We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

### Purely Care

The Old Corner Shop, 26 Cromer Road, Norwich, NR6 6LZ  

Date of Inspection: 04 March 2013  
Date of Publication: March 2013

We inspected the following standards as part of a routine inspection. This is what we found:

<table>
<thead>
<tr>
<th>Standard</th>
<th>Met this standard</th>
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<tbody>
<tr>
<td>Consent to care and treatment</td>
<td>✓</td>
</tr>
<tr>
<td>Care and welfare of people who use services</td>
<td>✓</td>
</tr>
<tr>
<td>Management of medicines</td>
<td>✓</td>
</tr>
<tr>
<td>Staffing</td>
<td>✓</td>
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<tr>
<td>Complaints</td>
<td>✓</td>
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</tbody>
</table>
### Details about this location

<table>
<thead>
<tr>
<th>Registered Provider</th>
<th>Focus Caring Services Limited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Manager</td>
<td>Ms. Elaine Grace</td>
</tr>
<tr>
<td>Overview of the service</td>
<td>Purely Care domiciliary care agency provides live-in carers to people who require 24 hour care and support in their own home.</td>
</tr>
<tr>
<td>Type of service</td>
<td>Domiciliary care service</td>
</tr>
<tr>
<td>Regulated activity</td>
<td>Personal care</td>
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</tbody>
</table>
When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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</table>

<table>
<thead>
<tr>
<th>Our judgements for each standard inspected:</th>
<th></th>
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<tbody>
<tr>
<td>Consent to care and treatment</td>
<td>6</td>
</tr>
<tr>
<td>Care and welfare of people who use services</td>
<td>7</td>
</tr>
<tr>
<td>Management of medicines</td>
<td>9</td>
</tr>
<tr>
<td>Staffing</td>
<td>11</td>
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<tr>
<td>Complaints</td>
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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 4 March 2013, talked with people who use the service and talked with carers and / or family members. We talked with staff.

What people told us and what we found

We looked at records, spoke with staff and with two people. We also spoke with relatives or those acting on behalf of people. People told us they were consulted about what care and support they needed and we saw that they signed their care plans to show they had been involved and also agreed with the contents. One person said that the support they received was, "Everything you require". We were told that people were offered choices throughout the day and that staff, "Knew what they were doing". We saw that people’s support packages were kept under regular review and changes made if necessary to ensure the person received the care they needed.

Staff received training that was appropriate to their role. A carer told us they were always being offered training and that update training was provided each year. This included training about the safe handling and administration of medicines. Staff were supported in their role and were able to obtain guidance and support at any time.

People knew how to complain and felt able to do so. They told us they would be listened to and action taken if necessary. We saw that the service had a complaints procedure in place that was provided in any format or language as required. Complaint records showed that concerns were dealt with quickly and fully investigated.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases
we use in the report.
Our judgements for each standard inspected

<table>
<thead>
<tr>
<th>Consent to care and treatment</th>
<th>Met this standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before people are given any examination, care, treatment or support, they should be asked if they agree to it</td>
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</table>

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

We looked at three care plans, spoke with staff and with two people. We also spoke with relatives or those acting on behalf of people.

We could see within the care plans that either people receiving the care and support or their representative had signed to show they agreed with the contents of the documents. We also saw signed terms and conditions of service and quotations for the costs of the care and support to be provided. This told us that people were aware of the type of service provided by Purely Care.

Within the care plan folders were handover sheets that we could see were completed every two weeks with the person, carer and supervisor at the time the carers changed over duties. We were told that the process offered an opportunity for the person's care support needs to be reviewed with them to ensure they continued to provide the service the person wanted. We were told that where people were not able to make decisions for themselves due to their condition, that either relatives or others acting on their behalf, would be involved in the review process.

Quality control sheets were seen within the care folders and these were completed every six months. We could see that the quality control sheets were completed with the person and the questions that were asked helped to ensure the person was receiving the service that was most appropriate for them.

People we spoke with confirmed that they received the care and support that had been agreed and that it was appropriate to their specific requirements.
Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We looked at three care plans in detail and saw that they contained all the information staff would need in order to provide appropriate care and support to the individual. The folders were well laid out and it was easy to find information.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Each plan contained a full needs assessment so that the service could be sure they were able to meet the person's requirements. We saw that assessments were reviewed every six months or more frequently if necessary. The needs assessment gave clear information about the involvement of other professionals such as GP, community nurses, social worker and chiropodist. This meant that staff would know who to contact if the need arose. The assessment also considered needs at night and how they should be met. The assessment gave information about how staff should support people to be as independent as possible.

Care and treatment was planned and delivered in such a way that ensured people's safety and welfare. We saw that the needs assessment included the assessment of risk and how risk could be reduced. The risk reduction plans were in place for issues such as the environment, medication storage and administration and specific personal care needs such as moving and handling the person. We saw an emergency evacuation plan in one of the care plans that clearly set out the action staff were to take in the event of, for example, a fire breaking out.

We saw that a document named, 'This is me' had been completed for a person living with dementia. The document had been fully completed with essential information that could be passed on to health or other professionals in the event the person was admitted to hospital, so that they were cared for appropriately.

Throughout the assessment, care planning and review processes, we saw that either the person or their representative had signed to show they agreed with the information that had been recorded and the actions staff would take in order to support the person.

We spoke with two people using the service, a person's representative and a carer. One person said that they were aware of their care plan but that they were not sure what was in
it, stating that the care plan folder was for the carers to use. We were told that, "Staff know what they're doing", and that they always treated them with respect. People confirmed that they had been asked about what care and support they wanted and that they received the support that had been agreed. One person said, "The general care has been very good". Another person described the staff as, "Excellent".
Management of medicines

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We saw that within the care plan folders, medication information was recorded and updated so that staff had accurate and up to date medication lists. Where changes by the GP occurred, staff rang the office immediately so that the records held at the office were kept up to date.

Appropriate arrangements were in place in relation to the recording of medicines. Archived Medication Administration Records (MAR) were kept in the care plan folder, together with the completed handover document that was used to record all relevant incidents, including when medications had been refused or not given for whatever reason. We looked at several MAR's and saw a few gaps in the administration records. Because the handover document was not kept with the MAR chart, it was time consuming to match up the two documents so that the reason for the non-administration could be found. We were told that staff always telephoned the office to verbally advise if medication had not been taken and that all gaps in the MAR were investigated fully.

We looked at staff training for the safe handling and administration of medicines. All staff had a day attending medication training at the time of their initial induction. This included successfully completing a question booklet. We were told that ten staff were enrolled on a diploma course about medicines so that they had a broader knowledge about safe medication practices. This course was due to start shortly and staff confirmed that they had attended training about medicines. Senior staff told us that they did spot checks to ensure carers were following guidance and these checks were fully recorded and kept on the carer's personal file.

Risk assessments about the safe storage and handling of medicines were in place. Where possible, people were supported to look after and take their own medicines as prescribed. We saw that, for one person who was living with dementia, the risk assessment showed that the carer kept the medicines in their bedroom so that the person did not take their tablets inappropriately. This risk assessment was kept under review. The manager told us that at the time of our inspection, no people were taking controlled medicines. Staff had been trained how to safely store and administer these medicines and the capacity of the person would be considered in the risk assessment process to see if it was safe for the medicines to be held by them.
We were given a copy of the provider’s medicines policy and could see that they were operating in line with what was set out in the document. For example, we could see within each person’s care plan that signed consent had been given by them for staff to handle their medicines if necessary. The manager told us that all policy documents were due to be reviewed shortly.
Staffing

| There should be enough members of staff to keep people safe and meet their health and welfare needs |

| Met this standard |

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We spoke with the manager and senior staff about the staffing arrangements at Purely Care. We were told that in order to encourage continuity and the development of good relationships, carers spent two weeks at a time living in the person's home. Each person normally had a group of three carers allocated to them, with one of the carers providing back up for any staff absences. People told us that they had regular staff whom they had got to know very well. One person described the staff as, "Excellent". Another person said that staff provided, "Everything you require". We were told that although one carer could be quite domineering, "The current carer has been brilliant".

We were told that the agency employed 25 staff, with a further five new recruits starting their induction training on the day after our inspection. We could see that, based on the number of people being supported that there were sufficient staff in place to provide the agreed care and support packages to the people.

We saw that staff training had been arranged. We were told that staff were recruited with sufficient experience and qualifications so that they could work confidently with people for periods of up to two weeks at a time. A member of staff told us that they were, "Always offered training" and said that dementia training had recently been offered. They also confirmed that they received annual updates on their training so that they kept up to date with good practice. Senior staff told us that, in addition to the statutory training provided, person specific training was also in place. For example, the person trained to train staff in manual handling would visit a person in their own home to assess the safest way to move them and train the staff accordingly.

We were told that regular staff meetings took place, although attendance for some staff was difficult if they were on duty. Staff meetings were seen as an opportunity to include some training event. Staff also received regular supervision that was fully recorded and kept on their personal file. An annual appraisal was also in place so that staff could consider what personal development they would like to pursue.

Staff were also supported on a daily basis. All staff had access to telephones so that they could call in to the office if they needed any guidance or to report an incident. For example, during our inspection we were aware that a carer had telephoned the office because the person they were supporting had fallen but was uninjured. They needed assistance to get
the person up from the floor and the manual handling trainer was immediately contacted and went out to offer help and to re-assess the person’s mobility. There was also an out of hours on-call system in place so that staff could get guidance at all times.
**Complaints**

Met this standard

**People should have their complaints listened to and acted on properly**

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**Our judgement**

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

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**Reasons for our judgement**

People were made aware of the complaints system. This was provided in a format that met their needs. We were provided with a copy of the complaints procedure, which set out clearly the process and how people could complain about the service. It provided people with timescales within which they could reasonably expect a response. The complaints procedure was also set out in the service user guide, a copy of which was given to all prospective clients. We were told that the complaints procedure was also available in large print and it would be read to a person if necessary. It was also possible for the procedure to be provided in a foreign language as required. We saw that people were asked to confirm that they still had a copy of the complaints procedure available to them at the time of each review and this was recorded.

People's complaints were fully investigated and resolved where possible to their satisfaction. We looked at the complaints folder and saw that one complaint had been received by the service. We saw that it had been properly recorded and investigated. Appropriate action had been taken as a result and the complainant was satisfied with the outcome. The provider may wish to note that the Care Quality Commission does not investigate complaints as has been stated in the complaints procedure and policy.

People told us that they knew how to complain and they confirmed they had a copy of the complaints procedure within their folder. They told us they would feel confident to complain and believed they would be listened to. One person said, "I'd complain to head office and would feel happy to do so".

In addition to the complaints folder, the service also had a compliments book that contained many thank you cards and messages. The most recent said, "Can't thank you enough for everything you've done." "Many thanks for all your help".
About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.
How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✅ **Met this standard**
This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

❌ **Action needed**
This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

❌ **Enforcement action taken**
If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.
How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.
Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our Guidance about compliance: Essential standards of quality and safety. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the Guidance about compliance. The 16 essential standards are:

- Respecting and involving people who use services - Outcome 1 (Regulation 17)
- Consent to care and treatment - Outcome 2 (Regulation 18)
- Care and welfare of people who use services - Outcome 4 (Regulation 9)
- Meeting Nutritional Needs - Outcome 5 (Regulation 14)
- Cooperating with other providers - Outcome 6 (Regulation 24)
- Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
- Cleanliness and infection control - Outcome 8 (Regulation 12)
- Management of medicines - Outcome 9 (Regulation 13)
- Safety and suitability of premises - Outcome 10 (Regulation 15)
- Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
- Requirements relating to workers - Outcome 12 (Regulation 21)
- Staffing - Outcome 13 (Regulation 22)
- Supporting Staff - Outcome 14 (Regulation 23)
- Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
- Complaints - Outcome 17 (Regulation 19)
- Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.
### Glossary of terms we use in this report (continued)

<table>
<thead>
<tr>
<th><strong>(Registered) Provider</strong></th>
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<tbody>
<tr>
<td>There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term ‘provider’ means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a ‘service’.</td>
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<table>
<thead>
<tr>
<th><strong>Regulations</strong></th>
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<tbody>
<tr>
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<thead>
<tr>
<th><strong>Responsive inspection</strong></th>
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<tr>
<td>This is carried out at any time in relation to identified concerns.</td>
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<tr>
<th><strong>Routine inspection</strong></th>
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<tr>
<td>This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.</td>
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<tr>
<th><strong>Themed inspection</strong></th>
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<tbody>
<tr>
<td>This is targeted to look at specific standards, sectors or types of care.</td>
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