

Purple Care TM Limited

# Purple Care TM

## 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?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Inadequate** 

# Summary of findings

## Overall summary

### About the service

Purple Care is a domiciliary care service. The service provides personal care to people living in their own homes. At the time of the inspection there were 90 people using the service, whose needs included mental health, physical disabilities, learning disabilities and dementia.

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

Staff did not always follow risk assessments and care plans, and this meant there was a risk people did not have their needs met and were at risk of avoidable harm. Staff were trained to support people with their medicines, however, due to an ongoing variance in call times for some people, people did not always get their prescribed medicine at the right time and there was a risk the time between doses may not be sufficient. Staff did not record the actual time medicines were administered and this meant there was no way of knowing the exact time the last dose had been given.

People did not receive their care and support at the agreed time on a frequent basis and this meant people could not plan their day or establish any routines.

Call times were often shorter than the agreed time and although the provider had addressed this with staff and taken the time to establish the reason for each short call, not enough action had been taken and this issue was ongoing. The provider had not fully considered the impact and risk caused by short calls and staff not following care plans such as risk of malnutrition and risks associated with a lack of personal care.

Staff received training support and supervision. There was a known risk for one person displaying risky behaviours, however there was no risk assessment or care plan because staff had not alerted their managers about this.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. However, people did not have their capacity to make decisions assessed so we could not be certain about people's capacity to make decisions. Where a person lacks mental capacity to make an informed decision, or give consent, staff must act in accordance with the requirements of the Mental Capacity Act 2005 and associated code of practice.

People and relatives were not always confident to raise concerns or that their concerns would be listened to and resolved. The provider had quality assurance systems in place and had made some improvements regarding call monitoring and audit since our last inspection. However, the issues were ongoing and had not been resolved.

People and relatives told us they liked the staff and said they were kind and respectful.

### Rating at last inspection

The last rating for this service was requires improvement (published 17 November 2020). The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Why we inspected

This was a planned inspection based on the previous rating.

### Enforcement

We have identified breaches in relation to safe care and treatment and governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

### Follow up

We will continue to monitor information we receive about the service until we 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 not always.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not well led.

Details are in our well led findings below.

**Inadequate** ●

# 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 Care Act 2014.

#### 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.

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 a short period notice of the inspection 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 6 July 2021 and ended on 23 July 21. We visited the office location on 8 July 2021.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with six people who used the service and five relatives about their experience of the care provided. We spoke with ten members of staff including the provider, registered manager and care workers.

We reviewed a range of records. This included four people's care records and medication 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. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection we found systems were either not in place or robust enough to demonstrate safety was effectively managed. There was a risk people may not receive their medicines at the prescribed time due to the variance in call times. This placed people at risk of harm.

This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Staff did not always follow risk assessments and care plans. One person's care plan instructed staff to ensure the person had something to eat and drink and received personal care. However, on frequent occasions staff did not follow these instructions. This placed the person at risk of avoidable harm.
- Another person had a poor appetite and had lost weight. Staff were not routinely recording or monitoring the food and fluid intake for this person. This meant the person was at risk of malnutrition and dehydration because staff had no way of knowing how much they had to eat and drink each day. This person was assessed as requiring thickened fluids due to swallowing difficulty, the risk assessment for this did not give clear instructions as to when this should be given.
- Another person had a poor appetite and had lost weight. The care plan for the lunch time call instructed staff to give support with meals and drinks. However, lunch time calls were not taking place until later in the afternoon and staff were not providing support with food and drinks. There was no record of the amounts of food and fluid consumed or offered. This meant there was a risk the person did not have enough to eat and drink.
- One person was on time critical medicine which should be administered at least 30 minutes before food and at the same time three times a day. Due to the variance in call times and therefore the times when the medicine was given, there was a risk the medicine would be less effective in managing the person's symptoms.
- Medicine administration records did not always record the exact time medicines were given. This is important to make sure the required amount of time between medicine doses is adhered to and any time critical medicines are administered at the correct time.

This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- People had their mobility and moving, and handling needs assessed. Staff received online training about

safe moving and handling and had their competency assessed using hoists and slings.

- The provider had recently moved the office to a new location with a separate training room so that practical training about the use of equipment could be provided.
- Risks in the environment were assessed and managed.
- Staff received training about managing people's medicines and had their competency checked.
- The majority of people were satisfied with the support they received with their medicines.

#### Staffing and Recruitment

- Safe recruitment checks were undertaken for most staff; however, one staff member's reference had been obtained from family members. References should be obtained from non-relatives and where possible the persons' last employer so that an objective and up to date assessment of the person's suitability could be made.
- Staff told us they had enough time to spend with people and were not rushed. However, call times were often shorter than the required duration.

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

- The provider had a safeguarding policy which listed the care workers responsibility to recognise and report incidences of harm. However, staff were not able to fully demonstrate they understood what safeguarding vulnerable adults means.
- Staff had not reported risk for one person and this meant there was no risk assessment or management plan in place. The provider had begun to take action regarding this and said they intended to speak with staff about reporting risk and maintaining professional boundaries.

#### Preventing and controlling infection

- Staff were following government guidance for the use of Personal Protective Equipment (PPE)
- 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.

#### Learning lessons when things go wrong

- The provider had procedures in place to investigate accidents and incidents. These were audited and analysed so action could be taken to prevent further risk.



# 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 the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People were not always supported or encouraged to eat appropriately. We saw one person's care plan stated care staff should make them a meal even if they said they didn't want one. This was because the person's medical diagnosis meant they were unable to remember whether they had eaten. We saw staff were often not making the person a meal and recording on the person's care notes they had declined support with this task. This meant the person was at increased risk of malnutrition.
- Care plans included guidance for staff to follow to fortify meals without increasing the portion size and ideas for nourishing drinks where risk of malnutrition had been identified. However, due to the variance in call times, one person did not receive the support with meals as set out in the care plan. Instead the person's family member had to provide this support.

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.

- Assessments of people's capacity to make informed decisions about their health, care and welfare were not always completed. Therefore, we could not be sure about people's capacity to make decisions. This meant there was a risk people were not supported to make decisions in line with relevant legislation and guidance.
- People told us staff sought consent from people before providing care and support. One person told us, "[Staff member] is always very good at asking and suggesting rather than telling me what to do". One staff member told us, "I always ask people first to ensure that they are happy with what I am doing".
- People had signed consent forms and care plans agreeing to their care.

Staff support: induction, training, skills and experience

- We received mixed views from people and relatives regarding whether they felt staff were suitably trained and experienced to meet their needs. Positive comments from people included, "[Staff member] who deals with me is well trained" and, "I think staff are well trained – they all say they have had training". Less positive comments from people included, "One staff member knows me well, the others not so much. They introduce themselves and ask what I need doing" and, "No, the staff are not well trained and they do not take the time to get to know [name]".
- The majority of staff felt they had received enough training to effectively meet people's needs. One staff member told us, "The training covered everything I needed to know and gave me the confidence to provide people with support".

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

- Some staff told us they did not have access to information about people's needs when they were new to the service. "There have been issues where we have walked in to new clients and there is no care plan in place. We are walking in blind". This meant people were at risk of receiving care and support that did not meet their needs.
- However, most staff said they did have access to this information. Records we looked at included risk assessments and care plans and these were personalised and identified people's support needs in relation to things such as personal care, nutrition, mobility, continence and medication.

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

- Most people managed their health needs independently or with support from their relatives.
- Staff consistently described how they would report any changes to a person's physical or mental health or wellbeing to staff in the office. They would also report any other information of concern. Office staff would then communicate with relatives, health professionals and social care professionals as appropriate.
- People and relatives said they were confident staff would contact the relevant medical services in the event of the deterioration of a person's mental or physical health.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question had remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff did not always stay for the required time and did not ensure people had opportunities to wash and change their clothes or have something to eat. This was despite care plans instructing them to do this.
- One person's care call had been arranged so the person's family carer could take some rest and time for themselves. However, because staff did not arrive at the specified time, the person's family carer was not rely on staff to routinely take over their caring responsibilities at a set time.
- The person had specified the gender of staff but the provider was not always able to fulfil this request. This resulted in care calls being cancelled and care staff turned away. The provider had communicated this with the family and they were aware of the limitations because of this choice. However, staff were still sent and as a result sometimes turned away.
- Everyone we spoke with told us they liked the care staff and said they were treated with respect.
- Staff we spoke with were motivated and kind in their approach. They gave us examples of how they made people feel cared for and knew about the things that were important to people such as their families and pets.
- Staff understood the importance of promoting equality and diversity. Care plans contained information about people's religious beliefs and their personal relationships.

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

- People told us they could make decisions and express their views to their care staff. Some people's relatives did not always feel listened to by staff in the office when they requested changes to people's care and support.
- One person said about their care staff, "They are always very good at asking and suggesting rather than telling."

Respecting and promoting people's privacy, dignity and independence

- People told us staff protected their privacy and dignity and promoted their independence. One person said, "I can still do a little on my own so [my care staff] helps me and washes my hair."
- Staff gave us examples of how they protected and promoted peoples dignity by always asking and explaining what they were doing and how they delivered personal care in a dignified way.
- People's confidential records were stored securely and staff understood their responsibilities to keep people's information safe.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs. At the last two inspections this key question was rated as Requires Improvement.

At this inspection this key question has remained the same. This meant people's needs were not always met through good organisation and delivery.

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

- The provider told us people had their care needs assessed by the local authority before they began using the service, the provider's quality manager carried out a further assessment within 24 hours of the care commencing to establish people's individual needs and preferences and develop the care plan.
- The majority of people said they were happy with their care and support though they would prefer a consistent call time and staff team.
- Some people did not receive care and support that was person centred because staff did not follow the care plan. In particular, one person had difficulties communicating their needs or making decisions, staff did not follow the care plan regarding providing meals and encouraging personal hygiene and clean clothing, instead some staff left the call early without providing the required care and support.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure and maintained records of complaints and investigations carried out. However, not all complaints had been formally recorded.
- Two people's relatives told us they had found staff at the office unhelpful when they and raised concerns and not enough action was taken in response.

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.

- The registered manager was aware of this standard and gave us examples of how the service was meeting people's communication needs. For example, picture cards could be used to support communication for people with dementia and associated communication difficulties.

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 were supported to follow their hobbies and interests where this was included in their package of care.
- A staff member said, "There is always enough time to talk to people and listen to their needs. I never feel rushed during a care call."

End of life care and support

- The service was not supporting people with end of life care at the time of the inspection.
- The provider gave us examples of end of life care they had provided and how they had worked with community healthcare teams to promote dignity, comfort and support for people's families.
- Where possible, people's end of life wishes were recorded in their plan of care.

# 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 the last two inspections this key question was rated as requires improvement. At this inspection this key question has deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

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.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

- Five people we spoke with told us staff did not always arrive on time or stay for the agreed duration of time. A relative said. "The call times are mixed and they don't stay for the full time."
- The provider's own call time audit and analyses showed frequent late calls and staff not staying for the agreed duration. For example, the provider's record of rostered call time and actual call times for 21 June 2021 recorded a variance to the rostered call time on 23 of the 59 calls for this day and a call duration more than five minutes short of the agreed time duration for 20 of these calls.
- The provider had taken some action to improve staff adherence to agreed call times, they had spoken with staff and provided additional incentives for staff to stay at each call for the required duration, however, call times continued to be shorter than agreed and at different times to those agreed to.
- Identified risk, such as risk of malnutrition and dehydration, was not always managed or monitored. The variance in call times caused risk to one person receiving time critical medicines.
- Staff did not always recognise or report risky behaviour in a timely manner so the risk could be assessed and managed appropriately.
- The provider carried out audits and had identified shortfalls, but not enough action had been taken to address these. There were inconsistencies within care records about the care and support people required and received.
- Two people's relatives told us they did not find the office staff helpful or approachable. Most staff we spoke with said they were supported and listened to by their managers. Two staff members told us they did not feel supported and their managers were not approachable.

This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Telephone reviews were held with people to seek their views. Requested changes were made where possible. However, some people provided feedback about aspects of care and support they were unhappy with and these concerns were not addressed. In particular, the variance in call times was an ongoing issue.
- Satisfaction surveys has been sent out to people; most responses were positive. Staff surveys had also been sent but the provider told us there had been a poor response rate.
- Team meetings had not been held since the COVID 19 pandemic began, but the provider had sent out information regularly to staff about changes such as the correct way to complete care notes following a visit.

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

- There was a registered manager in post. They were aware of their responsibilities to be open and honest with people when things went wrong.

Working in partnership with others

- The provider worked with other agencies such as the local authority and continuing healthcare commissioners to deliver packages of care. Staff followed advice and guidance provided by healthcare professionals.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Risk was not always managed effectively and there was ongoing variance to agreed call times and shorter duration than the time agreed.



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  Systems and processes were not robust enough to demonstrate safety was effectively managed.

**The enforcement action we took:**

We served a warning notice.