

Pure Care Services Limited

# Pure Care Services Ltd

## Inspection report

10 View Drive  
Dudley  
DY2 7TD

Tel: 01215820695  
Website: [www.purecareservices.co.uk](http://www.purecareservices.co.uk)

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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?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Pure Care Services Ltd is a domiciliary service which provides personal care to adults with a range of support needs in their own houses and flats. At the time of this inspection the service was supporting four people with personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

The provider's auditing processes needed improvement to ensure records contained enough information to guide staff about people's support needs. Staff recruitment procedures needed improvement.

Quality assurance checks were in place but had not identified some of the concerns raised during the inspection. The management were responsive to concerns highlighted and some changes were made immediately.

People were protected from abuse and relatives told us their loved ones received safe care. People received support from a regular staff team. Staff were trained in administering medicines safely. Competency checks had been completed to ensure staff were following safe practices.

Staff had received training in infection control and demonstrated an understanding of what personal protective equipment (PPE) should be used when supporting people. Relatives confirmed that staff wore PPE (personal protective equipment) when coming into people's homes.

People's needs were assessed and staff with the right skills helped to meet these. Staff supported people with their eating, drinking and to access healthcare support.

People and their relatives were able to give feedback about their care in a variety of ways. Examples included care reviews and during spot checks monitoring staff performance.

There was an enthusiastic, positive and caring culture amongst staff at the service. Staff had good knowledge about the people they supported and told us they enjoyed working at the service. People's independence was promoted and respected.

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](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 16 June 2018 and this is the first inspection.

#### Why we inspected

This inspection was carried out due to the length of time the provider had been registered with CQC without receiving a formal rating.

We have found evidence that the provider needs to make improvement. Please see the well-led section of this full report.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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.

<b>Is the service safe?</b> The service was safe.	<b>Good</b> ●
<b>Is the service effective?</b> The service was effective.	<b>Good</b> ●
<b>Is the service caring?</b> The service was caring.	<b>Good</b> ●
<b>Is the service responsive?</b> The service was responsive.	<b>Good</b> ●
<b>Is the service well-led?</b> The service was not always well-led.	<b>Requires Improvement</b> ●

# Pure Care Services Ltd

## 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 was carried out by 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 had a manager registered with the Care Quality Commission. 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.

#### 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 registered manager would be in the office to support the inspection.

Inspection activity started on 29 July 2021 and ended on 4 August 2021. We visited the office location on 29 July 2021.

#### What we did before inspection

We reviewed information we had received about the service since being registered. 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.

#### During the inspection

We spoke with six members of staff including the registered manager, care workers, care manager and the director. We spoke with three relatives of people using the service on the telephone about their experience of the care provided. We reviewed a range of records. This included two people's care 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 policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found and received information from the registered manager about the improvements they were making.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- We looked at the recruitment procedures followed for three members of staff. For two members of staff the provider had not followed their own recruitment procedure. This had not impacted on people as some control measures were in place and they had not worked unsupervised with people. The registered manager took action during the inspection to obtain missing recruitment information for the individuals concerned.
- At the time of the inspection there were enough staff to support people's needs, however some staff told us care calls were only covered as they were willing to work extra hours.
- Relatives told us their family members had not experienced any missed calls and saw the same staff who were usually on time. One relative told us, "Time keeping is brilliant, never late or missed calls."

### Preventing and controlling infection

- The provider had systems, procedures and policies in place that helped promote good standards of infection prevention and control (IPC).
- Staff had received IPC training and updated guidance based on how to manage risks associated with COVID-19, including regular testing for COVID-19.
- Staff confirmed they had enough personal protective equipment (PPE). The provider had systems in place to ensure they used this effectively when in people's homes.
- Relatives of people who used the service confirmed staff wore appropriate PPE when they visited their family member.

### Using medicines safely

- At the time of the inspection only a limited number of people who used the service required support from care staff with their medicines. Where any support was needed, this was detailed in their care plan.
- Staff were trained in administering medicines safely. Competency checks had been completed to ensure staff were following safe practices.

### Assessing risk, safety monitoring and management

- Risks to people's health and safety were assessed, including an assessment of the home environment where care was provided.
- Support plans generally contained good levels of personal information about people's needs and risks. Where minor improvement was needed this was addressed during the inspection.
- Risk assessments such as for moving and handling were detailed and gave clear guidance for staff and how to safely use equipment.

- Staff told us how they supported people safely and understood people's risks.

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

- Policies and procedures in relation to safeguarding and whistleblowing were in place.
- Staff received training on safeguarding and understood how to recognise and report abuse.
- Staff told us they would always report any concerns such as, unexplained bruising or change in a person's behaviours.
- Relatives confirmed they felt people received safe care.

#### Learning lessons when things go wrong

- The service had a system in place so it could analyse any occurrence and learn lessons should things go wrong. Due to the small size of the service there had not been any significant incidents.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated 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's needs were assessed and regularly reviewed as and when required if a change occurred. People and relatives were involved in developing their care plans. One relative told us, "I have been fully involved in the assessment and care planning."
- People's preferences likes and dislikes, past life histories and background information were recorded in their care documentation.

Staff support: induction, training, skills and experience

- Staff we spoke with told us the training was thorough and provided them with the skills to undertake their role.
- An induction was in place to support new staff. This included on-line training and shadowing more experienced staff. One care worker told us, "I have had good support."
- Relatives informed us they felt staff had the right skills and knowledge to support people. One relative told us, "They [staff] seem very well trained."

Supporting people to eat and drink enough to maintain a balanced diet: Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Not all people using the service required support from care staff with their eating and drinking needs. Where support was needed this was detailed in the person's care plan.
- Staff assisted some people with the preparation of a favourite meal, drink or food. Relatives confirmed care staff provided any support needed.
- People were supported by staff who were aware of their healthcare needs. One relative told us, "Health is monitored, they [staff] are good at communicating with me if there are any concerns."
- Staff worked closely with health and social care professionals to ensure people's changing needs were addressed, and people received the support they needed.

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

- People's capacity had been considered as part of the initial and subsequent assessment process and staff worked alongside people to involve them in decision making when required.
- People and their relatives had been involved, consulted with and had agreed with the level of care and treatment provided.
- Staff told us how they sought peoples consent and offered choices to people during their care.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

- Relatives spoke positively about the caring nature of staff. One relative told us, "The care has been brilliant. They [staff] know my family member well." Another relative commented, "Nice staff, Mum relates very well to them."
- Staff spoke with kindness about the people they supported. They told us they enjoyed their role and had got to know people well.
- Staff had received training on equality and diversity issues.
- The service was committed to meeting the cultural and religious needs of people with specific protected characteristics.
- Staff demonstrated an understanding of people's care needs and the importance of respecting diversity.

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

- Care plans were developed with input from people and their family members.
- Conversations with staff demonstrated an understanding of people's needs and how they encouraged people to make choices about their care.

Respecting and promoting people's privacy, dignity and independence

- Staff maintained people's independence wherever possible.
- People's right to confidentiality was respected and protected appropriately in accordance with General Data Protection Regulation (GDPR). We saw people's confidential private information was respected and kept secure.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People received care that was person centred and responsive to their needs.
- People's care records included information about their preferences and wishes to ensure support was provided in the way the person wanted.
- Staff were able to describe people's specific needs.

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.

- Information on people's individual methods of communication was included in their care plan.
- The registered manager informed us the service could provide adapted information for people, and information in different formats such as large print if required.

Improving care quality in response to complaints or concerns

- Information was provided to people on how to raise concerns or make a complaint, if needed. The registered manager told us no formal complaints had been received but if any complaints were received, they would be used to help improve the service.
- Relatives told us they had not had to make any complaints and felt able to raise any concerns. One relative told us, "Never had to raise any concerns but I feel very confident to raise a complaint." A second relative commented, "I've no complaints, there is a good dialogue with the manager so I would feel confident to ring them."

End of life care and support

- At the time of the inspection, no one supported by the service was receiving end of life care.
- The registered manager told us they would work closely with relatives and healthcare professionals, including GPs to support people at the end of their life.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Quality systems were not always robust.
- Systems had not identified some gaps in recruitment practice and where some improvements were needed to care records.
- The provider had recently invested in a computer system that monitored staff arrival and departure times on care calls. Whilst this was monitored daily it was not yet being utilised to its full potential. The registered manager told us this system would be further utilised in future.
- The registered manager told us it had been difficult to recruit additional staff and one of their senior staff was due to leave the organisation. They told us this had resulted in the difficult decision to cease providing care packages in a location that was not close to their office location. The registered manager told us this decision was taken to ensure people were not at risk of not receiving their allocated care package.
- Some relatives were disappointed that the service had given notice to their family member of their intention to cease providing the care package. Conversations showed the provider had complied with their notice period and had offered assistance in sourcing new care providers. One relative told us, "I'm disappointed the care is not continuing but they have explained why, and I fully understand. They have been very fair and given in excessive of their notice period on the contract."
- The provider responded immediately after the inspection and sent us information about the actions they were taking to address the issues found.
- The provider ensured spot checks and observations on staff were carried out to monitor performance.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 registered manager and staff were passionate about providing people with a personalised service. This was evident throughout our inspection and from the positive feedback we received.
- Through our discussions with the registered manager we determined they were aware of and acted in line with the duty of candour requirements.
- The registered manager understood their role and legal responsibilities, including appropriately notifying CQC about any important events that happened in the service.

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

- We saw evidence of the provider asking people's and relative's views about the service through care reviews. One relative told us, "They ring me every Friday to check how the week has been and that I am happy with everything."
- Staff were encouraged to raise concerns about the care provided, including whistleblowing. One member of staff told us, "The manager is very approachable, I feel confident to ask lots of questions or raise any issues."

Working in partnership with others; Continuous learning and improving care

- We saw the service acted quickly when there was a concern for people's health, for example getting in contact with health professionals.
- The registered manager took immediate steps to address concerns raised during the inspection.