

Pure Care Today Limited

# Pure Care Today Limited

## Inspection report

Suite B1,  
Bizspace Business Centre, Kings Road, Tyseley  
Birmingham  
B11 2AL

Tel: 01212388812  
Website: obaya.co.uk

Date of inspection visit:  
19 October 2021

Date of publication:  
21 April 2022

## 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

### About the service

Pure Care Today Limited is a domiciliary care service which provides care to people in their own homes. At the time of the inspection the service was supporting three people.

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

Recruitment practices had not been sufficiently robust to ensure staff were safe and suitable for their roles. Relatives were mainly positive about the staff team, one family told us they felt a carer had lacked the experience and skills to care for their family member properly.

At the time of the inspection the registered manager had not been available for some weeks. Staff told us since this change had occurred there had not been any support to keep up with COVID-19 testing. This meant that staff testing was no longer being completed in line with government guidance. The representative of the provider put an action plan in place to address this.

Staff told us they had felt unsupported in recent months. Management oversight of the service had been lacking since the registered manager had not been available, this had meant that staff had not received the ongoing support and training they needed. There was also a lack of monitoring of staff testing for COVID-19.

Relatives told us that most staff followed good infection prevention control practices. One relative told us; "[The staff] are very good with the cleaning."

People's care plans and risk assessments were personalised, detailed and included information about their preferences and what they could do for themselves. Staff were able to describe people's care needs well.

People were supported to be as independent as they could and were treated with dignity and respect.

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 11/04/2019 and this is the first inspection.

### Why we inspected

This was the first inspection of the service since its registration.

### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took

account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to lack of oversight of staff recruitment and staff testing for COVID-19 at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Pure Care Today Limited

## 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 completed 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. However, at the time of our inspection the registered manager was unavailable. A representative of the provider stood in to assist with gathering information during the inspection.

#### Notice of inspection

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's representative would be in the office to support the inspection.

Inspection activity started on 19 October 2021 and ended on 28 October 2021. We visited the office location on 19 October 2021.

#### What we did before the inspection

We reviewed information we had received about the service since its registration. We sought feedback from the local authority. The provider did not complete the required Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four members of the care team, a representative of the provider and two relatives. At the time of the inspection there was no nominated individual in post. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records, these included two people's care records and one person's medication records. We looked at two 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 representative of the provider including evidence of staff DBS checks.

# 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 requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- Staff recruitment practices were not robust and did not fully ensure staff were safe and suitable to care for people, which put people at potential risk.
- Gaps in employment were not always explored, and in one file we saw that the employment and educational history had not been completed. Disclosure and Barring Service (DBS) checks could not be evidenced in some staff files and it was not clear whether DBS checks had always been sought prior to staff starting work. We raised this with the representative of the provider, who was able to provide evidence that DBS checks had been made for all current staff. All staff we spoke with also confirmed they had completed a DBS check before starting work.
- A staff training matrix was not available at the time of the inspection to evidence what training staff had completed, however staff told us they had received a suitable induction and had received safety-related training. Staff we spoke with told us they had received a good induction which they felt had prepared them for the job.

### Preventing and controlling infection

- Some staff told us at the time of inspection, they were not taking weekly Polymerase Chain Reaction (PCR) tests in line with current government guidance. This meant people were not being kept safe from COVID-19 transmission. We raised this with the representative of the provider, who put a robust action plan in place to check the COVID-19 status of all staff immediately and to ensure weekly testing and oversight of the test results.
- Relatives told us staff wore appropriate personal protective equipment (PPE) and staff followed good infection control practices when they visited. One relative told us a they had raised a concern about a staff member not following good cleaning practices. They told us they had been happy with how the service responded to this concern.
- Staff told us they had a sufficient supply of PPE and had received training in infection prevention control.

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

- At the time of the inspection policies and procedures for safeguarding and whistle blowing could not be located. Staff told us they were aware of these policies and knew who to share concerns with. Some staff expressed concerns about the current support arrangements in the absence of the registered manager, but all the staff we spoke with were able to describe possible safeguarding risks and correctly identified the temporary staff member in place to whom concerns should be escalated.
- Although the training matrix could not be located at the time of the inspection, staff reported they had received safeguarding training and felt this had helped them understand how to recognise signs of abuse.

### Assessing risk, safety monitoring and management

- Staff told us they had not been updated by management about any recent incidents or events and any action taken so lessons could be learnt. Records showed that before the registered manager had become unavailable lessons learned were regularly discussed in team meetings.
- Relatives told us their loved ones received a good standard of assessment before care was provided. One relative told us; "The manager who came in was very good and did a good risk assessment."
- We saw risk assessments contained clear information about key risks for people and guidance on the support they needed. Staff were able to describe risks to people and how they could support people to manage those risks.

### Using medicines safely

- At the time of our inspection the medicines management policy could not be located. We saw competency checks had been recorded to ensure staff were administering medicines safely. However, none had been recorded recently and staff told us they had not had any checks for a few months.
- Staff told us they had to have medicines management training and passed competency checks before they could support people to take their medicines, but some staff felt refresher training was due. This meant people were at risk of not receiving their medicines safely.
- Medicines administration records (MAR) which we saw during inspection were completed in line with current NICE guidance. Relatives told us they did not have concerns about the support their loved ones received to take their medicines safely.

### Learning lessons when things go wrong

- Incident and accident procedures were in place and showed how incidents had been reported and analysed. Lessons had been learned and shared with the staff team prior to the registered manager becoming unavailable.

# 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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Some staff told us they felt unsupported by the service, particularly since the registered manager had become unavailable.
- Staff had the knowledge and skills needed to provide effective care. However, since the registered manager had become unavailable newer staff had limited guidance and support following their induction.
- Staff told us they had received regular supervision and competency checks but that in recent months this had not been available to them.
- Staff we spoke with had completed the Care Certificate, which is a nationally recognised training program to ensure that new care staff know how to care for people safely and effectively.

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

- People's needs were assessed holistically, and plans were developed to enable staff to provide them with effective support. For example, a clear breakdown of a person's morning routine including all their preferences to give step by step guidance to staff.
- People's care plans explained what they could do for themselves and what they would like help with. For example, a person was able to shave independently if given the equipment to do so.
- People's protected characteristics under the Equality Act 2010 were identified during initial assessments and included their needs in relation to culture, religion and sexuality.

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

- Where needed staff would prepare meals for people. Staff ensured people's dietary needs and preferences were met and they were given choices. One relative told us a member of staff had not known how to prepare the dishes their loved one wanted, they told us they had raised their concern about this and were happy with how it had been resolved.
- One relative told us; "The carer knows how to cook well and [my relative] is so relieved that [they] can have home cooked food."
- Where appropriate staff recorded what food and drinks people were offered to help monitor their eating and drinking and support their wellbeing.

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

- People's care plans included specific information about their health conditions to enable staff to support and monitor them. These included signs and symptoms and guidance on whom to contact regarding any

concerns.

- People were supported to maintain their health and wellbeing and were referred to health professionals for example the GP or district nurse as needed.
- Staff were encouraged to support people by promoting early prevention and achieving positive outcomes, for example if a person was at risk of pressure sores, regular checks of the person's skin were completed.

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 were asked to consent to their care. Staff told us they sought consent before offering any support. Relatives confirmed staff sought consent. Case notes also recorded consent was regularly sought throughout the course of a care call to ensure the person was happy to receive care or participate in any task completed.
- Staff were able to describe the principles of the MCA.

# 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 told us staff treated their loved ones with kindness and respect. One relative told us; "[The staff member] is very good with [my relative], they do everything just right."
- Staff told us about the ways in which they had got to know people so that they could build trust and support them the way they wanted, respecting their individual needs and wishes.
- Care plans included reminders and prompts for staff to respect people's privacy at times when they might need it.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Care plans were written from the perspective of the person receiving care and included specific details about how they liked to be supported. For example, a care plan included details about which toiletries a person liked to use.
- People and their relatives were involved in reviews of their care, and any changes they wanted were marked clearly in their care plans to show what was new, so staff were able to see easily what had been agreed.
- Staff were able to describe ways in which they protected people's privacy and dignity and gave examples of ways in which they supported people to be as independent as they could.

# 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.

Improving care quality in response to complaints or concerns

- At the time of the inspection a complaints policy and procedure could not be located. However, records showed complaints and concerns raised by people and relatives had been addressed appropriately and in a timely way. Since the registered manager had been unavailable concerns had been dealt with more informally, but relatives told us they were satisfied with how an issue had been resolved.
- Prior to the registered manager becoming unavailable, information about lessons learned from complaints and concerns were shared with staff via a secure group communication and via team meetings. After the registered manager became unavailable staff continued to share information about updates for people using the secure group communication.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care support

- Staff we spoke with understood and described person centred care and described ways in which they kept people at the centre of choices about their care.
- People's preferences were recorded in their care plans and reviewed as and when required.
- For example where a person had an adaption recommended by an occupational therapist this was added to their care plan.
- Staff spoke with empathy and compassion about supporting people on an end of life care pathway. They told us they had completed specialist end of life training to help them care for people effectively.
- Staff were guided to liaise with the district nursing team if a person needed any pain management support.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were considered as part of their assessment and care review process.
- Although people receiving care were able with support to express their views and wishes verbally, tools such as easy read documents were available to support people if they needed them.



# 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

- Systems had failed to identify recruitment practices were not sufficiently robust to ensure staff were safe and suitable for their roles. Recording of DBS checks was not clear enough to evidence checks had either been completed or had been completed prior to staff commencing care work. A DBS check is performed to ensure potential staff members were of good character and suitable to work with people. Audits of staff recruitment files could not be located during the inspection; it was therefore not possible to evidence that such checks had been completed.
- Induction and support systems for staff had not been robust in the absence of the registered manager. Staff gave mixed views regarding supervision and support longer term, some said they had not received supervision for many months, whilst others felt they had received effective supervision and support until the registered manager had become unavailable. A staff member told us they had not received any supervision since induction. A relative told us a new staff member had been inexperienced and unable to provide basic support for their relative.
- Systems to ensure staff were tested for COVID-19 in line with government guidance had ceased when the registered manager had become unavailable. Staff told us that prior to the registered manager becoming unavailable, they had ensured staff had access to PCR tests and completed testing regularly. Records showed COVID-19 test results had been collected by the registered manager. Staff said they had not received any guidance about how to gain PCR tests without the support of the service and had made their own arrangements to be tested, which were not in line with government guidance. This meant people had not been protected from COVID-19 transmission, putting them at unnecessary risk.

There was lack of oversight of recruitment systems and staff testing. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The representative of the provider took immediate action to ensure staff were COVID-19 tested and put in place a testing and monitoring plan. They also took action to evidence all staff had received DBS checks.

- Quality assurance checks on daily case notes and medication administration could not be evidenced during the inspection. However, case notes were clear and detailed care provided and MAR charts showed that people were receiving support to take their medication safely.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; 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

- Relatives and staff told us there was confusion around who was managing/overseeing the service. Not all relatives we spoke with were aware the registered manager was unavailable and described struggling to get in touch with them. All relatives and staff we spoke with had spoken with a member of care staff who had been providing day to day support for the ongoing running of the service and told us they either had or would raise any concerns they had with this person if needed.
- Records showed views and feedback of people and their families had been sought using surveys and care plan reviews. Prior to the registered manager becoming unavailable, staff meetings had been held to give staff the opportunity to contribute ideas and suggestions to the running of the service, although staff told us meetings had not been held in recent months.
- Case notes and care plans showed people were supported by other professionals as needed, including GPs, district nurses and occupational therapists. Staff were guided to specific professionals in the event of specific health concerns.

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

- In the absence of the registered manager, systems which had been in place to strive to improve care and share learning had not continued. A relative told us they had not been happy with the standard of care provided by a member of staff. They had made attempts to contact the registered manager whom they were not aware was unavailable. Although this briefly delayed them raising the concerns they had, they told us they did receive a positive response from the service and were satisfied with the outcome.
- Staff told us whilst there was still communication between team members about people's needs and changes to care, there had been no recent training provision, team meetings or guidance for the team in the absence of the registered manager.
- Relatives were mostly positive about the service. One relative told us; "We have had no problems." Another said, "It's a bit of freedom for me, I don't have to worry so much... [the staff member] is a God-send."

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  There was a lack of oversight of staff recruitment systems and testing for COVID-19.

### **The enforcement action we took:**

We issued a caution to the Provider regarding the concerns raised.