

Purple Care TM Limited

Purple Care TM

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Purple Care is a domiciliary care agency providing personal care to people living in their own houses and flats. At the time of our inspection there were 20 people using the service.

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

Improvements to the quality and management of the service had been made. The provider and registered manager acted on previous concerns and implemented systems and processes to ensure people received safe quality care.

The provider and registered manager had developed a positive culture at the service. They were responsive to people, relatives and staff and endeavoured to address any concern raised.

People received care as planned and they were protected from the risks associated to their health and well-being. People felt safe and protected from the risk of harm and abuse.

Care workers were recruited safely with appropriate training provided to ensure they were competent to carry out their roles in line with best practice. Staffing levels were sufficient, and rotas were planned in advance, so people experienced continuity of care.

Care workers were compassionate and caring and delivered personalised care to people. People's needs and wishes had been assessed and their care was delivered in a dignified and respectful way. Care workers understood the importance of delivering care how people wished.

People and relatives were involved in their care. Staff were supported by the provider with regular monitoring of their practice and were encouraged to develop their skills further.

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.

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

Rating at last inspection and update The last rating for this service was requires improvement (14 October 2021) and there were breaches of regulation. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. The overall rating for the service has changed from requires improvement to good based on the findings of this

inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Purple Care TM on our website at www.cqc.org.uk.

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Purple Care TM

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 was carried out by two inspectors and an Expert by Experience.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

This inspection was announced. 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 17 May 2022 and ended on 21 June 2022. We visited the location's office on 17 May 2022.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used all this information at the inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. 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.

During the inspection

We spoke with four people who used the service and nine relatives. We spoke with six members of staff including the provider, registered manager, care coordinator and three care workers. We reviewed a range of records including people's call times and three files. We looked at three staff files and a variety of records relating to the management of the service and policies and procedures.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely;

At our last inspection we found systems were not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Care plans and risk assessments were detailed and included but were not limited to, moving and handling, environmental risks and medicines.
- Feedback from people and their relatives confirmed their support needs were delivered safely. A relative told us, "[Name] has their medicine through a PEG (percutaneous endoscopic gastrostomy). They [care workers] are very particular about ensuring they get it on time and correctly." Another relative told us, "They [care workers] stay longer If [name] is not very well. Sometimes they've stayed longer than they should do to help me out when [Name] is not very well." One person told us, "Carers give me all of the medication I need, it's on time and it's never missed. Also, the carers properly apply the cream I need for my skin."
- A schedule was in place to ensure regular reviews of people's care and support were completed. We found these were undertaken as planned, or sooner, if people's needs changed in between their scheduled review,
- The provider's premises had a dedicated room for practical training to provide new and existing care workers with the required training, or refreshment of their training that was due to expire. Staff also had their competencies checked by the management team when delivering care. During the inspection we observed one new care worker receiving training. This ensured care workers provided care according to best practice.
- All of the people we spoke with told us their medicines were managed safely and administered at each call where required.
- Electronic medicine administration records (MAR) were completed by staff after each medicine was administered. There were protocols in place for those people who required their medicines 'as and when required'.

Staffing and recruitment

- Enough suitably qualified and experienced staff were deployed to meet people's needs. All the staff we spoke with told us there were no concerns with staffing levels.
- Improvements made to call times ensured people's care was delivered when required. Call times between 1 April 2022 and 13 May 2022 we reviewed confirmed this.
- People and relative's told us their care was delivered as planned. One person told us, "They, [care

workers], come at the time that they should. They do everything I want. They don't rush off." Another person told us, "The carers have time to do things they need to do and don't leave early." A relative told us, "They [care workers] stay longer If [name] is not very well. Sometimes they've stayed longer than they should do to help me out when [Name] is not very well."

- People we spoke with confirmed if care workers were running late then they were contacted. Staff we spoke with told us they reported any lateness and the provider contacted people in advance.
- Safe recruitment practices were followed. Pre employment checks had been carried out such as identity checks, right to work checks, and disclosure and barring (DBS) checks. DBS checks are background checks to check if staff are suitable to work with vulnerable people.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People told us they felt safe. A relative told us, "I've got no doubts at all. I'm quite happy to leave [Name] with any of the carers. I've got no worries at all."
- The provider had a safeguarding policy in place and care workers received training on safeguarding matters. Staff we spoke with recognised when people were at risk of harm and abuse and knew who to report any concern and who to contact and when.
- The provider had procedures in place to investigate accidents and incidents. These were investigated so action could be taken to protect people and prevent further risk. We found no accident or incident that had not been reported to the relevant agencies.

Preventing and controlling infection

- Staff followed government guidance for the use of Personal Protective Equipment (PPE). People we spoke with told us staff always wore PPE. A relative told us, "Carers use PPE all the time. They use face masks and aprons all the time; including the 'live in' carer."
- Policies were in place and staff had training about infection control and COVID 19.
- Staff had access to all the PPE they required. Everyone we spoke with said staff wore their PPE during their visit.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had their care needs and preferences assessed before care was delivered. Records we reviewed were personalised and identified people's support needs including, but not limited to, personal care, medication, mobility and continence and nutrition.
- Care workers told us they had access to information about people's needs and preferences. Two care workers said information was all stored on their phone app and it was detailed and accurately reflective of each person's care needs and detailed.
- People and relative's we spoke with confirmed all the care needs they were assessed to receive were always completed.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- People's nutritional needs were met. Where care workers had a responsibility to prepare and provide food and drink for people this was always provided. Where required people were also left with drinks and snacks after their care had been delivered.
- All of the people and relatives we spoke with confirmed this. One person said, "Food wise everything is fine; very successful. A relative told us, "Every time I've visited [Name], they are always left with a drink and snack by the carers after they leave."
- There was a process in place for staff to report any changes to a person's needs. Care workers told us they would immediately contact emergency services and report any change to people's needs to the office so swift action could be taken.

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.

- People's capacity to consent to care and treatment was sought before it was provided.
- Staff understood the requirement and the importance of gaining people's consent for delivering care. Two people explained how staff obtained their consent. One said, "They [care workers] always ask my permission first." Another person said, "They [care workers] ask 'is it alright if we give you a wash now?'"

Staff support: induction, training, skills and experience

- All staff we spoke with said felt they had received enough training to effectively meet people's needs. One care worker told us, "I started recently and the induction and training was good. I had practical moving and handling training at the office, and this has supported me into my caring role. I was then 'shadowed' by other staff to make sure I was doing things right before I worked alone." Another told us, "I have had lots of training, and in previous supervisions have been offered additional training."
- There was some mixed response when we asked people their views on staff skills and experience. One person told us, "They [care workers] are pretty good. We have had care from them a long while now and I have no concerns." Another person told us, "Some are very clear and know what they are doing and others not so." A further person said, "The ones that come regularly; yes. If one [care worker] comes that hasn't been for a while, I just have to remind them 'what's what'."

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People and their family members told us the service always considered how they could support people to become as independent as possible.
- Care workers knew people well and encouraged them to be independent. One person told us, "The carers support me to be independent. They know I want to do as much as I can for myself and they support my aim to remain independent." A relative told us, "They're trying to teach [Name] to do things now; like little jobs, given their abilities and limitations."
- People's dignity and respect were always promoted. One person told us, "The carers always cover me up with a towel, they keep the bathroom door closed and they keep the curtains closed when helping me." A relative said, "When I am there, they always close the bathroom door. Another relative said, "They draw the curtains because [Name] has bed washes."

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- All of the people and relatives told us that staff were kind and caring. One person told us, "The carers I get are great and they can't do enough for me. A relative said, "They are kind and considerate and, I would say, loving towards [Name]." A relative said, "[Name] likes them and they are caring."
- Staff we spoke with understood the importance of getting to know people and how they wished for their care to be delivered. One said, "I always try and understand how people like to receive their care and always make sure I understand their preferences. You get to know people when you go to them all the time."
- Care records we reviewed considered people's religious and spiritual needs. People told us they were treated as individuals.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good.

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

- People had choice and control in their care decisions which involved those people important to them. Records showed those people were involved prior to care beginning and at care reviews. One relative told us, "The [member of the management team] comes out and makes sure everything's being done after care has started and when we have a review."
- People received person centred care and support. One person told us, "Staff always ask if my personal care needs have been taken care of, if there is anything that has been missed, and if I would like any help with anything else."
- People and relatives said communication between them, and the provider was responsive. One relative told us, "Communication is good between us. We have previously requested a review of [Name] support and when we contacted them the support was changed." A further relative told us, "I feel quite confident that I could ring the office and ask for it [care plan] to be updated. They ring me quite regularly to see if everything's being done and if it could be done any better."

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

- People's risk of isolation had been considered and the service knew which people were at risk of isolation when arranging their care. One relative said, "They talk to [Name] and make her happy. It's nice they have the company that comes with the care too." One person told us, "One carer who comes has time to sit and talk with me. Their relative is a gardener and they sometimes bring me a few bits for my garden."
- Care workers knew what hobbies and pastimes people enjoyed and held conversations with people during their calls. One staff member said, "I know the people I care for really well."

Improving care quality in response to complaints or concerns

- A complaints policy was in place. People and their relatives knew how to make a complaint if needed. Most people and relatives we spoke with said when they raised an issue or concern this was resolved.
- People and relatives feedback confirmed this. One person told us, "If I need to contact anybody, I've got the direct number, and there's the office number too. If I need to ask anything I'm offered a face to face meeting." A relative said, "I have the contact details of the office. There was a mix up on the first day my care was meant to be starting. They couldn't apologise enough. They got a carer out 'asap'. Somebody came out within 15 minutes."
- Records of complaints and concerns were recorded and showed how they had been investigated and acted on.

End of life care and support

- People's end of life wishes were gathered and recorded in their care plans.
- Training records confirmed care workers received appropriate training to support people at end of life.

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.

- Assessments identified any communication needs people had and any aids they used to help with communication.

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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection we found systems were not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) 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 17.

- Significant improvements to the service had been made following our previous two inspections. The provider and registered manager had oversight of the service to ensure they delivered a quality service and had systems and processes in place to act on any shortfalls identified.
- We reviewed the provider's improvement plan following the most recent inspection to check the necessary improvements had been made and found they were. For example, the provider had committed to ensure 'time sensitive calls' would be 'RAG' [red, amber and green] rated according to the level of risk identified for each person. This system was in use at the time of the inspection.
- The provider had improved how people's care was delivered by reducing the geographical area they delivered care. This meant call times had improved and people received their care as planned, and feedback received from people and their relatives confirmed this.
- At our previous inspection we identified care workers did not always follow people's risk assessments and care plans. At this inspection we found care workers monitored people's risks and care was delivered in line with their assessed needs.
- The providers relations with people and their relatives had improved. One relative told us, "I have names of people at the office I can contact. There's good communication between us."
- Audits included, but were not limited to, call times, complaints, care reviews and incidents. Care workers daily recordings were also reviewed which had previously been found to lack detail.
- The provider had up to date policies in place and notified CQC of any relevant incidents or events as required to do so.

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

- On the whole people and relatives told us they felt listened to and that the provider and registered managers involved them. A relative said, 'One of the managers has done a review of [Name] care to see if everything's going as planned.'
- Staff told us they could raise any feedback with senior staff and managers, and they felt listened to. One staff member said, "They [provider and managers] are the best I have worked for and I can always drop into the office at any time. Their door is always open." Another told us, "I would recommend working here."
- Staff received regular supervisions and appraisals which were meaningful. One staff member told us, "I have regular supervision. At a previous one I asked for additional training in some areas which the managers enrolled me on."

Continuous learning and improving care

- The provider had learnt lessons from following our previous inspection and people now received better quality of care. People, relatives and staff identified improvements from feedback we received.

Working in partnership with others

- The service worked in partnership with health agencies. A health professional told us, "Purple Care go above and beyond people's needs. Staff are committed and knowledgeable and are well supported by the management team who in my experience work well with other professionals. It's a service I would recommend."

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

- The provider had a 'duty of candour' policy in place to ensure they would meet their legal responsibility to be honest should anything go wrong.
- The provider and registered manager were open and transparent during the inspection.
- Records showed the provider investigated complaints and issues that had been raised with them.