

Purple Balm Limited

Purple Balm Exeter Branch

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

The inspection took place on 1 and 2 September 2016 and was announced. The service was previously inspected on 22 and 23 January 2014 when we found the service was fully compliant with all regulations covered in the inspection. During this inspection we found no breaches of regulations and we found people received a good service.

Purple Balm (Exeter) domiciliary care agency is a domiciliary care agency which provides personal care to vulnerable adults in the community, the majority living in the Exeter area. The service provision varies from half hourly visits daily to the provision of 24 hour care for people living in their own home. The agency also provides staff to work in residential and other social care settings; however we did not inspect this aspect of the service as there is no requirement for it to be registered. The registered manager told us personal care support was currently being provided to approximately 60 people.

There was 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.

The registered manager was accessible and approachable. Staff, people who used the service and relatives felt able to speak with the manager and provide feedback on the service. There were systems in place to monitor the quality of the service, including regular spot checks, audits and annual satisfaction surveys for people who used the service and staff.

Comprehensive risk assessments had been carried out, however, this was in a tick box format which did not always include detailed guidance for staff to minimise the risks. Despite this lack of detailed information, people told us staff were well informed about any risks and how to keep them safe, and no accidents or incidents had been documented in people's homes.

Some care plans had not been reviewed to reflect changes in people's support needs, although staff had been kept informed via an update sheet in the persons file, and emails, texts and phone calls. People confirmed staff had a good understanding of their needs and were well informed about the care to be provided. Plans were in place to review the risk assessment process and complete outstanding care plan reviews once a new operations manager had been appointed.

People were kept safe and free from harm. There were appropriate numbers of staff employed to meet people's needs and provide a flexible service. The majority of people had a consistent staff team. The agency ensured people were notified promptly of any changes, so they always knew who would be coming and when.

The registered manager told us the service had been through a challenging time related to the retention of

some management staff. This had impacted on the frequency of staff supervision. The registered manager ensured staff continued to be well supported, and staff confirmed this was the case. They received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

Staff knew the people they were supporting and provided a personalised service. Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care. People told us they liked the staff and looked forward to the staff coming to their homes. Comments included, "I can't say anything wrong about them. They are really, really lovely people, they do listen to you," and, "I'd recommend them to everybody. They've got time for you; they do exactly what you want them to do. They cheer you up as well. We have a chat about things and a bit of a laugh".

Where required people were supported, as part of their care package, to access food and drink and maintain their nutrition and hydration according to their needs and preferences.

We were told by people using the service that most of their health care appointments were co-ordinated by themselves or their relatives. However, staff were available to support people to access appointments if needed and liaise with health and social care professionals involved in their care if their health or support needs changed.

The registered manager and staff team were proactive in keeping their knowledge and skills up to date and using this knowledge to improve the lives of the people they supported. They were also working to develop constructive links with the community by raising money for charities.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People's needs were assessed to ensure risks were identified and the risks were safely managed. The manager was aware some risk assessments required more detailed guidance to direct staff and the risk assessment process was due to be reviewed.

The service protected people from the risk of abuse through the provision of policies, procedures and staff training.

There were appropriate staffing levels to be flexible and meet the needs of people who used the service.

Is the service effective?

Good ●

The service was effective.

Staff had the skills and knowledge to meet people's needs and received regular training to ensure their skills and knowledge were maintained. They were aware of their responsibilities under the Mental Capacity Act 2005.

Staff were well informed about people's needs prior to visiting for the first time. The majority of people were supported by a consistent team of staff which meant staff knew people well and had a good understanding of their needs.

Staff were available to support people to access appointments if needed and liaise with health and social care professionals involved in their care if their health or support needs changed.

Is the service caring?

Good ●

The service was caring.

People who used the service told us they liked the staff and looked forward to them coming to support them.

Staff were respectful of people's privacy and dignity.

Staff were committed to promoting people's independence and

supporting them to make choices.

Is the service responsive?

Good ●

The service was responsive.

Some people's support needs had changed since their care plans were written, although care staff had a good understanding of their current needs. The registered manager was aware of this and outstanding reviews were planned.

People were involved in drawing up their care plans. This meant care plans were personalised to each individual and helped staff understand how they wanted their care to be provided.

There was an effective complaints process which people were encouraged to use if necessary.

Is the service well-led?

Good ●

The service was well led.

People, relatives and staff expressed confidence in the management.

People were supported by a motivated and dedicated team of management and staff.

The provider had systems in place to monitor the quality of the service.

People, relatives and staff views were sought and taken into account.

Purple Balm Exeter Branch

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 was planned to check 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.

This inspection took place on 1 and 2 September 2016 and was announced. We gave the service short notice because we wanted to meet the registered manager and needed to be certain they would be available during the inspection. This also gave the registered manager sufficient time to ask some people if they would be willing for us to visit and speak with them in their homes. The inspection was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

During this inspection we went to the provider's office and spoke to the registered manager, training manager and care co-ordinator. We looked at a range of records the provider is required to maintain. These included four service user support plans, medicine administration records, staff rotas, four staff recruitment files, staff training records and quality monitoring records. We also looked at records of accidents, incidents, compliments and complaints and safeguarding investigations. We spoke to one care worker in the office and four care workers on the telephone. We visited four people with their permission in their own homes and undertook phone calls to six people that used the service.

Is the service safe?

Our findings

The registered manager told us in their Provider Information Return (PIR), "Purple Balm conduct full risk assessments, both personal and environmental, specific to each client and their location, a copy is kept in the client's home as well as in the office. We provide ongoing staff training to ensure staff are aware of any potential risks and fully competent to perform their roles". The risk assessments covered a wide range of potential risks including mobility, visual impairment, pressure area care, and moving around the home. However, this was a tick box format, which did not always include detailed guidance to direct staff to minimise the risks. For example, some assessments identified the person was at risk due to a visual impairment, but did not explain what staff needed to do to keep them safe, like keeping walkways clear from clutter and putting items back in the same place so the person could find them. Despite this lack of detailed information, we found staff were well informed about people's risks and how to keep them safe, and no accidents or incidents had been documented in people's homes. Plans were in place to review the risk assessment process once a new operations manager had been appointed.

People told us they felt safe using the service. Comments included, "I feel safe with the carers. The important thing is that we can talk to them. We have a trusting relationship" and, "I feel safe with them. They always find out how you are feeling, and ask, 'Have you had a good night?'" ID badges and uniform were worn by all care staff. Staff rotas were sent out in advance to ensure people were aware of visits and times. People told us the agency were good at notifying them about any changes, which meant they felt safe because they knew who would be visiting them.

Staff told us, "There are enough staff to do the job and keep people safe". Staffing levels were determined by the number of people using the service and their needs. The registered manager told us they ensured their staffing levels were safe by not taking on too much work saying, "We'd rather have staff with too many hours and not enough work, it's safer practice". An 'on call system', ensured there was management support available to staff 24/7. The registered manager told us, "There is always back up. They can ring any time of day".

The risk of abuse to people was reduced because there were effective recruitment and selection processes for new staff. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work with vulnerable people. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Staff disciplinary procedures were in place, and had been used effectively.

The service protected people from the risk of abuse through the provision of policies, procedures and staff training. Staff knew about the different forms of abuse, how to recognise the signs of abuse and how to report any concerns. Posters about the whistleblowing policy and process were on the wall in the office, and safeguarding and whistleblowing was discussed at staff supervision. Staff told us they would have, "no qualms" about reporting any concerns. The training had reassured them that whistleblowing wasn't 'grassing' on a colleague, but "something you need to do to keep the client safe". Records showed

safeguarding concerns had been managed appropriately, with Purple Balm working effectively with other agencies to ensure the concerns were fully investigated and action taken to keep people safe.

There were strategies in place to minimise the risk of financial abuse. The registered manager told us they preferred people and their families to manage their own money if possible, however, if they did support people there were robust systems in place for documenting and monitoring all financial transactions.

Where staff assisted people with medication this was managed well. Medicines were clearly documented in care plans and medicine administration records (MAR charts) completed by staff. People signed a form consenting to staff supporting them with their medicines. All staff had completed training, and regular spot checks were completed by senior staff to monitor any issues such as gaps in recording. These were followed up and staff booked to repeat their training if necessary. The registered manager had also devised an easy read booklet to support staff called, "Do's and don'ts with medication".

All staff received training in infection control. PPE (personal protective equipment), like disposable gloves and aprons, was kept in the office for use by staff. Regular observations and spot checks by senior staff ensured this was used appropriately.

Is the service effective?

Our findings

People were supported by staff who had the knowledge and skills required to meet their needs effectively. They told us, "The attitude of carers, and the willingness. Their ability to do what you want. I would still feel confident if my care became more complicated. Even new staff. I've had a number of different carers. They've all been brilliant." This view was shared by a relative who said, "They all know what to expect before they come. My regular [carer] helps me with everything and we have a set routine, which works well for all of us. My regular is brilliant. The new ones are always happy to learn and listen to me. They work well with me."

People were supported by a consistent team of staff. The care co-ordinator told us, "Ninety five per cent of clients have a regular carer", although this wasn't always possible due to holidays and staff sickness. This meant staff knew people well and had a good understanding of their needs. One member of staff told us how they had recognised when somebody was becoming unwell with an infection, and ensured they received timely medical attention. People commented, "I have mainly the same carers" and, "I've got to know them so well".

Staff told us they made sure they knew about people's needs when visiting them for the first time, which meant they had a good understanding of the support they would be providing. One member of staff told us, "I like to be forward planning. If I see somebody new on the rota I will ring the office for some brief information. When I go I read the care plan and talk to the client as well. Everybody is different." A relative confirmed that new staff were generally well informed when they arrived, which showed the information in the care plans was accurate "The new ones come in and I have to tell them routines. Most of them have all the information".

People told us the staff were well trained. Comments included, "I suspect they are trained to talk with us", "They seem to know what they are doing. They always ask permission for personal things and help me with my eye drops" and, "I think they are well trained and they make helpful suggestions". Purple Balm had its own training department and training manager, providing training to staff and external organisations. The training manager was committed to delivering training which was meaningful to staff, recognising they had different ways of learning and absorbing information. Much of the training was practical and 'hands on', for example medicines administration involved role play with one carer as the 'client', and the other completing the medicine administration record (MAR chart). The training manager told us, "Everybody learns differently. It's [the training] very visual, with lots of moving around ... I want them to feel passionate and professional about what they do". Staff told us this approach helped them to learn, "I enjoy the practical work, but sometimes it's hard to take it in. It helps when there is someone there showing you."

All new staff received an initial five day in-depth induction at the start of their employment which provided them with the basic skills and knowledge they needed to provide effective support to people. This covered the structure of organisation and their role and responsibilities, and included first aid, infection control, moving and handling, safeguarding and disability awareness. Staff commented, "The induction was very informative, there were lots of handouts. I still read them now" and, "I learnt a lot from it. I came out having

learnt loads". Following the initial induction staff shadowed a senior member of staff until they had demonstrated their competence and passed their probationary period. New staff were also undertaking the new national care certificate. This is a more detailed national training programme and qualification for newly recruited staff.

All staff received further training and regular updates on essential health and safety topics such as first aid, moving and handling and medicines management. They also received training on dementia awareness, safeguarding vulnerable adults and the Mental Capacity Act (2005). Bespoke training was arranged as required to support staff to meet people's individual care needs. A staff memo stated, "If you are aware of any specific training needs you may have in relation to supporting any of your clients please let me know so we can address this. I am sure you will not be alone and letting us know means we can support you and your colleagues".

Staff told us they were well supported. Staff meetings were held every 12 weeks. Arrangements had been made for them to receive quarterly supervision and an annual appraisal; however there had not been an operations manager in post for three months, which meant formal supervisions had not always taken place as scheduled. The registered manager ensured staff continued to receive the support they needed, and was in regular telephone and email contact. Staff told us, "I always feel support is a phone call away if I need it. Even if I'm out in the community, there's always somebody there. I don't feel like I'm on my own", and "There's a relevant weekly memo. They text with updates. They always keep us informed."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. We found the service was working within the principles of the MCA. Staff had received training and had an understanding of the requirements of the MCA. One person's care plan guided staff, "[Person's name] has capacity to make their own choices, and although we can encourage we must respect their choices". When people lacked the mental capacity to make certain decisions the service had contributed to a best interest decision making process with relatives and the local authority, to ensure any decision made was the least restrictive and in the person's best interests.

Where required people were supported, as part of their care package, to access food and drink and maintain their nutrition and hydration. People told us this was done according to their needs and preferences. Care records contained information about people's dietary needs which enabled staff to minimise any risks, for example, "[Person's name] has a pureed diet. They cannot tolerate lumps in their food as this will increase their risk of choking".

We were told by people using the service that most of their health care appointments were co-ordinated by themselves or their relatives. However, staff were available to support people to access appointments if needed and liaise with health and social care professionals involved in their care if their health or support needs changed. In the PIR the registered manager described how the service worked in partnership with health and social care professionals to meet individual's needs by "... engaging as required with GP's, social workers, professionals as per the consent of the client ...and attending multidisciplinary meetings to ensure the best outcome for the clients".

Is the service caring?

Our findings

All of the people we spoke with told us the staff were kind and caring, including the office staff. Comments included, "I can't say anything wrong about them. They are really, really lovely people, they do listen to you," and, "I'd recommend them to everybody. They've got time for you; they do exactly what you want them to do. They cheer you up as well. We have a chat about things and a bit of a laugh". In the PIR the registered manager described how the agency encouraged office and administrative staff to, "build relationships with clients in order that office staff properly appreciate client's situations and requirements".

Staff were committed to promoting people's independence and supporting them to make choices. They told us they involved the person in decisions about their care as much as possible. "It's good to give people choices, for example I might bring out a few tops and hold them up [when assisting people to get dressed]. It's important not to take their independence away. Sometimes it might be easier to do things for people for an easier life, but they are more than capable of making their own decisions". The registered manager told us staff training promoted people's right to choose and to be independent saying, "We try and be responsive to people's needs. If people want to change their care plan we will meet with them to discuss it. We try to be flexible and accommodating".

People told us staff were respectful of their dignity. One person told us, "They were just there and supported me if I was suffering. They never judged me. They were always willing to do something that would help me". People told us staff asked them how they wanted to be addressed, and came at the times that had been agreed, which fitted in with their chosen lifestyle. They told us staff were respectful of their home and belongings. Comments included, "They do respect my home and me and [person's name]. That's important as it's such a high dependency package".

In the PIR the registered manager stated, "Purple Balm complete personalised care plans to express the client's wishes, rights and choices. We enable where possible the client's right to change the service". People confirmed they had been involved in developing their care and support plan, identifying what support they required from the service and how this was to be carried out. If they contacted the office to request any changes, the changes were made straight away. For example, one person needed staff to arrive at a particular time every morning to support them with their care, but one member of staff had been arriving late. They told us, "I rang the manager and the rota was changed immediately". People told us agreed tasks were completed and staff always asked them if there was anything else they could do before they left. One person said, "They will help with other tasks and offer to do other things. They know the routine and get on with it. I don't have to ask them because they see the things that need doing".

The agency ensured people were kept informed about any changes to their care package. One person said, "It's been a bit changeable lately due to holidays and sickness, but if there's any change they ring you immediately". Memos were sent out to people with their rotas, at least every three weeks, informing them about developments within the service, such as staff changes and the imminent office move.

The agency was able to offer care to people at the end of their lives. Training was provided in end of life care,

and the registered manager told us how staff had worked closely with community nurses to ensure people's end of life wishes were discussed and documented, and respected at the end of their lives.

Is the service responsive?

Our findings

People received support that met their individual needs and wishes. The registered manager consulted with each person and/or their families and representatives to draw up and agree a plan of their support needs. There was also input from health and social care professionals if required. People confirmed they had been involved in developing their care plan. Comments included, "This firm gave a long interview to make the care plan. I contributed lots of detail and was satisfied with the amount I put in", "I was involved with all of it" and, "After, when I read the care plan, I thought it was very good".

The care plan was kept in a folder in the person's home, with a duplicate in the office for staff to refer to. Care plans contained information about people's physical and psychological support needs and any related risks, including medication, moving and handling, eating and drinking, personal care needs, daily routines and social activities. MAR charts and daily records were also in people's folders for completion by staff. There were signed forms consenting to the provision of care, guidance about how to make a complaint and contact details so people knew who to contact at the agency for advice or support. People told us, "I know if I ring Purple Balm for anything I'm going to get an answer and I'm going to get it quickly", and, "When I ring the office it's easy to get through".

In the PIR the registered manager said, "Purple Balm undertake regular reviews with clients to ensure we are achieving the best outcome for the individual. Personalised care plans are reviewed and updated at least once a year, more often if their needs change". However, during the inspection we found some care plans were not reflective of people's current support needs, although people told us care staff had a good understanding of them. For example, one person's care plan said they didn't like hot drinks, which was not the case. Another care plan assessed the person as being at risk due to a visual impairment, which the person told us was no longer accurate following a cataract operation. The registered manager was working to review risk assessments and care plans and assured us the appointment of a new operations manager would speed up the process. In the meantime staff were kept informed of any changes to people's needs by telephone, email or an additional sheet added to the original care plan.

Care plans were personalised to each individual, and helped staff understand the person and their needs, and how they wanted their care to be provided. One person was unable to communicate verbally. Their care plan helped staff understand their communication needs and what they wanted to express. "[Person's name] understands what is being said and will let you know if there is something they do not like. They enjoy banter and talking about their interests. They will use body language and noises to let you know if they are unhappy". Where appropriate, people were encouraged to maintain their independence, with staff prompting them to undertake certain tasks rather than doing it for them. For example, one person's care plan guided staff to, "Assist with all personal care and wash hair. Allow [the person] to do as much as they are able to encourage independence... They are able to tell you what they would like to wear".

In the PIR the registered manager stated, "Purple Balm match carers with clients as best as possible to provide personal compatibility, best skills match and continuity of care". People told us they valued the consistency and relationships they had developed with care staff. They said, "The carers are good and

they've got to know [person's name] and me. I really need regular ones and they see to that". People were equally positive about their interaction with staff they did not know. Comments included, "I get different ones all the time but I like that. They are all so nice and helpful", and, "I had five different carers last week but they were all good. They asked me questions".

People told us they were confident they could speak with a manager or a member of staff if they had any concerns or complaints. They said, "I feel able to make a complaint, I would ring the office if needs be. I would feel able to say if I didn't like a carer". The registered manager told us they rarely received complaints about staff, but any received were acted on immediately. This was confirmed by people we spoke to. One person told us one member of staff had not provided care in the way they wanted, "I reported them and they did something about it". The complaints procedure was in people's folders, and gave clear guidance about how to make a complaint. Despite this half of the people who had responded to the agencies recent quality assurance survey had said they did not know how to make a complaint The registered manager planned to send a memo to people to clarify the procedure and remind them of the documentation in their folders.

Is the service well-led?

Our findings

People told us it was a well led service and they would recommend them. Comments included, "The communication and standards are consistent. I can't think of any improvements" and, "They are first class. I'm waited on hand and foot. It works beautifully".

The agency was managed by a person who was registered with the Care Quality Commission as the registered manager for the service. They were supported by a management team responsible for a range of functions, including care co-ordination, finances and training. The registered manager told us, "We like to provide excellent care and deliver an excellent service to all our clients and give staff excellent training and support... We don't want to be a big company, we would rather focus on providing good quality care. It's not about profit; it's more about providing the quality". Managers also provided 'hands on' support to people, covering shifts if necessary and working alongside staff. The registered manager told us, "We're all equals and respond to the needs of the service. It keeps our hand in".

Staff spoke positively about the management of Purple Balm and the support they received. Comments included, "The managers are really approachable. I'm never afraid to ask anything", "They are always friendly and helpful. They understand the job you are doing. A lot have done care" and, "They are very good. They say please and thank you. It's a really good company to work for". The registered manager told us they wanted to show staff they were valued and appreciated. Staff were commended who had 'gone the extra mile or been consistently helpful'. They were encouraged to continue their professional development. The registered manager told us, "We promote training regardless of age. Some carers are not very confident and feel they can't do it. We tell them they are welcome to come into the office to meet the national vocational qualification (NVQ) assessor". NVQ's are work based awards achieved through assessment and training.

The registered manager told us the service had been through a challenging time related to the retention of some management staff. This had been an 'unsettling' period, but they were optimistic they would now be able to 'get back on track' as new management staff had been or would be recruited. They were about to move to new, larger premises which would improve the support they could offer to staff. For example, there was going to be a 'carers area', where staff could meet, which was important because staff could feel isolated when they were 'lone working' without the opportunity for 'peer support'. There were also plans to further develop 'Purple Balm training', with the use of a large training area, where more staff training could be delivered. Ideas for this included monthly workshops about specific topics, involving people and their families, and linking with schools to offer training in dementia.

The provider had systems in place to check the quality of the service. Regular audits were carried out, looking at areas such as the completion of MAR charts, training and recording. The registered manager was planning to make improvements to the current system once a new operations manager was in post. The quality of the service was also monitored through the completion of regular unannounced 'spot checks' by the 'field care supervisor'. This included arriving at times when the staff were there to observe the standard of care provided, and reviewing the care records kept at the person's home to ensure they were appropriately completed. The findings of the spot checks were discussed in staff supervision and any

concerns followed up, with additional training arranged if required.

Satisfaction questionnaires were sent to people and staff annually, asking for their views about the support provided. We saw the agency had taken note of any comments and acted to improve the service where necessary. Memos sent to people stated, "Thank you to those that have returned the client satisfaction forms to us. If you haven't completed it yet please do and pass to any of your carers who will be happy to bring it in to the office. Purple Balm strive to be the best we can be and we value your opinion and feedback".

The registered manager and staff team were proactive in keeping their knowledge and skills up to date and using this knowledge to improve the lives of the people they supported. For example they were working in partnership with a dementia awareness and support group, 'Purple Angel', to develop and trial an MP3 player which played pre-programmed songs containing subtle messages to remind people to eat or drink. They had also hosted two dementia conferences involving professionals and guest speakers from charities including Dementia UK and Age UK. Care conferences, compliance workshops and the local authorities' 'Proud to Care' and 'Provider Engagement Network' provided additional opportunities to discuss and share best practice.

The registered manager described how Purple Balm staff were working to develop constructive links with the community by raising money for charities. For example, a sponsored walk between the three Purple Balm branches in Newton Abbot, Exeter and Plymouth had recently taken place, and fund raising quiz nights were planned.

As far as we are aware, the provider met their statutory requirements to inform the relevant authorities of notifiable incidents. They promoted an ethos of honesty, learned from any mistakes and admitted when things went wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.