Purple Balm Limited

Purple Balm Plymouth

Inspection report

Unit 26, Devonshire Meadows
Broadley Park Road, Roborough
Plymouth
PL6 7EZ

Tel: 01752275100

Date of inspection visit:
11 October 2021

Date of publication:
04 November 2021

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?	Requires Improvement

Summary of findings

Overall summary

About the service
Purple Balm Plymouth (hereafter known as Purple Balm) is a domiciliary care agency registered to provide personal care to people living in their own homes within the Plymouth area. It was supporting 25 people at the time of the inspection, this included adults and children. Support provided varied from a 24 hour a day package of care to 30 minute visits to people to support them to live independently at home.

People's experience of using this service and what we found
Feedback at the last inspection suggested communication between the office and people could be improved. We recommended that people were contacted in a timely way to ask for their views.

At this inspection we found action had been taken and people had been asked for their views regularly, and a survey was due to be sent out in November this year. However, communication generally between the office, staff and people was raised consistently, at this inspection, as not being as good as it could be.

Some staff told us communication from the management team was not always good. They were not always informed of changes to their visits in an effective manner. Visits get added to my rota without any conversation," "I struggle with the lack of communication. I have emailed them about a few things with no response" and "I adore my job, the only downside is the office staff and communication."

People said communication was often via email and that this was not always picked up by them in a timely manner. They told us, "I just think it is unprofessional and feels quite inconsiderate to just cancel visits or send a substitute carer without just picking up the phone.

We have made a recommendation that the manner in which information is communicated to people and staff is reviewed.

People confirmed they were advised of any visits that were cancelled. People told us staff were usually on time for visits and stayed for the agreed time.

Staff were provided with regular supervision, competency checks and spot checks. These were recorded clearly and signed by the staff. Clinical oversight of the service was led by a registered nurse. There was also a clinical supervisor who staff could contact for assistance when necessary.

People told us they felt safe and well supported by staff. People told us they liked their staff and felt they knew their needs well. Staff had completed safeguarding training and knew how to identify and where to report suspected abuse.

Staff were recruited using a robust process to check if they were safe to work with people who may be vulnerable.

Medicines were managed safely. Electronic records enabled effective monitoring of all care and support provided by care staff.

Regular team meetings took place. The manager confirmed that meetings for specific teams of staff had taken place electronically and were now taking place face to face.

Risks were identified were assessed and there was guidance for staff on how to support people to manage these risks. Healthcare concerns were escalated appropriately.

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; the policies and systems in the service supported this practice.

People were happy with the care they received. They told us, "I am fully confident that they are well trained and know what to do for (Person's name)" and "The carers are all well trained and I feel confident that they know what they are doing. They always tidy round before they leave and always ask permission before they do things."

There was an understanding of the regulatory requirements by the manager and regular monitoring and audits were taking place.

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

Rating at last inspection
This service was registered with us on 24 September 2019. The first focused inspection was on 2 November 2020. We inspected only the Safe and Well-led questions, this was due to the Covid-19 pandemic, and no overall rating was given. This is the first full inspection leading to an overall rating.

Why we inspected
This was a scheduled comprehensive inspection based on the date of registration.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 safe Detailed are in our safe findings below	**Good**
Is the service effective? The service was effective Details are in our effective findings below	**Good**
Is the service caring? The service was caring Details are in our caring findings below	**Good**
Is the service responsive? The service was responsive Details are in our responsive findings below	**Good**
Is the service well-led? The service was not always well-led Details are in our well-led findings below.	**Requires Improvement**

Purple Balm Plymouth

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 Care Act 2014.

Inspection team
The inspection team consisted of one inspector and one 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 homes.

The service did not have a manager registered with the Care Quality Commission. The manager, in post at the time of this inspection, was in the process of applying to become the registered manager. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave a short period notice of the inspection because we needed to ensure there would be staff in the office.

What we did before inspection
We reviewed information we had received about the service since it was registered. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.
We spoke with 13 people and their relatives who used the service.

During the inspection
During the visit to the office we spoke with the manager, the operations director and the nominated individual.

We reviewed a range of records. This included two people's care records, two staff files. staff training and support. Information relating to the management and oversight of the service was gathered.

After the inspection
After the site visit to the office, we spoke with nine staff, two relatives and a healthcare professional who worked with the staff. We continued to seek clarification from the provider to validate evidence found.

Good

Is the service safe?

Our findings

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

At the last focused inspection this key question had been rated good. This meant people were safe and protected from avoidable harm. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm

Systems and processes to safeguard people from the risk of abuse

● People told us they felt safe being supported by Purple Balm staff. They said, "I feel very safe with them. The other night I was having a bad mobility issue and she was so good and helped me into bed" and "I feel absolutely safe with them all, they are just very considerate and look after me very well" and "I feel confident with them in the house."

● Staff had been provided with training on how to recognise and report any safeguarding concerns they may have. Staff had completed training on safeguarding adults and children.

● The service had raised appropriate safeguarding concerns when necessary.

● Staff did not currently support any people with their money. The manager told us that processes and procedures were in place should this be necessary in the future.

Assessing risk, safety monitoring and management

● Assessments of people's needs, and their home environment took place before support was offered. This was to ensure people's needs could be safely met, and staff would not be placed at risk from environmental issues.

● Clear plans were in place to guide staff on how they should support people to manage and mitigate identified risks. For example, how to safely use specific equipment and how to safely dispose of used items.

Staffing and recruitment

● The service had experienced the current national challenge with recruiting new staff. This had led to some staff shortages. Some staff had been working long hours for many weeks to meet people's needs. The management team had been forced to make changes to how the service provided care to help ensure it protected staff well-being and met people's needs safely and in a timely manner. Some packages of care had been cancelled completely. Some occasional visits had been cancelled to some people in the event of short notice staff absences. People confirmed they were advised of any visits that were cancelled.

● People told us staff were usually on time for visits and stayed for the agreed time. Most people told us they were contacted if a visit was running late.

● People said, "I always have the same ones and they stay the time that they should," "I did have a missed visit last weekend but they had let me know in advance that it was going to happen," "(Person's name) knows all the staff that come and we get the same ones, they stay the time they should and 99% of the time they will let us know if a carer isn't coming. I ring the office and they try to find someone, but they don't always cover it. I would say this happens probably less than once a month" and "Staff stay the time they should and I have not had any missed calls. The office do call me if a carer is going to be late, in fact the other night one was running late and they let me know. It's not a problem at all. I have a number to call if I

needed to." We were assured that visits were only cancelled to people who had alternative support available.
● Robust recruitment processes were followed to check if new staff were suitable to support people who may be vulnerable. This included induction, shadowing experienced staff before working alone.
● The service had an emergency plan in place and had identified all people who were dependent on the staff and those who had family who could step in and support the person in the absence of staff.

Using medicines safely
● Some people required support from staff to administer medicines and nutrition through a percutaneous endoscopic gastrostomy or PEG. This is a way of introducing food, fluids and medicines into a person's stomach via a tube that passes through the abdominal wall. Staff had been specifically trained to do this.
● Staff who administered medicines had completed training and were competency checked regularly.
● Electronic Medicines Administration Records (MAR) were completed by staff when they supported people with their medicines.
● Medicine records were regularly monitored for any errors or omissions.
●Comments included, "They all do their jobs well. I have no complaints. They give me my medicine and it is all written up and put on their phones as well"

Preventing and controlling infection
● Staff were provided with appropriate PPE in line with current guidance. All staff were regularly tested for COVID-19. Most staff had been vaccinated.
● When carrying out aerosol generating clinical tasks to some people, staff had been appropriately trained and specifically fitted with FFP3 surgical masks.
● People and relatives told us staff always wore PPE and were regularly washing their hands. They said, "They all wear the PPE"

Learning lessons when things go wrong
● The manager gave examples of where situations had arisen, and the service had learned from them.
● No accidents of incidents had been recorded. There was a system to monitor these when they arose.

Good

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.

This is the first time this key question has been inspected. This key question has been rated as good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff supported some people with meal planning, shopping and meal preparation. The manager told us, "Staff provide enablement support to some people, taking them shopping, pushing the trolley, but not handling their money at all."
- Some people needed support with their intake of food and drink. Staff recorded all care and support provided.
- Care plans detailed where the person may need support to monitor health needs and where they required support to attend any healthcare appointments.
- The service worked with other health and social care agencies to ensure people received a good standard of care and support.

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

- The manager had systems in place to help ensure good outcomes were achieved for those who used the service.
- Information gathered during the initial assessment process helped to form the care plan with involvement from family and medical professionals if necessary.
- Care plans were regularly reviewed and updated where people's needs had changed.

Staff support: induction, training, skills and experience

- People told us the staff were well trained. Comments included, "It's usually the same staff as we need the highly trained ones. We have a core of four for the last six weeks. They are well trained and introduced to us properly," "All the staff I have had so far seem very well trained and know what they are doing. They always ask my permission before they do anything", "I am fully confident that they are well trained and know what to do for (Person's name)" and "The carers are all well trained and I feel confident that they know what they are doing. They always tidy round before they leave and always ask permission before they do things."
- Staff training had been disrupted during the COVID-19 pandemic. However, the manager told us they had moved from on-line electronic programmes of learning to more face to face training recently. An in-house trainer provided all induction and updates.
- The training records showed staff had completed necessary training. The manager monitored when updates were due. Specialised clinical training, to meet the needs of some children and adults using the service was provided. For example, caring for a PEG tube, and a tracheostomy tube.
- Clinical training and support was provided by an externally contracted nurse and an in house clinical

supervisor.
● Staff received regular supervision sessions, competency checks and spot checks, which were recorded and signed by staff.
● Regular staff meetings were held for specific teams of staff.

Ensuring consent to care and treatment in line with law and guidance
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 they lack mental capacity to take 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● Staff had received training in understanding the MCA legislation and its implications for people living in their own homes. Training records confirmed this.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first time this key question has been inspected. This key question has been rated as good. This meant people were supported and treated with dignity and respect; and involved as partners in them care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with respect and kindness by competent staff. Comments included, "Staff are just so kind to him and it is evident that the really care for him. They (Staff) can't talk to (Person's name) as they are non-verbal, but they are just really good with them," "They treat me really respectfully and we get along really well," "Carers are all very caring towards me and encourage me to do things for myself if I can. For example, they pass me the toothbrush and encourage me to brush my teeth" and "The carers do know what they like and don't like and they respect their needs. They are good to them, treat them really nicely and that makes them feel happy."
- Staff told us, "I love my job, the clients are wonderful. I have been caring for the same children for years" and "I adore my job."
- Staff had a good understanding of protecting and respecting people's human rights. People's comments included, "My (Staff name) is very nice and very helpful. Always ask my permission and I only have to ask and they do what I want them to."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Since our last focused inspection people had been visited more regularly to ask about their views and experiences of the service they received.
- We received positive feedback from people who used the service, about the staff and the care and support provided. Comments included, "They (Staff) were coming too early at 7.30 and (Relatives name) doesn't like to have to open the door at that time of the day so they now come at 10.30 and that suits them much better. The office were helpful when I rang about that."
- People's privacy and dignity was fully considered, and staff were aware of the importance of respecting people as individuals. They told us, "Staff always make sure that I feel warm and comfortable with what is happening."

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first time this key question has been inspected. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to take part in activities they enjoyed. Staff enabled people to get out into the local community.
- One relative told us, "The carers help (Person's name) make choices with their toys. They are in tune with their language."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff provided person-centred care and support. Care records were person centred.
- People told us, "A lady came from the agency when I began having them and helped me with the care plan and they stick to doing what it tells them to in that plan. Nothing has happened that I was not happy about," "The care plan was all explained by me at the start and discussed, I helped to write it. It is all adhered to as I would hope it to be. They are all doing a good job."
- There were systems in place to ensure the planning of people's care and support was person centred and tailored to individual needs and choices. Care plans and risk assessments had been developed for each person receiving a service. They provided information for staff and helped them to deliver support which met people's specific needs.
- Electronic records were completed detailing the care and support people required. These records were regularly monitored and audited.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People could be provided with information and reading materials in a format that suited their communication needs as required. Care plans included people's methods of communication.
- Some people did not communicate verbally. Staff were provided with information about how to read their body language and specific cues.

Improving care quality in response to complaints or concerns

- Some people and staff did tell us they did not feel that their concerns were always responded to effectively. We have detailed this in the well led section of this report.
- The service had a complaints policy and process. One formal complaint had been received recently by the

CQC and this had been resolved appropriately. People told us the management team spoke with them often to seek their views.

- The manager assured us any concerns raised would be taken seriously in accordance with their policy.
- Many compliments and thank-you cards had been received by the service from grateful people. People told us, "I have no complaints with them at all," "I have not ever had to complain about anything but would ring the office if I had to."

End of life care and support

- The staff engaged with other health and social care professionals to support people coming to the end of their life.

Requires Improvement

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 the last focused inspection this key question had been rated requires improvement. At this inspection this key question remains 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.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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

● Feedback at the last inspection suggested communication between the office and people could be improved. We recommended that people were contacted in a timely way to ask for their views. At this inspection we found action had been taken and people had been asked for their views regularly, and a survey was due in November this year. However, communication generally between the office, staff and people was raised consistently at this inspection as not always being as good as it could be.

● Feedback from people and relatives was mixed when asked about communication with the office. Some people said communication was not always effective. They told us it was often only via email and this was not always picked up by people, or their relatives, in a timely manner. Comments included, "I can't actually think of anything that needs improving at the moment," "I just think it is unprofessional and feels quite inconsiderate to just cancel visits, or send a substitute carer, who we do not know, without just picking up the phone. It would be so much nicer to have at least an apology, and it would mean I would get the message quicker," They call and let me know when they are coming out to shadow and watch what happens which is about every 6 to 8 weeks," "They do not ring me about things, they will email me which is very difficult when you are not checking all the time" and "They (office staff) have been told not to leave messages on my house phone as I don't always pick them up but they still do it. I have told them to ring my mobile but they still leave messages on the landline which makes me cross."

● Some staff told us communication from the management team was not always effective. They were not always informed of changes to their visits in an effective manner. Visit changes were communicated to them by email and on their electronic rota, which was not always seen by staff in a timely way. This system of communicating changes to staff did not provide confirmation back to the management team that the change had been picked up by the staff member. This meant there was a potential risk the staff member may not be aware of any changes and this could lead to some visits may being late or missed. We did not identify any visits that had been missed as a result of last minute changes, but staff did tell us they were sometimes late to visits due to this issue. Staff told us, "I have an issue in the way the office is run it is not very communicative. Visits get added to my rota without any conversation. This has made me late to some visits as I have gone to the wrong place in the wrong order," "I struggle with the lack of communication. I have emailed them about a few things with no response," "I adore my job, the only downside is the office staff and communication" and "Communication is shocking."

● Whilst some staff told us they were happy with their role and loved their jobs, they were frustrated by the

poor communication from the office when they were trying to resolve a specific matter. We judged the impact on people from this was mainly irritation and frustration. We did not identify any missed visits that were not identified in advance and communicated to people.

We recommend that the service review their methods of communication with staff and people who use the service. Particularly regarding changes to visits as this seemed to be causing the most anxiety to both people, their relatives and staff.

● Some people were positive about their dealings with the office staff. Comments included, "The office do contact me sometimes and communication with them is good" and "The office always listen to me and they are very helpful as well. I can ask them anything and they will help me. I have had a letter from them today asking mem if will need help over Christmas," "They have already contacted me twice since I started having them two weeks ago to see how things are going along. I have no complaints so far" and "Things are tweaked as and when needed."
● The manager understood the duty of candour and knew when to report if things went wrong or there was an accident or incident. The manager had taken the step of writing out to all people who received a service to explain the extreme staffing crisis being experienced across the county at the moment and that some changes were necessary at short notice to their rotas.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● People told us that they were supported to achieve positive outcomes. People were encouraged to retain their independence and live in their own homes. People were very positive about the staff that supported them.
● The manager was open with us during the office visit and explained where there had been challenges since they took over the management of the service since January. They were receiving support from the senior management team to assist them implementing necessary changes.
● People and relatives fed back there had been no concerns with the quality of care or the staff. People were positive about the care and support they received and the skills of the staff.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
● There were regular audits in place for all care plans and MAR's. These records were checked regularly for any errors or gaps.
● The manager understood the regulatory requirements and what was expected of them.
● The healthcare professional we spoke with was positive about the service.

Continuous learning and improving care; Working in partnership with others
● The manager accepted the issues that had been raised by people and staff during this inspection regarding communication and was aware of areas that needed to improve in the service. The operations manager also shared with us some recent issues that they were working through with some staff. We discussed the issues with communication that had been raised to us by people and staff. We were assured that this would be reviewed.
● The manager described how the service worked in partnership with key health professionals such as specialist nurses to support people with any health needs.
● Close working with the local authority commissioning team had led to improved communication. The manager told us of the daily pressure for the service to take on more and more packages of care. However, they reflected that they had a duty to protect the staff from being overworked in the current recruitment

crisis.