and the majority of the time the registered manager covered this call. One person told us, "They [staff] will always ask me if I've had my medication, I do it myself but they always make sure." We saw detailed medication records that ensured staff had clear guidance of the medication people were taking. Creams were listed and staff signed the medication administration record to say these creams had been applied.

People told us they felt safe having support in their homes. One person told us, "I do look forward to the manager coming; she really looks after me well. She [registered manager] has been coming for a time; she is like a friend. The other staff are fine also no problem with any of them." Another person told us, "One thing about the staff that come, they are never late, I have never had a missed call and the manager has been out during the night when I have been in trouble. I feel very safe with them." A relative told us, "It gives me piece of mind that I know someone will be going to [named person]. As she [staff] knows [named person] really well I have no concerns."

Two staff we spoke with told us that they had had completed safeguarding training and were able to identify the signs that could suggest abuse. Staff explained their responsibilities to protect people and how they would report concerns. One staff member said, "When you get to know somebody and they behave differently, like they may flinch or pull back from a certain member of staff, then you begin to think something's not right." Another staff member told us, "If I had concerns I would contact my manager right away. I know I can also report to social services or CQC." We had not been notified of any safeguarding, but the registered manager was aware of the requirement to report to us and the local authority if there were concerns were raised.

People and relatives spoken with confirmed they were involved in planning their care and also discussed any risks associated with their care. We saw that people had received an initial assessment before receiving support from the service, to determine if the provider was able to meet the person's care needs. People



spoken with told us that they felt they were assisted safely by the staff. We saw that there were risks assessments in place to guide staff so people were supported to minimise any risk that had been identified. All staff were aware of the emergency procedures if they were not able to access a person's home. One staff member told us, "I would ask neighbours, the office or contact people's families and if necessary call the emergency services."

There were sufficient numbers of staff available to meet the needs of people. People told us that they always received their calls as planned. The provider had ensured that all the required checks were undertaken when employing staff. For example, all staff employed had a Disclosure and Barring Service (DBS) check prior to working with people using the service. This meant that there were sufficient numbers of staff that had been checked for their suitability to support people.

## Is the service effective?

### Our findings

People and relatives we spoke with told us that the quality of the support delivered by staff was consistent and met people's individual needs. One person told us, "The staff support me how I wish them to. As far as I am concerned they have the skills needed to meet my needs." Staff we spoke with told us that they received training from the registered manager and also they would look on 'you tube' to update their knowledge. YouTube is a free video sharing website that makes it easy to watch online videos. Both staff spoken with told us that they had completed safeguarding training and training in the Mental Capacity Act from E Learning. Other training such as first aid and manual handling was shown to them by the manager. One staff member told us, "I have asked for training, and I know at one point I was going to do this through E learning but then I have heard no more about it."

The registered manager told us that when staff joined the organisation she ensured that they attended visits to people's homes with herself, so she could show staff what to do. The registered manager told us that she would sit with them [staff] and ask them questions about different things after updating her knowledge from the internet. The registered manager had completed training in different courses previously but had no formal accredited training in the last five years and was not trained to provide training for example the registered manager would train staff manual handling and medication training but had not completed either of these course herself. This showed the registered manager had not updated their own training, so training provided to staff would not equip them with the skills and knowledge to ensure support was provided safely at all times.

This was a breach of regulation 18 of the Health and Social Care Act 2018 (Regulated Activity Regulation) 2014

Staff told us they had discussions with the registered manager during supervision and in staff meeting so they felt supported. Staff told us the manager is at the end of the phone at all times so we can contact her if we need too for advice or support.

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. One person told us, they [staff] always ask me what I want even if I am a bit forgetful." Staff told us if they had any concerns about people making day to day decision they would report to the registered manager.

Staff had relevant information about people's dietary and nutritional needs and where required supported people with their meals. One person told us, " They [staff] help me with my meals prepare breakfast and lunch the way I like it." Staff were clear about the action they would take if a person was not having enough to eat or drinking. One staff member told us, "I would always report any concerns to the office or a family member."

People told us family member would contact the doctor, attend appointments with them when needed. One person told us, I can ask staff for support if I need too,for example collecting my prescription, or making an appointment for me. This showed staff would support people if required.

## Is the service caring?

### Our findings

People spoke positively about the support they received. One person told us, "I have got nothing but praise for them." Another person told us, "The care that I get has been very good. I am very pleased with it." A third person told us, "I am very pleased with the support and have recommended the company to others." Relative's spoken with told us they felt that the care provided by the agency was good and one relative told us, "I would not change." Another relative told us, "Staff are kind and compassionate in the way they interact with my relative. It's not a case of them just coming in and doing the job they really do care."

People told us that staff knew them well and one person said, "They [staff] make me laugh. We have some good banter." People spoken with told us they were involved in make decisions about their care. One person told us, "They [staff] listen to me and take on board what I tell them. Some days I can do more and on other days I am able to do less for myself; staff will always check with me. They [staff] always maintain my dignity, not when they are helping me get dressed, but in general."

Staff told us it was important to treat people as individuals and ask what people wanted. One staff member told us, "People are encouraged to maintain their independence and do as much for themselves as possible. This gives them some dignity and choice." One person told us, "They [staff] respect my independence but also give me support when required." Staff we spoke with was positive about their role and the relationships they had developed with the people they supported. Staff were able to tell us about things that were important to the people they supported. A staff member told us, "I've been supporting [person's name] for a long time now and we get on very well." Staff gave us examples of how they ensured a person's dignity and privacy was maintained. For example, speaking with people respectfully, calling them by their preferred name, making sure people were covered up when supporting people with personal care.

## Is the service responsive?

### Our findings

Before people started using the service the provider visited them to assess their needs and discuss how the service could meet their wishes and expectations. From these assessments care plans were developed, with the person, who was asked how they would like their care and support to be provided. People told us that their plans were drawn up after discussion with them and taking into account their views and opinions as well as their needs. All the people using the service had done so for a number of years. One person told us, "The manager updates things as we go along so they know what I want." People and relatives spoken with told us that the staff discussed their care with them and they were involved in how they wanted this done. Relatives told us that staff continually asked their family member what support they wanted and never took it for granted.

Care plans seen contained details about each person's specific needs. For example, their personal care, moving and handling and dietary needs. Care planning was personalised and records included people's preferences and backgrounds. This covered, for example, what they wished to be called, how they wanted their care to be provided and by whom. One person preferred the registered manager to undertake their care. The person told us, "I have a very good relationship with the manager, she knows what I want and I can have an open discussion with her about anything. I feel very comfortable with her."

People and relatives told us that they would feel comfortable making a complaint and that they knew how to complain. Most people told us they had not had to make a complaint; comments included "I've never complained, I tell them what I like and what I don't," and "I've had absolutely no cause to complain, but if I did I'm sure they would sort it out straight away." A relative also told us, "We've no complaints." The provider told us that no complaints had been made and the people we spoke with confirmed that they had not any cause to complain about the service provided or staff.

People's views were sought on a daily basis. The same staff went to the same people and had done so for over four years providing continuity of care. People told us that they felt comfortable with the staff. One person told us, "I don't feel like I am using an agency because they have been coming so long, we talk about everything." A relative told us, "The communication is very good. I think sometimes they know more about [named person] than I do."

## Is the service well-led?

### Our findings

We saw that the provider had quality monitoring systems and processes in place and that some of these had been implemented effectively. These included staff recruitment, care reviews and satisfaction surveys. We also saw that the provider had plans for future quality monitoring, such as audits of care files, compliments and complaints as well as accidents and incidents. However the systems in place did not ensure that all staff had the required training, in line with best practice. For example manual handling and medication training.

The registered manager told us that although the staff that had left the organisation had completed E learning the current staff had not. Staff spoken with confirmed that training was provided by the registered manager but was not accredited to a trained individual who was skilled in providing training. Quality assurance audits completed by the registered manager showed that staff had not completed manual handling and medication administration however the audits were not used as a tool to ensure that action was taken when areas of improvements were required.

People we spoke with told us that they were 'very happy' with how the service was managed. One person told us, "I know if I have any problems, I can pick up the phone and speak with anyone at the office," and another person told us, "I'm very satisfied with the service." One relative said, "[Manager's name] is most helpful, always returns my phone calls if I have to leave a message, the team are very approachable." The registered manager also undertook calls and worked alongside staff when required to ensure people did not have missed calls. This meant the staff team were able to cover each other when staff were on holiday which gave the people using the service continuity of care.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Although we had not received any statutory notifications from the provider relating to the service, the registered manager was aware of their responsibilities with regards to submitting statutory notifications to us. These are forms that we ask the provider to send to us, to inform us of any situations or incidents that are happening within the service that we need to be aware of such as safeguarding concerns. The registered manager said, "We have not had anything that has required me to submit a notification but I am aware of what I need to notify you of such as safeguarding concerns and how to do this online."