

Purple Balm Limited

Purple Balm Teignbridge

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

Purple Balm Teignbridge provides care and support to mostly older people, who live in their own homes. The services provided include personal care and domestic work for people living in Newton Abbot, Teignmouth, Dawlish, Bovey Tracey, Chudleigh and the surrounding areas.

The service had a registered manager. 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.

We visited the office on 8 August 2017. We carried out phone calls and home visits to people who used the service and their relatives on 9 August 2017. At the time of this announced inspection, 34 people were receiving personal care from the service. The service was registered in September 2016 and this was the first inspection.

People and their relatives were pleased with the way staff treated them. We found people benefited from small, regular staff teams who they had built relationships with over time. Each person we spoke with told us their care workers were kind, caring and compassionate. Comments included "All the staff are excellent; They're fantastic, friendly, helpful and caring" and "They are by far the best staff I've had." A health and social care professional said "Compassionate quality care is provided by this agency."

People benefited from effective care because staff were trained and supported to meet their needs. People told us staff knew how to meet their needs. Comments included "They're top notch" and "If there's any new staff, they come out with other staff and soon learn the ropes."

We saw staff and people interact in a friendly way. People were pleased to see the staff. The staff knew people well and chatted with them with warmth. Staff checked with people whether they could do anything else for them before leaving. One person said "You only have to ask. They always ask if there's anything else I need. I couldn't do without them."

People and their relatives told us they felt safe when staff were in their home and when they received care. People told us "I feel very safe" and "They're trustworthy." Staff had a good understanding of safeguarding and knew how to report any concerns in line with the service's safeguarding policy. Staff told us they felt confident the provider would respond and take appropriate action if they raised concerns. Safe staff recruitment procedures were in place. This helped reduce the risk of the provider employing a person who may be a risk to people.

Care plans were developed with each person. They described in detail the support the person needed to manage their day to day health needs. Staff knew people well and were able to tell us how they supported people. During home visits, we saw staff responded to people's requests, met their needs appropriately, and

knew how they liked things to be done. We saw risk assessments had been undertaken for each person. Where concerns were identified, action had been taken to reduce the risks to people.

People told us staff were usually on time and had time to meet their needs in the way they wanted. People were provided with a copy of the staff rota so they knew who was due to visit them. Staff told us they had enough time to travel between visits.

People were supported safely with their medicines and told us they were happy with the support they received. Staff completed medication administration record (MAR) sheets after giving people their medicines. The MAR sheets were audited to ensure people had received their medicines as prescribed to promote good health.

The service sought regular feedback. People told us they were asked for feedback over the phone, during visits and during care plan reviews. People and their relatives felt able to raise concerns or make a complaint. They were confident their concerns would be taken seriously. People told us they didn't have any complaints. Comments included "No problems whatsoever" and "Any worries, I would ring the office." One person said when they had raised an issue with the office, they dealt with it straight away.

People told us the management were approachable and they were happy with the service. Comments included "I very often tell them how happy I am", "I do recommend them to other people" and "They're absolutely superb." Staff told us they found the management team approachable and supportive. They told us they received regular support and advice via phone calls and during face to face meetings. They said "The door is always open" and "You only need to ring and they sort it." One staff member said "We get support from the entire company."

The registered manager and provider were keen to develop and improve the service. They kept up-to-date with best practice and met up with other care providers to share good practice. Records were clear, well organised and up-to-date. An audit system was in place to monitor the quality of the service. Unannounced checks to observe staff's competency were carried out on a regular basis.

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 received safe care and support. They were protected from the risk of abuse through the provision of policies, procedures and staff training.

People were protected from risks to their health and wellbeing because staff took action when issues were identified.

Safe and robust staff recruitment procedures helped to ensure that people received their support from suitable staff.

Is the service effective?

Good ●

The service was effective.

People benefited from having staff who were skilled and supported in their job role.

People were supported by staff who were trained in the Mental Capacity Act and understood the need for consent.

People were supported by staff who sought advice from health care services to ensure their needs were met.

Is the service caring?

Good ●

The service was caring.

People benefited from staff who took time to listen to them and get to know them. Staff had formed strong caring relationships with people.

People and their relatives were involved in their care and staff respected people's wishes.

People benefited from staff who promoted their independence and encouraged them to do as much for themselves as possible.

Is the service responsive?

Good ●

The service was responsive.

Care plans were developed with the person. They described the support the person needed to manage their day to day health needs.

Staff responded to people's requests and met their needs appropriately. The service was flexible and responded to changes in people's needs.

People were encouraged to give their views and raise concerns and complaints if the need arose.

Is the service well-led?

The service was well-led.

People benefited from a service that had a registered manager and a culture that was open, friendly and welcoming.

People received good quality care as the provider had created a positive staff culture.

Systems were effective in assessing and monitoring the quality of care provided to people. The service encouraged feedback and used this to drive improvements.

Good ●

Purple Balm Teignbridge

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 was 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 8 and 9 August 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure people receiving a service, staff and the registered manager would be available to speak to us. One adult social care inspector undertook the inspection.

Before the inspection we reviewed the information we held about the service. This included previous contact about the service and notifications we had received. A notification is information about important events which the service is required to send us by law. The provider also 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 sent questionnaires to ten people receiving a service, nine staff, ten relatives and five health and social care professionals to gain their views on the quality of the care and support provided by the service. Of these questionnaires we received two back from people using the service, four from staff, and three from health and social care professionals.

We used a range of different methods to help us understand people's experience. We visited two people in their own homes. We spoke with a further four people and two relatives over the telephone. We spoke with four care staff, the field care supervisor and the registered manager.

We looked at care records for four people including the two people we visited; three staff recruitment files; staff training, supervision and appraisal records and those related to the management of the service, including quality audits. We looked at how the service supported people with their medicines.

Is the service safe?

Our findings

People and their relatives told us they felt safe when staff were in their home and when they received care. People told us "I feel very safe" and "They're trustworthy." We spoke with one relative who told us they were able to go on their first holiday in a long time, as they knew their loved ones would be safe.

We observed staff knocked on doors and called out to let people know they were entering their homes. People told us staff were careful to ensure their homes were secured on leaving. Some people had key safe's installed outside of their homes. This meant staff were able to access people's homes when people were unable to open their doors.

Staff had completed training in safeguarding vulnerable adults. Staff had a good understanding of safeguarding and knew how to recognise signs of potential abuse. They knew how to report any concerns in line with the service's safeguarding policy. Staff told us they felt confident the provider would respond and take appropriate action if they raised concerns.

The registered manager told us "Purple Balm complete personal and environmental risk assessments specific to each client and their location." We saw risk assessments had been undertaken for each person. Risk assessments had been carried out in relation to washing, nutrition, skin care, and mobility. Risk assessments relating to each person's home environment had been completed. Where concerns were identified, action had been taken to reduce the risks to people. For example, one person who was at high risk of falls did not have any floor covering in their hall. This could have increased the risk of falls. The field care supervisor supported the person to arrange for a floor covering to be put down and the work had been completed.

People were supported safely with their medicines and told us they were happy with the support they received. People also had the opportunity to manage their own medicines if they wanted to and if they had been assessed as safe to do so. Staff completed medication administration record (MAR) sheets after giving people their medicines. The MAR sheets were audited every month to ensure people had received their medicines as prescribed to promote good health. On one occasion, a staff member identified that a pharmacy had delivered the wrong medicines to one person. The staff notified the office and the error was put right. The person's relative thanked the staff for their swift action.

Recruitment practices were safe. Staff files showed the relevant checks had been completed. The staff files included evidence that pre-employment checks had been made including written references, satisfactory police checks (Disclosure and Barring Service or DBS), health screening and evidence of their identity had been obtained. Staff told us references and a DBS check had been completed before they started to work in the community. This helped reduce the risk of the provider employing a person who may be a risk to people.

The service had enough staff to carry out people's visits and keep them safe. People received a rota each week so they knew who was visiting them and when the visit would take place. Staff told us they had enough time at each visit to ensure they delivered care safely.

There was an on call telephone number for people and staff to ring in the event of an emergency out of office hours. The on call was managed by three field care supervisors and two co-ordinators, between the hours of 5.00pm and 8.30am. One staff member commented on how helpful the on call staff had been when they had telephoned them.

The service had arrangements in place to deal with foreseeable emergencies. There was a business continuity plan. This gave information on the action to be taken in events such as severe weather conditions and staff shortages. The registered manager had a system in place to ensure visits to people who may be at risk were prioritised.

Good infection control practices were followed. Staff were provided with gloves and aprons and they told us these were available from the office. During home visits, we observed staff wearing these. Records showed staff were provided with infection control training to ensure they followed good infection control principles.

The service did not hold monies for anyone or routinely assist people with any financial arrangements. However staff did sometimes assist people with shopping. The service's procedure was for staff to sign for any money given to them and to obtain receipts for any items purchased. This allowed people and the registered manager to ensure money was being managed safely.

Is the service effective?

Our findings

People told us staff knew how to meet their needs. Comments included "They're top notch" and "If there's any new staff, they come out with other staff and soon learn the ropes."

People benefited from effective care because staff were trained and supported to meet their needs. Staff told us they were happy with their training. Comments included "The training is fun, we discuss posters and pictures before our face to face training, and then we have a test" and "The training is really good, always kept up-to-date."

The provider employed a staff trainer and the registered manager was a Care Certificate assessor. This meant the registered manager could check that staff were competent in their job role. In-house training was provided for staff to ensure they had the knowledge and skills they needed.

New staff completed training before going out to visit people. We saw that the induction programme for new staff included fire procedures, staff handbook, safer working practice, safeguarding, infection prevention and control, moving and handling, equality and diversity, practical skills, medicines and record keeping. The service had introduced The Care Certificate. This certificate is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support. New staff worked alongside experienced staff to observe how people had their care delivered. The registered manager told us they were developing a buddy system. This meant new staff would work alongside their 'buddy' during their induction. Staff were observed and assessed after they completed their first few shifts. This ensured they were competent to work on their own.

Experienced staff told us they were happy with the training they received. Staff told us they had completed training which was up-to-date in areas relating to care practice, people's needs, and health and safety. Staff were offered training workshops that related to people's specific needs. These included palliative care, epilepsy awareness, diabetes, asthma and lung conditions, and parkinsons. The provider had recruited a trained nurse manager. They were available to give staff training on how to carry out tasks such as administering eye drops and nebulisers. The registered manager told us how they worked in partnership with Purple Angel, a dementia awareness and support group.

Staff were encouraged to develop their skills and knowledge by completing diplomas in health and social care.

Staff told us they had regular supervisions with their line manager. During supervisions staff had individual time with their line manager to talk about their job role and discuss any issues they may have. Staff told us they felt well supported and they could come into the office at any time and speak with someone. Records confirmed that supervisions had taken place. Unannounced spot checks were carried out to observe the staff member's work practice.

Some people who used the service were living with dementia. We checked whether the service was working

within the principles of the Mental Capacity Act 2005 (MCA). The 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. The registered manager had a good awareness of the MCA.

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. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The provider confirmed no one was being deprived of their liberty. Therefore, no applications had needed to be made to the Court of Protection.

At the time of our inspection, each person had capacity to make decisions relating to their care. Staff gained consent from people before carrying out personal care and respected people's choices.

Most people who used the service were able to contact healthcare services independently. Staff told us if they had concerns about people's health they would let the office know. They were confident action would be taken. We saw evidence of occasions when people were not well and staff had supported them to seek advice. On one occasion, staff were with a person when they stopped breathing. Staff commenced resuscitation until the emergency services arrived and had been praised for their actions. We received feedback from a health and social care professional who said "Care staff are extremely competent and are quick to alert my team if concerned about any of their clients."

Staff supported some people with their meals. We observed staff offering people a choice of their preferred foods. Staff checked people had enough to eat before leaving. Drinks were left within people's reach. Staff monitored food and drink intake to ensure people received enough nutrients each day, when needed. Staff knew to contact the office if people did not eat enough or they had any other concerns in relation to eating.

Is the service caring?

Our findings

People and their relatives were pleased with the way staff treated them. Each person we spoke with told us their care workers were kind, caring and compassionate. Comments included "All the staff are excellent"; "They're fantastic, friendly, helpful and caring" and "They are by far the best staff I've had." A health and social care professional said "Compassionate quality care is provided by this agency."

Staff spoke about the people they cared for with compassion and concern. Staff members said "It's about making a difference to people's lives", "There's lots of job satisfaction, I enjoy talking with people about their past" and "I'm here to help and do things that please people."

The registered manager told us "We provide good continuity of carers to clients." We found people benefited from small, regular staff teams who they had built relationships with over time. Comments included "We know the staff" and "We have got to know each other, that makes a big difference." Staff knew people well and were able to discuss people's care needs, preferences, and interests in detail. All staff told us they enjoyed their role and were passionate about achieving high quality care for each person. One staff member said "It helps that we know people so well, we notice any differences and know when something is wrong."

People valued their relationships with the staff team and we heard of occasions when staff went 'over and above' for them. For example, one person had forgotten some things they needed when they went shopping. They had mentioned it to their care staff. The staff member had gone to do their own shopping. Whilst there they had picked up the items the person needed and dropped them in the following day. A relative told us how staff always made a cup of tea and left it by their parent's bed even though it was the other parent receiving care. On another occasion, one person's medicines were not ready when the relative went to collect them from the pharmacy. Staff went to collect the medicines later and took them back to the person's house.

People told us staff were respectful and polite. We observed staff used people's preferred name. Staff treated people with respect and kindness. We saw staff and people interact in a friendly way. People were pleased to see the staff. The staff knew people well and chatted with them with warmth. Staff checked with people whether they could do anything else for them before leaving. One person said "You only have to ask. They always ask if there's anything else I need. I couldn't do without them."

Staff knew how to communicate with the people they supported. For example, staff were aware when a person was unable to hear well. They ensured they were close to the person so they could chat and discuss what the person wanted. Staff had played music to another person who was living with dementia that asked questions as part of a song. For example, "Have you had a cup of tea?" After monitoring the use of the music, it was found the person's fluid intake had increased. Staff told us about one person who could get anxious. They said they managed the person's anxiety by taking time to speak with the person about their family and interests. As a result the person would calm down and relax. Another person had been through a significant life event. They told us how staff had been there for them and listened which had meant a lot to them.

During our home visit, we observed staff were careful to protect people's privacy and respected their wishes. Staff were calm and attentive to people's needs. They worked with each person at their pace. A relative told us that their parent was an incredibly private person. They described how staff had worked with their parent to build a positive relationship and trust; as a result they were happy to have a shower every day. People's independence was promoted and care plans told staff to encourage people to do as much for themselves as possible. People told us they liked to be independent and staff respected this, offering help when needed. We observed staff encouraging people to be as independent as possible. Staff were patient and allowed people time to do things for themselves.

The service had received lots of compliments from people and their relatives thanking them for their care, kindness and compassion.

People and their relatives where appropriate, told us they had been involved in planning their care and support. The registered manager told us "Purple Balm complete personalised care plans based upon client's wishes, rights and preferred choices." We found people's care plans were personalised and included information about how they would like things to be done. People told us they were regularly asked whether they were happy about the way in which staff supported them. They said they were able to make decisions about their care and discuss any changes with the staff.

Is the service responsive?

Our findings

People told us the service was responsive to their care needs and they received the care and support they required. One person said, "They told me to ring if I ever need them and they'll come over. They're always there for you."

The registered manager said they matched care staff with people where possible. They wanted to try to make sure people were supported by staff who they would get on well with and had the skills to meet their needs. One person commented, "I like all of them." They confirmed people had the choice of who cared for them and people could say if there was a member of staff they would rather not have.

People's needs were assessed before they started to use the service. Initial information was taken over the phone. The field care supervisor visited the person to ensure the service would be able to meet the person's needs. A care plan was then developed with the person and their relatives, where appropriate.

Each person had a care plan that was tailored to meet their individual needs. These plans described the support people needed to manage their day to day needs. This included information such as their preferred routine, step by step guidance about how to meet people's needs and other information such as their food and drink preferences.

Staff knew people well and were able to tell us how they supported people. During our home visit, we saw staff followed each person's care plan. They responded to people's requests, met their needs appropriately, and knew how they liked things to be done. Staff recorded the care they provided at each visit and we saw these records were detailed and clearly written.

Staff told us they read the care plans and checked them regularly for any changes. The registered manager told us care plans were reviewed once a year or as soon as any changes were identified.

When people's needs changed, staff carried out further assessments to ensure their needs continued to be met appropriately. For example, one person had recently returned from hospital. The field care supervisor had obtained information about the person's changed needs. As the person's mobility had decreased, additional staff had been arranged to visit them. Staff were made aware of the changes and the care plan had been updated. Staff told us about another person and how they had discussed ways of making things easier for them. The staff member and the person's family identified a piece of equipment that would help and this was put in place.

The registered manager told us, "We do try to adjust times/days for clients as much as is possible." People told us office staff always listened to them and did their best to change times to meet their needs. This meant people were able to attend events and appointments, as well as enabling them to follow their interests.

People received a weekly visit list in advance so they knew which staff member was coming and at what

time. People told us staff were usually on time and had time to meet their needs in the way they wanted. Staff told us they rang the office if they were going to be late. People confirmed they were usually contacted if staff were going to be late. Staff told us they had enough time to travel between visits.

People and their relatives felt able to raise concerns or make a complaint. They were confident their concerns would be taken seriously. People had a copy of the service's complaints policy in their care plan file. This provided information on how to make a complaint. The service had not received any complaints and people told us they didn't have any complaints. Comments included, "No problems whatsoever" and "Any worries, I would ring the office." One person said when they had raised an issue with the office, they dealt with it straight away.

Is the service well-led?

Our findings

This was the first inspection of this service. Purple Balm has two other locations in Exeter and Plymouth. The registered manager told us how they worked with the directors and registered managers in a support role, and to share information and good practice. The registered manager was working towards the Level 5 Diploma in Leadership and Management. This showed the registered manager was keen to develop their knowledge and improve the service.

People and their relatives told us the service was well-led. Comments included, "I very often tell them how happy I am", "I do recommend them to other people" and "They're absolutely superb."

The culture of the service was caring and focused on ensuring people received the highest quality care. The provider's mission statement said "We recognise individuality of people who use our services and tailor the service to meet their specific needs." Staff put these values into practice. Staff said, "It's about really knowing the person" and "It's about making a difference."

The service sought regular feedback. People told us they were asked for feedback over the phone, during visits, and care plan reviews. The service had received 29 completed questionnaires in November 2016. The results were positive and comments included "I couldn't ask for better care", "Always a pleasure to see staff" and "Your carers have made a real difference to our quality of life." One person had requested not to have two male staff members at their visit. This had happened on one occasion due to staff absence. The registered manager told us they had ensured this did not happen again. This showed they respected the person's choice and rights.

Staff knew their roles and responsibilities. The team included the registered manager, field care supervisor, and care staff. Staff told us they felt valued by the management and people benefited by receiving care from a stable staff team. One staff member said, "We all know each other." People and staff told us the management were actively involved in the delivery of the service. One relative said, "They're very good from the managers to the staff."

Staff told us they found the management team approachable and supportive. They told us they received regular support and advice via phone calls and during face to face meetings. They said, "The door is always open" and "You only need to ring and they sort it." One staff member said, "We get support from the entire company."

Staff meetings were held regularly so that staff had the opportunity to contribute to the development of the service. The minutes of the meetings showed staff shared information and kept up-to-date with best practice. The registered manager sent out weekly staff memos so they knew what was happening in the service. One staff member told us they had suggested a change to the care planning records. This had been put into place and meant that risks to people could be more easily identified.

The management team found ways to show staff they were valued and appreciated. The registered

manager asked people who used the service to nominate staff who they felt deserved recognition for their work. Staff were then put forward for a national award. The provider also had an in-house recognition scheme. Every three months, staff were recognised for their commitment. Two care staff had received this award and received vouchers and certificates. One staff member told us, "They're a nice company to work for, I do feel valued."

The provider had links with the local community. For example, the provider had run a 'dementia awareness' conference in 2016, working with 'Purple Angel'. This enabled information sharing about best practice. The service had held a charity event to raise money for local homeless people. Some people who use the service attended the event along with staff.

The provider and registered manager were keen to develop and improve the service. They kept up-to-date with best practice by accessing professional websites. They met up with other care providers to share good practice.

Records were clear, well organised and up to date. An audit system was in place to monitor the quality of the service. Records were checked when they were brought back from people's homes on a regular basis. The field care supervisor carried out unannounced checks during care visits to observe staff's competency.

The provider had notified the Care Quality Commission of events which had occurred in line with their legal responsibilities.