

Balm Care Services Limited

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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 |  |

Overall summary

The inspection took place on 17 and 21 April 2015 and was announced. We told the registered manager two days before our visit that we would be visiting to ensure the registered manager was available.

Balm care is a domiciliary care service that provides care and support to people living in their own homes. Some people's care was funded through the local authority and some people purchased their own care. At the time of our inspection nine people received support from this service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

All staff spoken with knew how to keep people safe from abuse and harm because they knew the signs to look out for. Where incidents had occurred the provider took action to help in reducing re occurrences.

People were protected from unnecessary harm because risk assessments had been completed and staff knew how to minimise the risk when supporting people with their care.

There was enough staff that were safely recruited and trained to meet people's needs.

People were supported with their medication and staff had been trained so people received their medication as prescribed.

People were able to make decisions about their care and were actively involved in how their care was planned and delivered.

People knew who they could raise their concerns with and felt confident they would be listened to. No complaints had been made about the service provided.

Staff supported people with their nutrition and health care needs and referrals were made in

consultation with people who used the service if there were concerns about their health.

Processes were in place to monitor the quality of the service provided. People who used the service were asked to comment on the quality of service they received. The information provided from people was used to improve the service where possible.

Summary of findings

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 is safe

People told us they received a safe service.

Procedures were in place so staff could report concerns and knew how to keep people safe from abuse. Risks to people were assessed and managed

appropriately and there were sufficient staff to meet people's care needs.

Staff recruitment showed that staff was recruited safely to ensure people were protected.

People were support to take their medication were required so they remained healthy.

Good



Is the service effective?

People told us they received care in a way that they wanted.

Staff were trained to support people and had the skills and knowledge to meet people care need. However no training had been provided in relation to the mental capacity act and the deprivation of liberty safeguards but staff were clear what they would do if people were not able to make decision about their care.

People were supported with food and drink as required.

Staff ensured that where people were unwell their relative or medical professional was informed

Good



Is the service caring?

The service was caring.

People told us they had a good relationship with the staff that supported them.

People were able to make informed decisions about their care and support, and their privacy, dignity and independence was fully respected and promoted.

Good



Is the service responsive?

The service was responsive

People told us they were involved in all decisions about their care and that the care they received met their individual needs.

People were able to raise concerns and give feedback on the quality of the service. Procedures were in place to ensure that the service learnt from people's experiences.

Good



Is the service well-led?

People told us they received a service that met their care needs and their views were sought about the service provided.

There were systems in place to monitor the service provided to people and make improvement when required. The management of the service was stable open and receptive to continual improvement.

Good



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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.

The inspection took place on 17 & 21 April 2015 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office when we visited. The inspection was undertaken by one inspector. This was the services first inspection since it was registered with us on 30 May 2014.

The service provided a domiciliary care service for nine people. During our inspection we spoke with five people who used the service two relatives, four staff and the registered provider and manager.

We looked at three people's care records, complaints and compliments; We also looked at the recruitment records of three care staff, minutes of staff meetings, completed satisfaction questionnaires received by the provider and quality assurance records. Before our inspection we reviewed all the information we hold about the service. This included notifications received from the provider. Notifications are required from the provider about their service in relation to accidents/incidents and safeguarding alerts which they are required to send us by law. We contacted the local authority and reviewed the information they provided to us.

Is the service safe?

Our findings

All the people that used the service and relatives spoken with told us that they received a safe service. One person told us, “They are wonderful staff, I feel very safe with them.” Another person told us, “Yes very safe and happy with the service.” A relative told us, “I can go out and know that [named person] is in good hands. I have no concern about the staff or how they provide care, they are excellent, well trained.”

All staff spoken with and records looked at confirmed that staff had received training on how to keep people safe from harm. All staff knew about the different types of abuse and the signs to look for which would indicate that a person was at risk of abuse. Staff understood how to report concerns and felt confident action would be taken to protect people from harm. For example, staff told us they would speak with people and observe for signs of bruising or changes in their behaviour which may give cause for concern. All staff knew about whistle blowing. Whistle blowing means staff can raise concerns and their identity would be protected. Records we hold showed us that the manager reported concerns and appropriate referrals were made to the appropriate authority. This meant that the provider had clear procedures in place to keep people safe.

People were supported to keep safe because risks were assessed and plans put in place to manage them. Staff told us that the risks associated with the care provided were recorded in people’s care plans. Staff told us how they would minimise the risk so people were supported safely. A staff member told us, “The risks to people are reduced because we have the information we need and use the right equipment. We have had training, so we support people safely.” We looked at two care plans that showed the risks when supporting people had been identified and discussed with the individual so support could be provided

that minimised any risks involved when supporting them. The registered manager analysed accidents and incidents so that actions were taken to minimise the reoccurrence of these. All staff knew the procedures for reporting new risks and all confirmed that when new risks were reported, prompt reviews of people’s care were undertaken to ensure people were safe.

Everyone spoken with told us that there were enough staff to ensure people received a reliable and safe service. People and relatives told us that the staff was reliable and that visits were never missed. One person told us, “I don’t always get the same person, but they don’t miss visits.” Another person said, “They are reliable, no missed visits, so I think there is enough staff.” A third person commented, “I think they have enough staff, because I get all my calls regularly and they have never let me down as yet.” A relative told us, “Staff are right on time, which makes it so much easier for me.” Staff told us that when they started to work at the agency, they had an induction and were supervised by the registered manager. Staff told us that the manager introduced them to the people they would be supporting so they knew who would be assisting them. Records confirmed that staff had undergone all the relevant checks to ensure they were suitable to work for the agency.

People received support with taking their medication where required. People told us that where this was part of their care, staff always gave them the necessary support needed. One person said, “They always make sure I take my medication. They haven’t missed any medicines.”

Medication administration records looked at confirmed this. All staff spoken with knew the procedure for supporting people with their medication and said they received training to ensure they followed the procedures. However details of how staff was to support people, for example promoting or administering medication needed to be clarified so staff had clear guidance.

Is the service effective?

Our findings

People told us that they thought the staff were trained in what they did. One person told us, “They look after me very well and I don’t have to tell them what to do, I think they are trained because the standard I get from them [staff] is all to the same standard, really good.” Another person told us, “Yes they are trained you can tell they are very efficient, For example, when my hoist is used. One takes the lead and gives instructions to the other one.”

Staff spoken with told us they received training in relation to their work; however records showed that this was not always specific to people’s individual needs. For example, staff had not had training about some medical conditions and how this might affect the people they were supporting. The registered manager told us that further training was planned in relation to certain disabilities and medical conditions so staff had more of an understanding about people’s needs. Staff told us that they had one to one meetings with the manager where they could discuss their personal development and training needs, so that they maintained good working practices and met people’s care needs effectively.

People and relatives spoken with told us they were involved in discussing people’s care needs with staff and had been asked questions about their routines and preferences. People said that staff listened to them and did exactly what they asked them to do. One person said, “They always discuss what I want, they [staff] don’t just come in and get on with it we discuss what I want on different days, I think staff are very good, no worries what so ever.”

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected. The MCA Deprivation of Liberty Safeguards (DoLS) requires domiciliary care providers to submit applications to a

‘Supervisory Body’ for authority to deprive someone of their liberty through the Court of protection. The registered manager told us that no one using the service lacked the capacity to make decisions about their care, and records sampled confirmed this. However, staff spoken with had not received training in this area, and were not aware of how the legislation affected their practice. Staff were clear that they would inform the manager if people were no longer able to make decisions about their care. People told us that staff ensured they provided support in accordance with their wishes and staff confirmed they asked people what they wanted support with when they visited them. The manager told us future planned training included MAC and DoLS so staff would have up-to-date knowledge about this legislation

We spoke with one person about the support they had with their meals. They told us staff always offered a choice, and prepared what they wanted. Staff spoken with were aware of how to support people who may be at risk of not eating and drinking enough to remain healthy. One staff member told us, “If people were not eating and drinking, I would try to encourage them and report the concerns so we could monitor them.” This showed that where required, staff supported people with managing their meals, and were able to identify and take action where risks to people’s health through poor diet and fluid intake were indicated.

Staff told us and people spoken with confirmed that staff supported them with their healthcare needs when required. One person told us, “They [staff] make sure if I am ill they tell my relatives, or even call the doctor for me.” Staff spoken with were clear about what they would do in an emergency. One staff member told us, “We would contact the relevant service if someone was poorly and make sure they were okay before we left. We would also report to the office and seek guidance from the manager.” This showed people were supported with their health care needs when required.

Is the service caring?

Our findings

All the people we spoke with said they had a good relationship with the staff. One person told us, “They [staff] always have a chat; I look forward to seeing them.” A relative told us, “I am so pleased with the service we get, they look after [named person] so well I can only give them [staff] praise.”

Staff spoken with were able to explain people’s different care needs and what they needed to do to meet these needs. Staff told us that people’s independence was promoted when they assisted with personal care and gave us examples how they did this. For example, if people were able to wash themselves or get dressed themselves this was encouraged. People spoken with told us their privacy and dignity was respected. One person told us, “At the beginning I told them I did not want a male carer and I have not had one so they have respected my wishes.”

People spoken with told us that staff listened to their wishes and did as they asked. One person told us, “They are kind and respectful.” People told us that before they received a service that met their care needs and preferences. Records confirmed that a discussion took place so people were involved in how they wanted their care to be provided. Staff spoken with gave good examples of how they ensured people’s privacy and dignity was maintained. This included, discussing the care with people to ensure they were in agreement with what staff assisted them with.

A relative told us, “The aim is to enable people to be independent and by doing this [named person] has come on so well, they not only support [named person] they support me also. I think they give personalised care with such compassion”.

Is the service responsive?

Our findings

Everyone spoken with said they were involved in planning their care, so they decided how they wanted their care and support to be delivered. Care records looked at confirmed people's involvement in assessing and planning their care. People spoken with told us that staff asked at each visit what they would like help with. Care records confirmed people had agreed what care they needed when they started using the service.

People told us that they were always asked their views about the service they had. One person told us, "When staff come they ask me if everything is all right, do I need anything. I have no problems with my care or the staff who come." Staff spoken with told us they always discussed the care with people. One person told us, "They [staff] take time to find out what I like. I never feel as if they don't care what I think. I am still in control." Another person told us, "You only have to ask and the staff do their best."

All the people that we spoke with told us they were happy with the care and the way staff supported them. Care

records looked at showed people's preference of how they would like to be supported had been recorded. Records showed that reviews took place when people's care needs changed so staff had up to date information about people's changing care needs. Record showed that the manager discussed people's care with them on a regular basis to ensure that the care provided met their needs.

People told us that information about how to complain was given to them when they started to use the service. Staff told us that if people wanted to make a complaint they would support them to do so by contacting the manager. One person told us, "The staff will listen if you are worried about anything at all, even little things, they are all very good." All the people spoken with told us they had no concerns and had not made any complaint about the service they received.

Records seen showed that there were processes for dealing with complaints and responding to them. Records seen at the provider's office showed no complaints had been received and people confirmed that that they had not made any complaints.

Is the service well-led?

Our findings

People told us that the service they received was good. One person told us, “Absolutely well managed, I would have changed the service if I wasn’t happy, so yes I am very happy.” Another person told us, “Yes they are professional, well managed and organised.”

All the people and relatives spoken with told us that the staff asked them about how they felt about the service provided at the review of their care. Records looked at showed regular reviews of people’s care and that people were able to give feedback on the quality of the service at each review meeting. In addition, we saw that people were asked to give feedback on the quality of the service they received and these were analysed for trends and learning. Analysis of recent questionnaires that we saw showed a high level of satisfaction with the service.

Staff spoken with said they were able to make suggestions for improvement to the service during staff meetings and individual supervision sessions. Staff told us if you make a

good suggestion then the manager tries to put these in to place. Staff were clear about their roles and responsibilities and told us the manager was open and accessible to them if they had any concerns or needed advice.

There was a registered manager in post so staff had leadership and someone to discuss issues or seek advice from when needed. All conditions of registration were met and the provider kept us informed of events and incidents that they are required to inform us about.

We saw that there were systems in place to monitor the service which ensured that it was delivered as planned. We saw that various processes were in place for internal monitoring of the care provision. This included auditing and monitoring of care records, medication records, staff time sheets and spot checks on staff to ensure they were working to standard. All the records we saw were in good order, up to date and demonstrated that people received a service that was monitored and reviewed so changes could be made if identified.