

Balm Care Services Limited

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## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Balm Care is a domiciliary care agency that provides personal care to people living in their own houses and flats in the community. Balm Care provides a service to people living with dementia, learning disabilities or autistic spectrum disorder, mental health, older people, sensory impairment and physical disabilities. At the time of our inspection visit they provided a service to 23 people and employed 17 care staff.

At the last inspection in April 2015, the service was rated Good. At this inspection we found the overall rating remains Good.

Since our last inspection we have reviewed and refined our assessment framework, which was published in October 2017. For this inspection, we have inspected all key questions under the new framework, and also reviewed the previous key questions to make sure all areas were inspected to validate the ratings.

The office visit took place on 14 February 2018 and was announced. We told the provider we were coming so they could arrange to be there and so they could contact people, to seek their permission for us to speak with them about their experience of using this service.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were procedures to keep people safe and manage identified risks to people's care. People felt safe using the service and staff understood how to protect people from abuse and harm.

People who required support to take medicines received these mostly from family members. However where staff administered medicines, staff were trained and assessed as competent to do so. The provider's recruitment process was thorough and ensured pre-employment checks were made, prior to staff starting work, to ensure they were suitable to support people who used the service.

Staff used protective clothing, such as disposable gloves and aprons when providing personal care, to reduce the risk of infection being passed from one person to another.

People had an assessment of care completed before they used the service to make sure staff could meet people's care and support needs. People said care staff usually arrived around the time expected and stayed long enough to provide the care outlined in their care plan. Care plans provided information for staff about people's care needs and the details of what they needed to do on each call.

The registered manager and staff followed the principles of the Mental Capacity Act (MCA). Staff respected decisions people made about their care and gained people's consent before they provided any care or

support.

People told us they received care from staff who knew them well and from staff who were kind, caring and considerate to their needs. People said staff treated them with dignity and respect and relatives were confident their relations were looked after well. Staff knew the people they visited very well and spoke about people in a caring and considerate manner.

People's care needs were regularly reviewed. The registered manager and office staff were in regular contact with people, or their relatives, to check the care provided was what people needed and expected. People knew how to complain and information about making a complaint was available for people when they started using the service. People knew who the managers were and felt they listened to them and dealt with any concerns they had.

Staff felt supported to do their work effectively and said the managers and provider were approachable and available. There was an 'out of hours' on call system, which ensured support and advice was always available for staff.

The provider's quality monitoring systems included asking people for their views about the quality of the service. The management team regularly checked people received the care they needed by observing staff during visits and through feedback from people and staff.

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

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains safe.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains effective.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains caring.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains responsive.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains well led.	<b>Good</b> ●

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## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The office visit took place on 14 February 2018 and was announced. We told the provider we were coming so they could arrange to be there for us to review their care records and to obtain information about people and staff so we could speak with them after our visit. This visit was a fully comprehensive announced inspection and completed by one inspector.

We looked at the information we held about the service and the provider. This included statutory notifications the provider had sent us. Statutory notifications are reports the provider is required by law to send us, to inform us about incidents that have happened at the service, such as an accident or a serious injury. Prior to this inspection visit, we received information that suggested staff were not always giving medicines and did not stay for the specified times. We looked at this during this inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was an accurate reflection of what we found during our visit.

During the inspection visit on 14 February 2018 we spoke with the registered manager. They provided us with a list of 10 people and relatives who they confirmed had given permission to speak with us. This was so we could gain their views about the service they received. Following our visit, we spoke by telephone with one person who received the service and four relatives. We spoke by telephone with two care staff about what it was like to work for Balm Care.

We reviewed care plans for two people including their daily records to see how their care and support was planned and delivered. We looked at other records related to people's care and how the service operated. This included the providers call monitoring systems, medicine records, complaints, staff training records and the service's quality records. Quality records included two recruitment records, provider audits and

notes of staff meetings and staff supervisions, and records of observed practice.

# Is the service safe?

## Our findings

At our last inspection we rated safe as Good. At this inspection, we found the same level of protection from abuse, harm and risks as at the previous inspection. The rating continues to be Good.

People told us they felt safe receiving care and support because they received care from a consistent and 'friendly' staff team. One person said they felt safe because, "I know the care staff well enough."

Staff understood their responsibilities to keep people safe and protected from the risk of harm or abuse. Part of their regular training included training in safeguarding adults. Staff we spoke with understood the type of concerns they should report and how to report it, such as, unexplained bruises on people's skin, and changes in their behaviour. Staff were confident any concerns they reported would be acted on by the provider. The registered manager understood their responsibility for reporting any safeguarding concerns to the local authority safeguarding team and to us.

There were enough care staff to support people safely and to provide care calls at people's preferred times. People told us care staff usually arrived when expected, but on the odd occasions when they were delayed, they were informed by office staff. For example, one relative said, "Yes, if they are late, the office staff let us know. So far, they have never let us down." People and relatives told us they received care from a staff team that remained consistent. One relative explained why this was so important. They said, "It is nice...you know what to expect and they treat [relative] right. The staff are very good, can't say enough compared to other agencies we have had (previously). We have had bad experiences, but not here." The registered manager said they provided around 80 care calls per day and there were no missed calls because they had enough staff to meet people's needs.

People told us care staff always stayed for the duration of the call and did what was required at each care call. The registered manager told us there was enough staff to allocate all the calls people required and they were recruiting additional staff to provide greater flexibility. The registered manager told us if they were ever short staffed, they and the provider could cover those calls. No one we spoke with had experienced a missed call. Staff we spoke with confirmed there were enough staff and said they had weekly rotas that informed them of the people they would be visiting and the time they should arrive. Staff said calls to people usually remained the same on their rotas to ensure continuity of care. They confirmed they had time to complete each call, and sufficient time was allowed to travel between calls without rushing. One staff member said, "We don't rush, we have time for each and every one as we want to do a quality job." The provider had an out of hour's on-call system to support staff when the office was closed.

Recruitment procedures minimised, as far as possible, the risks to people safety. The registered manager and records confirmed all pre-employment checks were completed, such as obtaining references, identification and an enhanced DBS (Disclosure and Barring Service) clearance. The DBS assists employers by checking people's backgrounds for any criminal convictions to prevent unsuitable people from working with people who use services. Newly recruited staff shadowed other experienced staff before they worked alone with people.

There was a procedure to identify and manage risks associated with people's care. People had an assessment of their care needs completed when they started using the service that identified any potential risks to providing their care and support. For example, where people required help to move around, risk assessments detailed how they should be moved, the number of staff required to assist the person, and the equipment used in their home. People told us staff knew how to move them safely. One relative said, "They (staff) make sure [relative] has their frame, then they take her to the chair lift and meet her at the top." Another relative told us, "They (staff) have to position him in a certain way to stop him slouching in the chair... I insist its right and they are doing it."

Some people had a key safe which care staff could use to access their home if the person or relative was unable to open their front door. People told us they felt safe with staff accessing their homes and when staff left, they locked the door. Care staff were aware of the importance of keeping entry codes safe and making sure homes were secure when they finished their call. One staff member said, "I use the key but announce myself first, before going in. When I leave, I put the key back making sure the door is locked." People confirmed this happened.

We looked at how medicines were managed by care staff. Most people we spoke with administered their own medicines, or their relatives helped them with this. Where people were supported by staff, they told us their medicines were administered as prescribed.

Records confirmed care staff had received training to administer medicines and had been assessed as competent to give medicines safely. Staff said they checked medicines against a medicine administration record (MAR), and signed the MAR to confirm people's medicines had been given. The registered manager told us MARs were checked when MARs were returned to the office, plus staff checked during each visit to ensure people had their medicines as prescribed. We checked examples of completed MAR checks and found no errors or gaps. The registered manager said if there was an issue identified, they sent a message to staff to remind them to check MARs and report any errors.

Staff understood their responsibilities in relation to infection control and good hygiene and had completed training in the prevention and control of infection. They were aware of how to minimise the possibility of cross infection by wearing disposable protective clothing and washing their hands thoroughly between tasks. One staff member said, "We clean our hands, constantly...so not to contaminate food. When you finish, wash your hands again." They said doing this, "Keeps people healthy." They explained that because they went from house to house, it was important to follow safe infection control practice. People and relatives we spoke with confirmed staff wore disposable gloves when they provided personal care. One relative said gloves were kept in their home and staff had told them, "If we have to apply different creams, we would change our gloves to stop cross contamination."

A system to monitor accidents and incidents was in place, however there had not been any known falls or incidents since our last inspection. The registered manager said staff would complete accident and incident records when these occurred and if incidents increased, they would investigate further to see if there were any patterns or trends.

## Is the service effective?

### Our findings

At our last inspection we rated effective as Good. At this inspection we found staff continued to have the experience and skills to provide effective care to people. The rating continues to be Good.

The provider assured themselves they could meet people's needs before they agreed to provide their care and support. The registered manager completed a pre-assessment of people's care and support needs, including their physical, mental and social needs. This gave them confidence they had staff with the necessary skills and experience to support people effectively as soon as they started using the service.

People confirmed they were involved in the assessment process. One relative told us they were involved because, "[Relative] can't hear very well." They told us they had received poor experiences from other care agencies, but were impressed with Balm Care. They said, "We had been let down by one company that upset [Name] but Balm Care came out quick...we were grateful they could start. The staff are very good, can't say enough compared to others."

Initial assessments by the provider informed people's care plans and people and relatives told us their views and wishes were respected. People and relatives told us care staff knew what care and support they needed to meet their needs and maintain their welfare. One person told us, "They know well, I have been using them a while." One relative said staff knew what to do because, "They just get on with it."

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.

We checked whether the service was working within the principles of the MCA and found the registered manager understood their responsibilities under the legislation. They told us all the people who currently used the service were able to make daily decisions about their care, or had relatives who could make decisions in their best interests. We found some MCA assessment records completed by the provider were not always decision specific. The registered manager agreed to review those records to ensure they remained reflective of the support people needed to make individual decisions.

All of the people and relatives we spoke with prepared their own meals and drinks. Families arranged for food and drinks to be available and made meals based on what people wanted to eat, promoting choice and independence.

The provider acted in accordance with nationally recognised guidance for effective induction procedures to ensure people received good care. New staff completed an induction that was based on the Care Certificate and worked alongside more experienced staff to gain the practical skills they needed to support people. The Care Certificate is a nationally recognised set of standards to ensure staff have the right skills, knowledge

and behaviours. An on-going training programme ensured care staff kept their skills up to date and were effective in their role. Additional training was provided such as epilepsy, conflict management and airway training (basic life support). This training equipped staff with the knowledge to help support people who had particular health concerns. People and relatives felt staff were trained because they were competent and effective.

Staff received supervision (one to one meetings) with the registered manager. Part of the supervision programme was unannounced observations of their practice, 'spot checks', to make sure they put their training into practice. During the 'spot checks' the registered manager looked at record keeping, communication, call times and how staff provided people's care to support their privacy and dignity. Staff understood each other's roles so they knew who to go to for immediate support. Care staff said communication from the 'office' worked well and they were able to speak with the managers about any issues, especially about people's changing needs.

The registered manager told us how they worked in partnership with other agencies and health professionals such as social services, commissioners of services and the NHS to make sure people's needs were fully assessed and the right care was in place. The registered manager said, "We work closely with NHS and we take very complex care packages. I do a thorough pre assessment so we know what to do and how to provide that support." They said, "We get these packages because we are trusted." Staff said most people or families made their own GP or health appointments but would help them if required.

# Is the service caring?

## Our findings

At our previous inspection we rated the service as Good in caring. At this inspection, we found people continued to have their privacy and dignity upheld by a caring, kind and friendly staff team. The rating continues to be Good.

People were complimentary of the staff who provided their care and support. People and relatives told us the staff who supported them were considerate and understood their individual preferences. A relative told us, "Staff know what to do, they change [person] and we have a stand hoist. ...there is always two (staff) to operate the hoist for safety."

Most relatives said staff had built friendships with their family member because they visited them regularly. People said staff had time to talk with them during their visit and did not have to rush. One relative described staff as, "Absolutely wonderful." Relatives explained they could tell staff were warm and caring in their approach. One relative said staff were very caring because, "It's their attitude, how they talk." They said the registered manager led by example, "[Registered manager name] knows what she is doing. . .she and staff are very calm and collected, polite." They also told us staff were non-smokers which they said, "That makes a big difference when they are in your home."

People and relatives said staff had time to talk with them and keep them company. One relative said their relative enjoyed having conversations with the staff. This relative told us, "Mom will say she has had a lovely chat. They (staff) don't just come in, they make it very easy. They know mom very well."

People told us care staff upheld their privacy and dignity. For example, a relative said they preferred female care staff and their choice was respected. One person said they needed help with all aspects of personal care, but felt comfortable with the staff who supported them.

The registered manager carried out observations of care staff in people's homes and told us, as part of their observations, they watched how staff communicated with people and if they were respectful. During the scheduled care call and at care reviews, the registered manager asked people and/or relatives if they were satisfied with how the care was delivered and if they were pleased and satisfied with their care worker. The registered manager said people and relatives were complimentary of the support they received. On occasions when people wanted a different care staff member, their choice was supported.

Discussions with the registered manager assured us people's diversity was respected. The care planning process included a discussion with people around their diversity and the support they needed to live their lives as they chose. This included their preference to gender of care worker.

The registered manager told us there was no one using the service that required staff to support their cultural or religious needs. The providers PIR stated, 'We are aiming to recruit staff from a multi-cultural background. We have realised that some people do not speak English, however can speak a group of languages that interlink'. The registered manager told us they supported people across a diverse city and

supported people who spoke many languages. They were confident they had staff who could understand each other and that increasing their skill mix of languages would benefit those they supported. The registered manager had previously learnt sign language and was considering further training for them and staff.

Information about the service was available and accessible to people. People were provided with a service user guide that contained information about the service and how it operated. The service guide provided people with useful telephone numbers for the service, levels of service to expect and how to make a complaint. However some information, such as the office address and complaints information needed updating. The registered manager told us if required, information could be made available to people in other formats and languages as it was held electronically and could easily be changed to suit individual needs.

## Is the service responsive?

### Our findings

At our previous inspection we rated responsive as Good. At this inspection we found management and staff continued to be as responsive to people's needs and concerns as they were during the previous inspection. The rating continues to be Good.

People told us care staff showed concern for their wellbeing and responded to their needs. Comments from people included, "100% looked after" and, "Yes, they do exactly what we need." A relative told us, "It's the little things they do that makes the difference. Staff put a towel on the commode seat to make sure it's warm...it's the little things." They went on to tell us that previous care agencies had not supported their family member in a caring way, but since moving to Balm Care, "I give them 10 out of 10."

People told us they had a small group of staff who supported them which meant they got to know each other well and that helped promote confidence that staff would deliver good outcomes. The registered manager told us a care co-ordinator completed staff rotas in advance and if required, these could be sent to people so they knew who was providing their care. The registered manager said the new electronic system made it easier to communicate last minute or planned changes to staff which helped limit any delays in providing care.

People told us they were involved in decisions about their care and were able to express their views. Relatives told us they discussed what was needed and how they wanted care delivered once it was agreed with their family member. One relative said of the care, "Very good, as a family we can't do the washing (for person) as it is too emotional. Staff look after their catheter, do full body washes, wash their hair, change clothes and change the bed. They do all this very well." Another relative said, "The staff and management are very good at all of their admin work...they write everything down." Another relative said staff followed the care plan and then wrote down what they had done.

A copy of the person's care plan was kept at the office. We reviewed two people's care records. Care records contained information about people's daily routines and an assessment of people's needs that included how any identified risks were to be managed. Plans provided guidance for staff about everything they needed to do on each visit and how people liked their care provided. People told us staff wrote information in the daily records kept in their home, so that other care staff knew what care they had received.

Care staff told us if a person's needs changed the registered manager would review the care plan and tell them what had changed. Staff said they completed a communication book which also identified any changes in a person's care. The persons' care plan remained in the home for staff to refer to for guidance and staff told us they read people's care plans, especially people new to the service. Relatives said they were involved in care planning decisions and if changes were required, they discussed these with staff and the registered manager. People had regular reviews of their care to make sure the service remained responsive to their needs.

No one received end of life care at the time of our visit. The registered manager said they had supported

people who were at end of life and followed and respected people's and families wishes. They also told us they followed advice and guidance from other healthcare professionals to make sure people received the care and support they needed, especially if people chose to stay in their own home.

We looked at how complaints were managed by the provider. The provider had received five complaints in 2017 which had all been responded to within the provider's expected timescales. People we spoke with knew how to complain and said they had complaints information in their home. People and relatives felt confident to raise concerns and with one exception, had not raised a complaint. They told us they were very pleased with the service provided. However, one relative gave us examples of the concerns they had raised. This relative said, "On a couple of occasions I had to complain and it was always sorted out." They told us they raised concerns about the attitude of one staff member saying, "The staff member has not been back since." They explained that any concerns they had raised had been responded to quickly and effectively. They said, "I had a supervisor come to see me. I went through a lot of things with them and it did improve. I would rather tell them than sit on it."

## Is the service well-led?

### Our findings

At the last inspection we rated this area as Good. This was because there was a registered manager in post and there were systems to monitor and audit the quality and safety of the service. At this inspection we found the systems continued to be effective to monitor the service provided and the service continued to be well led. There was a registered manager who had been in post since the service was registered with us in 2013. People, relatives and staff told us the registered manager ran the service well and responded promptly and effectively whenever they needed their support. Since the last inspection we had not received any statutory notifications because there had been no occasions when the provider needed to notify us. However, we discussed specific examples with the registered manager and their responses demonstrated they knew what to report to us in order to fulfil their regulatory responsibility.

Following the last inspection the registered manager told us they sent a copy of their final report summary and report to all those people who used their service. However, they had not displayed a copy of their CQC rating in their office. Before we left, the registered manager rectified this and they gave us their assurance that following this report, they would display a rating poster in line with their regulatory responsibility.

People spoke positively about the care staff and the management team. Comments made were, "Any problems we would raise, they are very approachable" and, "If I have a problem I call them and they deal with it." People and relatives told us the registered manager contacted them throughout the year to check they were happy with the service. One person told us they raised an issue at one of those calls about a staff member. They said the registered manager took action and that staff member did not complete any further calls to them. This gave people confidence to raise concerns knowing actions would be taken. The registered manager's approach to people raising a concern was, "We listen to people if they have a concern and we address it without victimisation."

Care staff felt supported by the registered manager and the provider. Staff said they could approach them without an appointment and their concerns would be listened to and acted on. Staff told us they had regular opportunities to discuss their roles and the registered manager's unannounced spot checks meant they could be confident they were using their skills effectively. One staff member told us how, "I never know when they are but I don't mind them. We need to know we are doing it right."

Care staff told us they were confident to report any concerns about poor practice. They told us they would report any concerns to the management and were confident appropriate action would be taken. If they felt action had not been taken, staff knew how and who to share their concerns with, for example CQC or the local authority. Staff told us they had the opportunity to share their views at staff meetings. Records showed staff had the opportunity to discuss the developing needs of people they supported and share any concerns they might have. Records of staff meetings showed the registered manager ensured staff were kept up to date and that learning which could improve the service was shared.

Since the last inspection the registered manager had implemented a computerised system for supporting the service. This system scheduled and allocated calls to care staff via their mobile phone. The registered

manager monitored this system throughout the day as the system alerted them if care staff had not arrived around the time expected for their calls. When alerted, the registered manager contacted the care staff and if they were delayed, they notified the person that their call was delayed and why. The system also provided care staff with their work schedules two weeks in advance so the need to cover calls at the last minute was kept to a minimum.

The registered manager had identified people living alone were at particular risk if a care call was late or missed. They said the benefits of this system allowed them to monitor calls closely and to take prompt action if a call was missed. They said this monitoring enabled them to manage their call programme more effectively so it benefitted those they supported and offered people the level of service they expected.

Records showed the provider had an audit system in place to assure themselves they provided a good service and improvements were made where required. For example, they looked at missed care calls and medication errors, which they were alerted to through their checks. This meant people themselves could be kept safe as control measures were in place to reduce the risk of recurrence for that individual and across the service as a whole.

The registered manager worked in partnership with Birmingham City Council to increase their knowledge and learning, as well networking with other likeminded services. They told us the last City Council meeting talked about the upcoming price changes in care packages and changes in how packages were structured. Other information to help providers was shared at the meetings, such as legislative changes with pensions and increases in payment of salaries. They told us they found these meetings useful because it helped them plan financially for the months ahead. They also told us working with similar organisations helped them share best practice and ideas that worked well to improve their service, but also to contribute to the development of the care sector locally.