

Purple Balm Limited

Purple Balm Plymouth

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

We carried out this inspection on 24 and 25 August 2016 and it was announced 48 hours in advance in accordance with the Care Quality Commission's current procedures for inspecting domiciliary care services. This was the first inspection for the service since registering as a new location in March 2015.

Purple Balm is a Domiciliary Care Agency that provides care and support to adults of all ages, in their own homes. The service provides help with people's personal care needs in the Saltash area of Cornwall. This includes people with physical disabilities and dementia care needs. The service mainly provides personal care for people in short visits at key times of the day to help people get up in the morning, go to bed at night and support with meals. Longer visits for a 'sitting' service are provided for some people.

At the time of our inspection 30 people were receiving a personal care service. These services were funded either privately, through Cornwall Council or NHS funding.

There was a registered manager in post who was responsible for the day-to-day running of the service. 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 and associated Regulations about how the service is run.

People told us they felt safe using the service. Relatives also said they thought the service was safe. Comments included, "They are brilliant, very reliable", "Staff are very nice to me" and "I am very pleased with the help."

People told us staff always treated them respectfully and asked them how they wanted their care and support to be provided. People and their relatives spoke well of staff, commenting, "Staff are very polite and they will do anything you ask", "Staff don't stop me from doing things for myself" and "Staff don't make you feel like an invalid."

People told us they had a team of regular, reliable staff, they knew the times of their visits and were kept informed of any changes. No one reported ever having had any missed visits. People told us, "We get a list of the names of the staff coming to us and if there are any changes the office rings to let us know", "We have four main carers who come to us" and "I have regular staff."

Staff were knowledgeable about the people they cared for and knew how to recognise if people's needs changed. Staff were aware of people's preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. People told us they were involved in decisions about their care and their care plans, in which their needs and wishes were agreed.

Care plans provided staff with direction and guidance about how to meet people's individual needs and

wishes. These care plans were regularly reviewed and any changes in people's needs were communicated to staff. Staff told they were kept informed of people's changing needs, however, some minor changes were not updated in people's care plans. Any risks in relation to people's care and support were identified and appropriately managed.

Staff were recruited safely, which meant they were suitable to work with vulnerable people. Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns and were confident that any allegations made would be fully investigated to help ensure people were protected. Staff received appropriate training and supervision. New staff received an induction, which incorporated the care certificate. There were sufficient numbers of suitably qualified staff available to meet the needs of people who used the service.

Staff and management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

There was a positive culture within the staff team and staff spoke passionately about their work. Staff were complimentary about the management team and how they were supported to carry out their work. The registered manager and office staff were also passionate about their roles and were clearly committed to providing a good service for people. Staff told us, "A professional company who are there for their staff", "Really organised, if need anything you only have to ask", "Absolutely love my job" and "Management listen to your ideas."

There were effective quality assurance systems in place to help ensure any areas for improvement were identified and action taken to continuously improve the quality of the service provided. People told us they were regularly asked for their views about the quality of the service they received. Comments from people included, "The service is well managed. I have confidence in them", "It's an excellent service" and "The office staff are always pleasant and helpful." People had details of how to raise a complaint and told us they would be happy to make a complaint if they needed to.

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 told us they felt safe using the service.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

People were supported with their medicines in a safe way by staff who had been appropriately trained.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service.

Is the service effective?

Good ●

The service was effective. People received care from staff who knew people well, and had the knowledge and skills to meet their needs.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required if they had concerns about a person's health.

The management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

Is the service caring?

Good ●

The service was caring. People, and their relatives, were positive about the service and the way staff treated the people they supported.

Staff were kind and compassionate and treated people with dignity and respect. Staff respected people's wishes and provided care and support in line with those wishes.

Is the service responsive?

Good ●

The service was responsive. People received personalised care and support which was responsive to their changing needs.

People were able to make choices and have control over the care and support they received.

People knew how to raise a complaint about the service and reported that any concerns they raised had been resolved appropriately.

Is the service well-led?

Good ●

The service was well-led. There was a positive culture within the staff team with an emphasis on providing a good service for people.

People were asked for their views on the service. Staff were encouraged to challenge and question practice and were supported to try new approaches with people.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

Purple Balm Plymouth

Detailed findings

Background to this inspection

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

This inspection took place on 24 and 25 August 2016 and the provider was given 48 hours notice of the inspection in accordance with our current methodology for the inspection of domiciliary care agencies. The inspection team consisted of one inspector.

We reviewed the Provider Information Record (PIR) before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed other information we held 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.

During the inspection we went to the service's office and spoke with the registered manager, the care supervisor, the care co-coordinator and three care workers. We visited three people in their own homes and met two relatives. We looked at three records relating to the care of individuals, staff records and records relating to the running of the service. After the visit to the service's office we spoke with five people, one relative and three care workers.

Is the service safe?

Our findings

People told us they felt safe using the service. Relatives also said they thought the service was safe. Comments included, "They are brilliant, very reliable", "Staff are very nice to me" and "I am very pleased with the help."

There were enough staff employed by the service to cover the visits and keep people safe. Staffing levels were determined by total number of hours provided to people using the service. The service recruited staff to match the needs of people using the service and new care packages were only accepted if suitable staff were available. Staff had regular 'runs' of visits in specific geographical areas and when gaps in 'runs' occurred these were highlighted. This meant the service knew the location and times where new packages could be accepted.

A staff rota was produced each week to record details of the times people required their visits and which staff were allocated to go to each visit. Staff told us their rotas allowed for realistic travel time, which meant they arrived at people's homes at the agreed times. If they were delayed, because of traffic or needing to stay longer at their previous visit, office staff would always let people know or find a replacement care worker if necessary.

People told us they had a team of regular, reliable staff, they knew the times of their visits and were kept informed of any changes. No one reported ever having had any missed visits. One person said, "We get a list of the names of the staff coming to us and if there are any changes the office rings to let us know" and "I have regular staff."

A member of the management team were on call outside of office hours and carried details of the rota, telephone numbers of people using the service and staff with them. This meant they could answer any queries if people phoned to check details of their visits or if duties needed to be re-arranged due to staff sickness. The service provided people with information packs containing details of their agreed care and telephone numbers for the service so they could ring at any time should they have a query. People told us phones were always answered, inside and outside of the hours the office was open.

Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. This included any environmental risks in people's homes and any risks in relation to the care and support needs of the person. People's individual care records detailed the action staff should take to minimise the chance of harm occurring to people or staff. For example, staff were given guidance about environmental risks in the person's home, directions of how to find people's homes and entry instructions. Staff told us management always informed them of any potential risks prior to them going to someone's home for the first time.

Staff were aware of the reporting process for any accidents or incidents that occurred. Records showed that appropriate action had been taken and where necessary changes had been made to reduce the risk of a re-occurrence of the incident.

Care records detailed whether people needed assistance with their medicines or if they wished to take responsibility for any medicines they were prescribed. The service had a medicine policy which gave staff clear instructions about how to assist people who needed help. Where staff supported people with their medicines they completed Medicines Administration Record (MAR) charts to record when each specific medicine had been given to the person. All staff had received training in the administration of medicines.

Staff had completed a thorough recruitment process to ensure they had appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

Staff had received training in safeguarding adults, and were aware of the service's safeguarding and whistleblowing policies. They were knowledgeable in recognising the signs of potential abuse and the relevant reporting procedures. If they did suspect abuse they were confident the registered manager would respond to their concerns appropriately. A summary of the service's safeguarding policy and the local reporting arrangements were in the staff handbook, which was given to staff when they started to work for the service.

Is the service effective?

Our findings

People received care from staff who knew them well, and had the knowledge and skills to meet their needs. Comments from people included, "They [staff] are well trained and they will do anything you ask" and "All staff are exceptional at their job."

New staff completed an induction when they started their employment that consisted of a mixture of training and working alongside more experienced staff. The service had introduced a new induction programme in line with the care certificate framework, which was introduced in April 2015. This is designed to help ensure care staff, who are new to the role, have a wide theoretical knowledge of good working practice within the care sector. New staff worked alongside more experienced staff until such a time as the worker felt confident to work alone.

Staff told us there were good opportunities for on-going training and for obtaining additional qualifications. Staff had completed, or were working towards, a Diploma in Health and Social Care. All staff had received training relevant for their role such as, Mental Capacity Act, safeguarding of adults and children, infection control, manual handling, first aid and food safety. Staff received other specialist training to enable them to effectively support and meet people's individual needs. For example, training in dementia, mental health and catheter care.

Management met with staff every month for either an office based one-to-one supervision or an observation of their working practices. Yearly appraisals were completed with staff. This gave staff an opportunity to discuss their performance and identify any further training they required. Staff told us they felt supported by the registered manager and team leaders. They confirmed they had regular face-to-face supervisions and an annual appraisal to discuss their work and training needs. Staff said there were monthly staff meetings which gave them the chance to meet together as a staff team and discuss people's needs and any new developments for the service.

Care plans recorded the times and duration of people's visits. People and their relatives told us they had agreed to the times of their visits. They also told us staff always stayed the full time of their agreed visits. One person told us, "Staff don't leave until they have done everything I need and often stay longer than my allocated time."

Purple Balm worked with healthcare services to ensure people's health care needs were met. For example, for one person staff worked with a physiotherapist to support the individual to complete an exercise programme designed to help them regain their mobility. The service supported people to access services from a variety of healthcare professionals including GPs, occupational therapists, dentists and district nurses to provide additional support when required. Care records demonstrated staff shared information effectively with professionals and involved them appropriately.

Staff told us they asked people for their consent before delivering care or treatment and they respected people's choice to refuse treatment. People confirmed staff asked for their agreement before they provided

any care or support and respected their wishes if they declined care. Care records showed that people, or their advocates, signed to give their consent to the care and support provided.

The management had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

Staff applied the principles of the MCA in the way they cared for people and told us they always assumed people had mental capacity to make their own decisions. Care records showed the service recorded whether people had the capacity to make specific decisions about their care. For example, care records described how people might have capacity to make some daily decisions like choosing their clothes or what they wanted to eat or drink. Where the person may not have the capacity to make certain decisions records detailed who should be involved in making decisions on the person's behalf.

Is the service caring?

Our findings

People told us staff always treated them respectfully and asked them how they wanted their care and support to be provided. People and their relatives spoke well of staff, commenting, "Staff are very polite and they will do anything you ask", "Staff are very kind to [person's name] they enjoy staff coming to help them" and "They [the service] have a lovely team."

People received care, as much as possible, from the same care worker or team of care workers. The service sent people a list each week detailing the times of their visits and the names of the care worker booked for each visit. People told us they appreciated receiving a list as they liked to know in advance which staff were coming to them. People and their relatives told us they were very happy with all of the staff and got on well with them. A relative told us, "We have four main carers who come to us."

When we visited people's homes we observed staff providing kind and considerate support, appropriate to each person's care and support needs. Staff were friendly, patient and discreet when providing care for people. People told us staff did not rush them and staff always stayed longer than the booked visit if they needed extra time. One person told us, "If I am having a bad day staff always stay an extra ten minutes or so."

Staff were motivated and clearly passionate about making a difference to people's lives. Staff said, "Absolutely love my job", "People get a good service" and "Helping people is a great job."

Care plans contained enough detailed information so staff were able to understand people's needs, likes and dislikes. Staff had a good knowledge and understanding of people, respected their wishes and provided care and support in line with those wishes. This included supporting people to maintain their independence. People told us staff encouraged them to do what they could for themselves. People commented, "Staff don't stop me from doing things for myself", "If I can do it I will do it and staff respect this" and "Staff don't make you feel like an invalid."

Some people who used the service lived with a relative who was their unpaid carer. We found staff were respectful of the relative's role as the main carer. Relatives told us that staff always asked how they were coping and supported them with practical and emotional support where they could. The service recognised that supporting the family carer was important in helping people to continue to be cared for in their own home. A relative told us, "Staff always ask how I am and the service has been very most helpful to me."

People were asked about their choices and preferences, including if they had a preference about the gender of the care worker booked to support them. Some people requested that they only have female care workers. There was a 'run' of work allocated specifically for male care workers and only people who wanted a male worker were put on this 'run'. This ensured that people's preferences about the gender of their worker were respected and minimised the risk of any mistakes being made in the allocation of staff.

People told us staff always checked if they needed any other help before they left. For people who had

limited ability to mobilise around their home staff ensured they had everything they needed within reach before they left. For example, drinks and snacks, telephones and alarms to call for assistance in an emergency.

People told us they knew about their care plans and a manager regularly asked them to ask about their views on the service provided. Care plans detailed how people wished to be addressed and people told us staff spoke to them by their preferred name. For example, some people were happy for staff to call them by their first name and other people preferred to be addressed by their title and surname.

Is the service responsive?

Our findings

Before people started using the service a manager visited them to assess their needs and discuss how the service could meet their wishes and expectations. From these assessments care plans were developed, with the person, to agree how they would like their care and support to be provided. People told us a manager had visited them to give them information about Purple Balm and agree the care and support they needed before their care package started.

Care plans were personalised to the individual and recorded details about each person's specific needs and how they liked to be supported. Details of people's daily routines were recorded in relation to each individual visit they received or for a specific activity. This helped staff to identify the information that related to the visit or activity they were completing.

Care plans provided staff with direction and guidance about how to meet people's individual needs and wishes. These care plans were regularly reviewed and any changes in people's needs were communicated to staff. Staff told us care plans contained the information they needed to provide care and support for people and they were informed verbally about any changes to people's need as these occurred. However, some minor changes had not been updated in people's care plans. We discussed this with the management who assured us the system to update care plans as people's needs changed would be reviewed.

Staff were aware of people's preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. Staff were encouraged to update the management team as people's needs changed and also at regular staff meetings.

Daily care records, kept in the folders in people's homes, were completed by staff at the end of each care visit. These recorded details of the care provided, food and drinks the person had consumed as well as information about any observed changes to the persons care needs. The records also included details of any advice provided by professionals and information about any observed changes to people's care and support needs.

The service was flexible and responded to people's needs. People told us about how well the service responded if they needed additional help. For example, providing extra visits if people were unwell and needed more support, or responding in an emergency situation. One relative told us they had rang the service during the night when they could not manage a situation that occurred. The member of office staff on call went out to the person's home to provide care and support. This was despite the agreed visits for the care package being twice a day in the morning and evening.

People said they would not hesitate in speaking with staff if they had any concerns. People knew how to make a formal complaint if they needed to but felt that issues would usually be resolved informally. People told us they were able to tell the service if they did not want a particular care worker. Management respected these requests and arranged permanent replacements without the person feeling uncomfortable about making the request.

Is the service well-led?

Our findings

There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager, who was also the registered manager for two other locations, had overall responsibility for the running of service. They were supported by the service manager, the care co-ordinator and field care supervisor. The service manager was in the process of applying to CQC to become the new registered manager for the service, to replace the existing registered manager.

People and relatives all described the management of the service as open and approachable. Comments from people included, "The service is well managed. I have confidence in them", "It's an excellent service" and "The office staff are always pleasant and helpful."

There was a positive culture within the staff team and staff spoke passionately about their work. Staff received regular support and advice from managers via phone calls, texts, e-mails and face to face individual and group meetings. Staff were complimentary about the management team and how they were supported to carry out their work. The registered manager and office staff were also passionate about their roles and were clearly committed to providing a good service for people. Comments from staff included, "Really organised, if need anything you only have to ask", "Management listen to your ideas", "A professional company who are there for their staff" and "The best company I have ever worked for."

Staff were encouraged to challenge and question practice and were supported to make improvements to the service. Staff told us how they would often feedback to the office about different ways of supporting people and this was taken on board and changes made to people's care plans. Staff also told us the registered manager passed on feedback the service received from people and their families. The provider monitored the feedback received from people and used this to award a 'carer of the year' annually across all three locations.

There were effective systems to manage staff rosters, match staff skills with people's needs and identify what capacity they had to take on new care packages. This meant the registered manager had a good knowledge of what capacity the service had and how the service was performing. People told us they felt their staff had been matched to meet their needs and were complimentary about the service's recruitment practices. They also commented that when they had replacement staff they were of the same high standard. A relative told us, "I don't know how they do it, but all the staff are of the same excellent standard."

The management team monitored the quality of the service provided by regularly speaking with people to ensure they were happy with the service they received. The field care supervisor worked alongside staff to monitor their practice as well as undertaking unannounced spot checks of staff working to review the quality of the service provided. People and their families told us someone from the office rang and visited them regularly to ask about their views of the service and review the care and support provided. The service also gave people and their families questionnaires to complete regularly. Comments from the most recent survey included, "The office will change things around for me", "Staff have a really good rapport with us" and "Lovely, lovely people."

