

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

Pure Offices

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Date of Inspection: 06 June 2014

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

Respecting and involving people who use services	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Safeguarding people who use services from abuse	✓	Met this standard
Supporting workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Blue Sky Care Limited
Registered Manager	Mr John Mervyn Carter
Overview of the service	Pure Offices provides supported living services for adults, some of whom are living with a learning disability.
Type of services	Domiciliary care service Supported living service
Regulated activity	Personal care

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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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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 announced 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 6 June 2014, talked with carers and / or family members and talked with staff.

What people told us and what we found

During the inspection there were 13 people who used the service. Due to the complex needs of the people who used the service we used other methods to assist us with our inspection. We spoke with five relatives and asked them about the care their family member received. We spoke with the registered manager and four support workers. We reviewed support plan documentation, staff personnel and training files and company policies and procedures.

Throughout this inspection we focused on these five key questions; is the service safe, effective, caring, responsive and well-led?

Below is a summary of what we found. The summary describes the records we looked at and what relatives of people who used the service and the staff told us.

If you want to see the evidence that supports our summary please read the full report.

Is the service safe?

We asked relatives of people who used the service whether they felt their family member was safe when support was provided by the staff. A relative we spoke with said, "I have no worries at all when the staff are with them and they go out together." Another relative said, "My son is absolutely safe."

The relatives we spoke with told us they were involved in decisions about their family member's support. All spoke positively about the registered manager and the staff stating they were pleased that they were consulted. However, support plan documentation did not always record when discussions with relatives had been held.

There were procedures in place to identify and prevent abuse to people occurring. Staff showed a good knowledge of the referral process and could explain the process they would follow, both internally and externally, should they suspect someone had been the victim of abuse.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. At the time of the inspection no application for DoLS had been made, but the registered manager could explain the process for doing so.

Is the service effective?

We asked relatives of people who used the service what they thought of the support provided by the staff. One relative we spoke with said, "They had a new support worker start recently. They were introduced to my daughter first and really got to know her before she then went out alone with her. She gained my daughter's trust. It was a really effective and clever way of approaching this."

We looked at three staff personnel files, training records and the training matrix. The training matrix showed what training had been completed by the staff. The training matrix, on the whole, showed training was up to date, although we identified some areas where training for some staff had expired.

Staff received regular supervision and assessment of their work and areas for future development were identified.

All four of the staff we spoke with told us they felt appropriately trained for their role.

Is the service caring?

We asked relatives of people who used the service whether they felt the staff provided support in a caring manner. One relative said, "I can't fault the staff in anyway. From start to finish they have accommodated my son so well. The staff are spot on."

Is the service responsive?

People's individual needs were assessed and responded to appropriately. One support plan we looked at stated the person required staff to use Makaton signs and symbols. Makaton is a language programme which uses signs and symbols to help people to communicate. It is designed to support spoken language and the signs and symbols are used with speech, in spoken word order. We spoke with this person's relative and they spoke very highly of the staff. They said, "They [staff] are great with my son, they know his needs straight away."

We saw the provider's policy which stated how they prevented people from unlawful discrimination.

Is the service well-led?

Staff spoken with told us they felt able to raise any issues they had with the registered manager. They told us they felt supported and their views were respected. A support worker we spoke with said, "I get on really well with the manager, they are very approachable and supportive. They are always there to help." A relative we spoke with said, "The manager is spot on and thorough. They ensure such a consistent approach to the care provided."

The registered manager was aware of the parts of the service that required improvement and plans were in place to ensure the improvements were made.

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

In each of the support plans we looked at we saw an assessment had been made for each person's ability to undertake independent living tasks. In one support plan we saw guidance for staff to assist the person with eating their food. The guidance gave specific information about how they should do this to ensure the person they supported maintained as much independence as possible. In another support plan we saw a person enjoyed carrying out domestic tasks and wished to undertake this unaided. Guidance was provided for staff which stated how they should ensure the person's safety whilst encouraging their independence.

One staff member we spoke with told us how they ensured people were encouraged to be as independent as possible. They said, "I assess people to see what they can do. I don't want to do anything for them that they can do for themselves. I ensure I read the support plans to make sure I am up to date on people's needs. The support plans are really useful." This meant people were supported in promoting their independence.

All five of the relatives we spoke with told us they were pleased with the support their family member received in accessing the community. One relative told us the support worker assisted their family member with going to play pool and bowling. Another relative told us their family member was supported in attending a daycentre where they met and socialised with other people. They said, "I have no concerns when they go out together. The staff are great with him, they know what he needs and how to support him."

We asked relatives whether they were given the appropriate information about the support available for their family member's care. One relative we spoke with said, "They talked me through all of the options available regarding their care and support and we agreed what would happen before the support began."

The registered manager told us they had just finalised a service user guide which would be made available for all people who used the service. We were shown a copy of this and it included information such as; the type of support available to people, how their rights will be respected and how to make a complaint. The registered manager acknowledged that this should have been made available when people first started at the service and would ensure these were provided for people immediately.

The relatives we spoke with told us they were involved in decisions regarding their family member's care. All spoke positively about the registered manager and the staff and were pleased that they were consulted. One relative we spoke with said, "If there are changes to be made to my family member's care, they ring us straight away." Another relative said, "I am happy, but we could do with more reviews of the care."

The support plan records we looked at did not always record when discussions had been held with family members or people who used the service. The registered manager told us they would ensure that all discussions held with relatives or people who used the service were recorded in each support plan to show who had been involved with decisions made.

The registered manager showed us the minutes from a recent management review meeting where they had highlighted that the support plan records needed to record more extensively people's involvement with decisions relating to the care and support. We saw a deadline had been put in place for this to commence by the end of June 2014. This meant the provider was aware of areas that required improvement and were putting the necessary measures in place.

We saw the provider's 'Charter of Rights' which outlined how people's diversity, values and human rights were to be respected in areas such as religion and spiritual needs.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and support was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We asked relatives of people who used the service whether they family felt the staff provided care in a caring and effective manner. We received a positive response from all relatives. One relative said, "I can't fault the staff in anyway. From start to finish they have accommodated my son so well. The staff are spot on." Another relative we spoke with said, "We had a new support worker start recently. They were introduced to my daughter first and really got to know her before she then went out alone with her. She gained my daughter's trust. It was a really effective and clever way of approaching this."

People's needs were assessed and support was planned in line with their individual support plan. We saw assessments had been conducted in a variety of areas which provided guidance for staff on how to offer appropriate care and support to people. One support plan we looked at stated the person required staff to use Makaton signs and symbols. Makaton is a language programme which uses signs and symbols to help people to communicate. It is designed to support spoken language and the signs and symbols are used with speech, in spoken word order. We spoke with this person's relative and they spoke very highly of the staff. They said, "They [staff] are great with my son, they know his needs straight away."

Care and support was planned and delivered in a way that was intended to ensure people's safety and welfare. People's ability to undertake tasks within their own homes and in the community had been assessed. In one care plan that we looked at we saw distraction techniques were recorded to assist staff when supporting a person at a day centre to prevent them from becoming distressed and placing themselves or others at risk.

We saw the provider's policy which stated how they prevented people from unlawful discrimination. We saw the new service user guide, due to be given to all people who used the service, contained information, in a format they could understand, advising them how they should expect to be treated. The guide stated, 'We are committed to promoting equality and eliminating unfair discrimination. We want our services to be accessible regardless of race, nationality, disability, gender, age, ethnic origin, religious belief, marital status or sexual orientation.'

In each support plan that we looked at we saw there were plans in place to deal with foreseeable emergencies with guidance for staff on how to assist someone if they required emergency assistance.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA). Correctly applied DoLS make sure that people are looked after in a way that does not inappropriately restrict their freedom. The safeguards should ensure that people are only deprived of their liberty in a safe and correct way, and that this is only done when it is in the best interests of the person and there is no other way to look after them. The registered manager told us there were currently no DoLS in force at the moment, but could explain the process should one need to be applied for. Staff training records showed that training had been undertaken in DoLS and the MCA.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening

Reasons for our judgement

We asked relatives of people who used the service whether they felt their family member was safe when support was provided by the staff. A relative we spoke with said, "I have no worries at all when the staff are with them and they go out together." Another relative said, "My family member is absolutely safe."

People who used the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. We saw the provider had processes in place to inform staff how they could identify different types of abuse. Staff spoken with could explain the different types of abuse and what they would do if they suspected a person was being abused. They were aware of the provider's whistleblowing policy and could explain the process for reporting allegations of abuse both internally and to external agencies such as the multi-agency safeguarding hub (MASH) or the CQC.

We saw the provider had procedures in place to respond appropriately to any allegations of abuse. They told us they would report concerns to MASH in the first instance and then to the CQC. Records viewed reflected this. The provider may wish to note that whilst we saw the correct referral details for reporting concerns to MASH were posted on the wall in the office, the company safeguarding policy, dated 2009, did not contain the correct referral information and was out of date.

During the inspection we discussed with the registered manager the procedures they had in place that ensured people's finances were managed appropriately and people had access to their money when they wanted it. They told us a financial capability and risk assessment was being implemented for all people who used the service. This outlined staff responsibilities and ensured people who used the service were protected from the risks of financial abuse.

We asked the registered manager whether restraint techniques were used by staff when managing behaviour that was challenging. They told us staff had been instructed not to use any form of restraint and were guided to use, "a positive behaviour approach."

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and support safely and to an appropriate standard.

Reasons for our judgement

We asked relatives of people who used the service whether the staff were knowledgeable about their family member's needs. A relative of a person who used the service said, "The staff seem well trained. The right staff are placed with my son. It is so important that the correct staff support him." Another relative said, "I have no worries about the staff at all."

We looked at staff personnel and training records. The staff files viewed showed they had received appropriate professional development. Staff had received training in mandatory areas relevant to their role that enabled them to provide effective care and support that met people's needs. Mandatory training for these staff members such as moving and handling and infection control had been completed.

We viewed the training matrix which recorded the training completed or booked for all staff. On the whole the training matrix showed training for staff was up to date. However we identified some areas of training that had expired. For example we identified moving and handling training for two members of staff had expired and was due for renewal. The registered manager told us they would review all training completed by staff to ensure that where there were gaps in training, courses would be booked immediately.

We saw staff were able, from time to time, to obtain further relevant qualifications. The registered manager told us that staff had either undertaken or were due to be enrolled on NVQ's in Adult Social Care (now referred to as diplomas). They told us they had introduced a training programme where all new members of staff whom had not undertaken their NVQ training would be enrolled on a course within three months of beginning their role.

Staff spoken with told us they felt appropriately trained for their role. One staff member said, "I have carried out lots of training in areas such as; safeguarding, positive behaviour and how to address behaviour that challenges. I feel really confident in my role." All relatives of people who used the service told us they had no concerns regarding the ability of the staff members who supported their respective family member.

We saw staff received regular supervisions and an appraisal, where the quality of their

work was reviewed by a member of the management team. Staff were able to contribute to the discussions and agree actions for further development. We spoke with a new member of staff. They told us a member of management had been out to see them during their first week of working in their role on their own. They offered them support and guidance and were available to answer any questions the new member of staff had. The member of staff said, "The management are great, they are very helpful. I can ask them anything I need to." This meant staff performance was regularly assessed and new members of staff were supported to ensure they were confident and competent in their role.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

We saw the registered manager had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and others. Regular reviews of people's support plans were conducted with the involvement of relatives and external representatives when required. Care plan documentation on the whole was up to date and reflective of people's needs. The registered manager told us staff were expected to complete daily record logs and to send them to the office. This enabled them to review the logs and establish whether there were any areas of concern.

We saw there was a quality review system in place. This identified areas where improvements to the service were needed. We saw one of the areas identified was to ensure that all policies and procedures were relevant to the supported living service and not the residential services within the provider group. The registered manager advised us they had recently begun a review of all policies to ensure they were up to date and relevant to their service. This meant the registered manager had systems in place that identified areas that required improvement and ensured plans were in place to make the required improvements.

We saw learning from incidents took place and appropriate changes were implemented. Investigations conducted by the registered manager involved the person who used the service, their family member or representative and where appropriate, external professionals. Actions recommended by the registered manager were followed up and recorded appropriately in each person's support plan. This meant people who used the service and their relatives could be reassured that the registered manager investigated all incidents and actions recommended by them were completed.

Decisions made about care and support were made by the appropriate member of staff at the appropriate level. Key worker details were recorded. A wide range of external professionals were consulted when professional guidance was required.

People's views were welcomed and acted on. Questionnaires and feedback forms had been issued to people who used the service and relatives. We viewed a sample of the questionnaires and they all gave positive feedback. All questionnaires viewed showed people who used the service and their relatives, felt they or their family member was safe when support was provided by staff. One relative stated, 'The standard of support for my son has been excellent. Staff keep us informed of changes, or concerns and provide updates to me when required.'

Staff spoken with told us they felt able to raise any issues they had with the registered manager. They told us they felt supported and their views were respected. A support worker we spoke with said, "I get on really well with the manager, they are very approachable and supportive. They are always there to help." A relative we spoke with said, "The manager is spot on and thorough. They ensure such a consistent approach to the care provided."

We saw the provider had processes in place to take account of complaints and comments to improve the service. None of the people we spoke with told us they had needed to raise a complaint, but felt the registered manager would act if they did. This meant the service was well-led by the registered manager.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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)

(Registered) Provider

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'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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