

Purple Balm Limited

Purple Balm Exeter

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Purple Balm is a domiciliary care agency. The service provides personal care to older and younger adults in Exeter, Newton Abbot and Plymouth areas who may have physical disabilities, learning disabilities or autism, mental health issues or be living with dementia. At the time of our inspection there were 89 people using the service.

Not everyone who used the service received personal care. In this service, the Care Quality Commission can only inspect the service received by people who get support with personal care. This includes help with tasks related to personal hygiene and eating. Where people receive such support, we also consider any wider social care provided.

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

Service provision was monitored on a day-to-day basis, and staff practice monitored through spot checks, supervision, and feedback from people using the service. However, there were no formal auditing process in place to monitor the quality and safety of the service. This meant the failings we found during the inspection had not been identified or action taken to address them.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; however the policies and systems in the service did not support this practice.

Staff received an induction, training and supervision to support them in their role. However, some staff told us they did not feel valued or supported. The service was registered to support people with a learning disability or autistic spectrum disorder, however relevant training was not provided which is a legal requirement.

Recruitment checks were carried out for staff before they started working at the service to ensure they were safe to work with vulnerable people. However we found some gaps in employment history, which the provider undertook to clarify.

People were at risk of receiving unsafe care because care staff could not access the detailed information in care plans on their hand-held devices. In addition, risk assessments were not always up to date.

There were systems in place to ensure the safe management of medicines, however improvements were needed to ensure people's allergies were recorded on the computerised care planning system.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People were at the centre of their care and were supported to be as independent as possible. Managers and staff empowered people to make their own decisions about their care and support. We received positive feedback from people and family members about the service provided and the positive outcomes people experienced.

People were supported by a consistent team of care staff and there were no missed visits. They told us, "The carers are so kind, trustworthy, happy, punctual and do what is needed. Office staff are lovely."

People were protected from the risk of abuse and avoidable harm. Lessons learnt from accidents and incidents were used to prevent reoccurrences.

People were supported to live healthier lives, with staff supporting and contacting health care professionals when needed. Staff worked in partnership with other professionals to ensure people received the right support.

The provider was committed to continuing to learn and make the necessary improvements to the quality and safety of the service provided. They welcomed the feedback given during the inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 6 October 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations:

We have identified breaches in relation to the need for consent, governance and staff training.

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

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Requires Improvement ●

Purple Balm Exeter

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. The service was being managed by the nominated individual.

Notice of inspection

This inspection was announced.

We gave a short period of notice of the inspection to ensure staff would be available to support our initial office visit. Inspection activity started on 3rd April 2023 and ended on 19th April 2023. We visited the location's office on 5th April 2023.

What we did before inspection

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

During the inspection

We spoke with 5 staff including care staff, office staff and the provider, who was also the nominated individual. We received additional written feedback from 4 care staff. We visited 4 people in their homes and spoke with 6 people and 3 family members by telephone about their experience of the care provided.

We reviewed a range of records. This included people's care records and medication records. We looked at 5 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

We received feedback from 2 external professionals who worked with the service.



Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The information available to care staff on their hand-held devices described tasks to be completed. There was minimal information about people's needs, risks and how they wanted to be supported. Staff expressed concern about the difficulty they had accessing this information. They told us, "Our online care plans are very minimal, more so when we get a new client. There is not much to go by if there are no carer logs to look back on which means I have to call the office to get more information before going into a visit. Clients very rarely have their care folder to hand, if at all. I keep up to date by reading previous care logs."
- Risk assessments were not always up to date. For example, one person's risk assessment advised carers to ensure all medication was kept in a locked box for their safety. The box was not currently in place however, and the level of risk to the person had increased.
- We discussed our concerns with the provider. Detailed care plans and risk assessments were completed with people, their representatives and relevant professionals if appropriate, however this information was not accessible to staff on the current computerised care planning system. A new system was being introduced within the next 4 weeks which would ensure all the information staff needed to understand and mitigate people's risks was accessible to them. It would also ensure risk assessments were kept up to date.
- People were supported by a consistent team of care staff, who responded promptly to any concerns. A relative commented, "As they are a constant, they recognise any changes. The carers contact the central team, discuss with us any ongoing risks. Any decline in her health is picked up and they instigate when to take her to hospital". An external professional told us, "One client was initially reluctant to have carers coming into her home, but Purple Balm carers built up a rapport with her and she now enjoys and accepts their visits."
- People's level of vulnerability was risk assessed to ensure the most vulnerable people would be prioritised if there were any problems affecting service provision. For example, if their visits were 'time critical' because they needed their medicines, food or fluids at specific times, or if they were dependent on the service for their support.

Staffing and recruitment

- The provider endeavoured to ensure new staff were recruited safely. We found some gaps in employment history, which the provider undertook to clarify. Disclosure and Barring Service checks (DBS) were completed, and references taken for new staff employed by the service. The DBS checks people's criminal history and their suitability to work with vulnerable people.
- People said the service was reliable. They received copies of the rota and the office kept them informed of any changes. Staff arrived on time and stayed for the time agreed. There were no missed visits. One person said, "They send the rota to me every week. It can change, but they will ring me and inform me of changes."

There are no missed visits. If there is a great delay, they will ring and tell me why, always inform me. They absolutely stay for the allocated time or a few minutes over if chatting.

Using medicines safely

- There were systems in place to ensure the safe management of medicines, however improvements were needed to ensure people's allergies were recorded on the computerised care planning system. We discussed this with the provider who advised this would be rectified when a new system was introduced within the next 4 weeks.
- People told us staff supported them to take their medicines appropriately and safely. Comments included, "I have blister packs. They record when I have my medication" and, "I have a drawer with my medication. They help me to sort it out".
- Staff received training in medicines administration. Their ongoing competency was observed during 'spot checks' completed by the field care supervisor. Any concerns about their practice were addressed with them and additional training provided if necessary.
- The medicines administration records were completed by staff on the computerised care planning system. If there were any issues an alert was sent immediately and picked up by office staff for follow up.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe with the staff who supported them. Comments included, "They are respectful to me. I have male carers; they shower me and help me with personal care. They show me the greatest respect" and, "Yes, [family member] is safe. I have met them all. I am in the house at the same time. Their demeanour is kind, not brusque."
- Staff were trained in safeguarding and understood their responsibilities to identify and report any concerns. They were aware that incidents of potential abuse or neglect should be reported to the local authority. They gave examples of where they had raised safeguarding concerns for vulnerable people at risk of harm.
- External social care professionals confirmed that Purple Balm worked effectively with them to keep people safe. One professional told us, "I do think they are safe and responsive, especially since I have had need to involve them in a couple of safeguarding cases, (nothing to do with their provision), where they have attended and adequately provided information to us to aid decision making."

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Staff knew how to report incidents. There were systems in place to review any accidents and incidents to identify lessons learnt, and improvements needed to minimise the risk of recurrence.
- The management team were open and honest throughout the inspection, and welcomed the feedback given. They were committed to taking action to address the concerns identified.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met. We found improvements were needed.

- Staff told us, and we observed, that they consistently asked for people's consent before providing care. Training records showed that training in MCA had been provided, however, some feedback from staff showed they did not have a clear understanding of the MCA and how it protected people without the capacity to make particular decisions.
- Care records for people without capacity to understand risk, or consent to care, contained no record of best interest decisions or details of advocates with legal responsibility for their health and welfare.
- The providers policy document for working with people without capacity was inaccurate as it was not relevant to the people they supported. It referred only to the deprivation of liberty process for people living in care homes or hospitals, rather than in their own homes.

The provider failed to act in accordance with the Mental Capacity Act 2005. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- Staff new to the service completed an induction, including shadow shifts, and a 6-month probationary period. There was an ongoing mandatory training programme, which included medication; first aid and

safeguarding. The service was registered to support people with a learning disability or autistic spectrum disorder, however relevant training was not provided which is a legal requirement.

The provider failed to ensure all staff received training in how to interact appropriately with people with a learning disability and autistic people, at a level appropriate to their role. This is a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and their relatives told us staff had the skills and knowledge to meet their needs. Comments included "The carers are fantastic. They are good at what they do" and, "The carers are experienced. They get the important things right."
- The providers' on-site trainer had recently left the service, and the induction and training programme were now largely completed online. Some staff told us they were not confident using computers and struggled with this. In response to feedback the provider undertook to review training provision to ensure it was accessible to all staff. In addition, they and other office staff were due to complete 'train the trainer' courses to enable them to provide face to face training in moving and handling and medicines management.
- Staff were supported through 6 monthly supervisions and an annual appraisal. The supervision process had been reviewed and updated by the provider to make it easier to use and more relevant for staff. 'Spot checks' were carried out to monitor care practices and identify strengths and learning needs.

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

- People's needs were assessed prior to them being provided with a service, to ensure the service was right for them and their needs and choices could be met.
- Assessments of people's needs included an assessment of the home environment as well as their physical, emotional and social needs. This information informed the development of the care plan, which was reviewed regularly to ensure it was up to date.
- People and their relatives were fully involved in the assessment and care planning process. They told us, "We had a home visit and discussed [family members] requirements. I had some input. I explained how she likes things done and detailed what she wanted done. It was thorough."
- People told us the service was flexible and responsive to their changing needs. Comments included "I was assessed for 14 visits initially. I pruned down to 4 sessions. It has gone up when needed and now back down" and, "They have a list of things to do. If I do not want something that regularly takes place, they will take that on board."

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

- Where required people were supported, as part of their care package, to maintain their nutrition and hydration. A relative told us, "Yes, they support [family member] with food and drinks. She will not eat or drink without their intervention. We can monitor her. They record what she has eaten. We can look at it and go to the GP if needed."
- Care plans gave clear guidance to staff about people's dietary needs and preferences. We observed staff supporting one person in line with their care plan.

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

- The service was proactive in working with other agencies to support people, and referred people promptly and appropriately when required. One person told us, "They have been very supportive when I have been struggling. They reached out to social service to get me extra help."
- External health and social care professionals were positive about the responsiveness of the agency. Comments included, "[Staff member] has a very good handle on what should be reported and is always well

informed about cases when I have had need for information."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was no registered manager in post at the time of the inspection. The provider had taken over the company in May 2021 and had planned to register as manager with the Care Quality Commission. They had not yet done so, which they told us was an oversight on their part.
- Service provision was monitored on a day-to-day basis, and staff practice monitored through spot checks, supervision, and feedback from people using the service. However, there were no formal auditing process in place to monitor the quality and safety of the service. This meant the failings we found during the inspection had not been identified or action taken to address them.

The failure to operate effective systems to ensure compliance with regulations is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed our concerns with the provider. They told us they had faced a lot of challenges since taking over the company. Systems, processes and policies required reviewing and updating, and there had been a high staff turnover and recruitment difficulties. They had made the decision to give notice on a number of care packages in order to make the service 'smaller and more manageable' to keep people safe. They had worked with people and the local authority to ensure there was alternative support in place, in line with the duty of candour. They acknowledged there was still a lot to do, but the service had stabilised and they felt they were 'getting there'. They welcomed the feedback given.
- The service had notified the Care Quality Commission (CQC) of events which had occurred in line with their legal responsibilities.
- Performance ratings were displayed within the service location and on the provider's website.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Some staff spoke positively about the service, however others told us they did not feel encouraged or valued in their roles, and communication could be poor. They found issues such as a lack of information about people's needs, and last-minute changes to the rota stressful. Comments included, "One to one contact with the office is poor. There is no encouragement, only emails if there are moans and groans", "We really need to be able to see as much detail as possible about our clients! This really needs to improve" and,

"I can honestly say I have never felt so undervalued."

- We raised these issues with the provider. They had been unaware of how staff were feeling and acknowledged improvements were needed. They were already looking at how to improve staff engagement and organising team building events. Information sharing would be improved with the introduction of the new computerised care planning system.
- People and their relatives were extremely positive about the culture and management of the service. They told us staff treated them with dignity, and respected their preferences about how they wanted their support provided. One person said, "The carers are so kind, trustworthy, happy, punctual and do what is needed. Office staff are lovely".
- People told us they were contacted regularly to ask for their views about the service. They could access the computerised care planning system which enabled them to see the care being provided in real time. They told us, "I do feel it is well-managed. Speaking to the managers and receptionist I have had no concerns. The App is brilliant, offers assurance and accountability. Yes, I would recommend, and I have done, purely because the level of the service has been consistent and well delivered care. They go above and beyond."

Continuous learning and improving care; Working in partnership with others

- The provider recognised the importance of their own professional development in improving the quality and safety of the service. They had completed the mandatory training and were 'hands on', along with office staff, in providing direct care to people where required. This meant they knew the people using the service and had an understanding of their needs. In addition, they were in the process of completing further vocational training to develop their management skills.
- The provider was being mentored by another of the directors, who owned a care company in a different location and was more experienced. They had daily telephone contact and met monthly to review the service improvement plan and identify where further action was needed.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	The provider failed to act in accordance with the Mental Capacity Act 2005.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider failed to operate effective systems to ensure compliance with regulations.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	The provider failed to ensure all staff received training in how to interact appropriately with people with a learning disability and autistic people, at a level appropriate to their role.