

Simply Care Partners Liability Partnership LLP

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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 ● |

# Summary of findings

## Overall summary

### About the service

Simply Care Partners Liability Partnership LLP is a domiciliary care agency that provides personal care to people living in their own houses and flats in the community. CQC only inspects the service being received by people provided with 'personal care', that is help with tasks related to personal hygiene and eating. Where they do this, we also take into account any wider social care provided. At the time of our inspection there was one person using the service.

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

The quality and safety of the service had improved for people since our last inspection. The provider had made changes to their recruitment and selection processes to reduce the risk of people being supported by unsuitable staff.

The provider had also reviewed and updated their medicines policy and procedures to make sure this reflected current best practice. This meant clear and accurate records were now being maintained in relation to people's medicines. Our checks of the records of the person using the service indicated they received their medicines as prescribed.

The provider had improved their quality monitoring systems so that audits and checks now covered those areas of the service where we previously found gaps and shortfalls. This helped reduce the risk of the issues we found reoccurring.

The person using the service received support that had been planned and agreed with them. Their choices for how support was provided were respected and staff delivered this in line with their wishes. There were enough staff to meet the person's needs. Staff knew the person well and understood their needs and how these should be met. Staff received relevant training and the provider made sure they were clear about their duties and responsibilities when providing care and support.

Staff were encouraged to treat the person with respect, maintain their dignity and privacy and to encourage their independence wherever possible, especially when being supported with their care needs. They made sure the person was able to do activities that interested them. The person was supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The person was supported to eat and drink enough to meet their needs. Records maintained by staff helped keep others involved in the person's care, informed and up to date about the support provided to the person. Staff demonstrated a good understanding of the person's healthcare needs and how they should be supported with these in a timely and appropriate way.

Staff were trained to safeguard people from abuse and to report any concerns they had to the appropriate

person and agencies. Staff knew how to manage and minimise identified risks to the person's safety and wellbeing. They followed good practice when providing personal care and when preparing and handling food which reduced hygiene risks.

The provider encouraged the person using the service and staff to have their say about how the service could improve. They had arrangements in place to make sure any events, incidents and complaints were investigated which included keeping people involved and informed of the outcome. Learning from investigations was shared with staff to help them improve the quality and safety of the support they provided.

Since our last inspection the provider had undertaken a review of the service and had made the decision to reduce the number of people they delivered care to. They had no immediate plans to take on new packages of personal care for people living in their own homes. However, if in the future they planned to take on new packages, they would make sure an appropriate staffing complement would be put in place to ensure care and support could be provided safely.

At the time of this inspection the provider and the local authority were working towards improving communication and information sharing between them. This should help to improve partnership working between the provider and the local authority so that any concerns about the quality and safety of the service would be dealt with in a more effective and appropriate way.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 1 August 2018) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulation.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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.

Details 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 well-led.

Details are in our well-led findings below.

Good ●

# Simply Care Partners Liability Partnership LLP

## **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

This inspection was undertaken by one inspector.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they 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

This inspection was unannounced and took place on 3 July 2019.

#### What we did before the inspection

Before the inspection we reviewed information the provider is required by law to send us about events and incidents involving people. We also used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager. We reviewed a range of records. This included the care records of the person using the service, their medicines administration record (MAR), two staff files, training and supervision information and other records relating to the management of the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At our last inspection we found the provider had not always used their recruitment processes to ensure only suitable staff were employed. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 19.

- The provider had improved their recruitment and selection processes. A new step had been introduced during the interview stage for the provider to explore staff's previous work history particularly if there were any gaps in their employment.
- The provider had also introduced a management check of all the information collected about the staff member as part of the recruitment process to make sure this had been verified and there were no discrepancies in the information provided.
- No new staff had been employed by the provider since our last inspection. However, the improvements made above should ensure, in future, only suitable staff were employed by the provider to support people.
- There were sufficient numbers of staff to support the person using the service and meet their needs safely.
- Staff had been trained to deal with emergency situations and events to reduce the risk of harm to people and to themselves.

### Using medicines safely

- At our last inspection we found medicines records maintained by staff did not reflect current best practice issued by the National Institute for Clinical Excellence (NICE). After the inspection the provider wrote to us to advise they had updated the written record staff were required to complete so that this reflected current best practice.
- At this inspection we found the improvement made, had been maintained. Staff were completing a medicines administration record (MAR) for the person using the service. This meant a clear and accurate record was being maintained of the actual medicines provided to them. There were no gaps on these records which indicated the person received their prescribed medicines when they needed these.
- The registered manager reviewed these records to check medicines had been administered appropriately and safely by staff.

### Assessing risk, safety monitoring and management

- The provider had assessed and identified risks posed to the person using the service from their specific healthcare conditions and by their home environment.

- The person's care records contained current information about identified risks along with guidance for staff about how these should be managed to keep the person safe.
- The registered manager monitored identified risks as part of their reviews of the person's care and support needs to check for any changes to these that staff needed to be aware of.

#### Systems and processes to safeguard people from the risk of abuse

- Staff received training in how to safeguard people from abuse and how and when to report concerns about a person to the appropriate individual and/or authority.
- The registered manager was aware of their responsibility to liaise with the local authority if a safeguarding concern about a person was reported to them.
- At the time of this inspection, there were no current safeguarding concerns raised about, or by, the provider.

#### Preventing and controlling infection

- Staff had received training in infection control and had access to supplies of personal protective equipment (PPE) to help them reduce infection risks associated with poor cleanliness and hygiene.
- Staff were also trained in basic food hygiene, so they were aware of the procedures that needed to be followed when preparing and storing food to reduce risks to people of acquiring foodborne illnesses.

#### Learning lessons when things go wrong

- Events and incidents involving people were recorded by staff. These were investigated by the registered manager. The registered manager shared any learning from investigations with staff to help them improve the quality and safety of the support they provided.
- The registered manager reviewed information about accidents to check for any emerging trends or themes that might help the service reduce the risk of these happening again.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same and rated as good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Records showed that the person using the service had been involved in assessments of their needs, to help the provider identify the support they required from the service.
- The provider had used the information from these assessments to develop the person's care plan. The person's choices for how, when and from whom they received their care were noted in their care plan so staff knew what support to provide.

Staff support: induction, training, skills and experience

- Recent feedback given by the person to the provider indicated they had no concerns about staff and their ability to support them with their care and support needs.
- Staff had received relevant training to help them meet the range of people's needs.
- Staff met with the registered manager monthly to discuss their work, any issues or concerns they had about their role and any further training or learning they needed to help them provide effective support to people.

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

- The person using the service required help from staff with their meals. Their care plan set out their preferences for this so that staff provided them with food and drink of their choice.
- Staff recorded what they had prepared and provided at mealtimes. The registered manager monitored this information to check the person was eating and drinking enough to meet their needs.

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

- The registered manager had a good understanding of the needs of the person using the service and how they should be supported to stay healthy and well.
- The support provided to the person at each visit was recorded which helped to keep others involved in their care up to date and informed about their general health and wellbeing.
- The registered manager monitored this information to identify any concerns about the person's health and wellbeing so that the person would receive appropriate support in these instances. We saw a good example of this information being used and shared with healthcare professionals, to help the person obtain a larger bed, as their previous bed was too small, and the person often fell out of this.
- Staff shared information with other healthcare professionals such as the GP and district nurses when needed to make sure the person experienced a consistent, joined up approach in the support they received.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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. 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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

- Staff had received training in the MCA and associated codes of practice. The registered manager understood their responsibilities under this Act.
- Systems were in place to assess people's capacity to make and consent to decisions about specific aspects of their care and support. There were processes in place where if people lacked capacity to make specific decisions about their care and support the service would involve people's representatives and others such as healthcare professionals, to ensure decisions would be made in people's best interests.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same and rated as good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Recent feedback given by the person using the service to the provider indicated they had no concerns about how staff treated them.
- The person received support from the same staff so the care they received was consistent. The person had a say in who they received their support from and the registered manager made sure the person's wishes about this were respected.
- The person's wishes in relation to how their social, cultural and spiritual needs should be met were noted in their records so that staff had access to information about how people should be supported with these.
- Staff received equality and diversity training as part of their role. This gave staff knowledge and understanding of what discriminatory behaviours and practices might look like to help them make sure people were always treated fairly.

Supporting people to express their views and be involved in making decisions about their care

- The person was involved in making decisions about their care. They were asked for their views and choices prior to them using the service and then on a regular basis in review meetings with the registered manager. This helped to ensure the support provided to them was tailored to meet their specific preferences and choices.

Respecting and promoting people's privacy, dignity and independence

- The person's care plan prompted staff to seek their consent before providing any support. Staff were also encouraged to offer the person choice, respect their privacy and dignity and give them enough time to do things at their own pace. This helped to ensure staff would be sensitive to the person's needs and discreet when providing care and support.
- The person was supported to be as independent as they could be. Their care plan set out their level of dependency and the specific support they needed with tasks they could not do without help, such as getting washed and dressed. Staff were encouraged to prompt people to do as much for themselves as they could to help them retain control and independence over their lives.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same and rated as good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- The decisions and choices of the person using the service informed the care and support provided by staff. The person's care records contained information about the support they needed from staff with their personal care needs, their dietary needs and their physical and psychological health needs.
- Records maintained by staff indicated the person received the support agreed and planned for them.
- The person was involved in reviews of the care and support provided to help the provider check this was continuing to meet their needs. Staff were informed of changes to the person's support when these were identified. This helped to ensure the person continued to receive the support they required to meet their needs.
- The registered manager, who was one of the staff members that regularly supported the person, knew the person well and understood their needs, preferences and choices.
- The person did not require end of life care and support. However, the provider had established relationships with the relevant healthcare specialists who would need to become involved if this need was identified in the future.

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 the person to attend activities in the community. The registered manager told us the person liked to visit the local garden centre and they were helped to do this by staff, once a week
- The registered manager was actively looking for more activities for the person to take part in and was working with the person's relatives at the time of this inspection about how this could be achieved.
- The registered manager made sure that the relatives of the person were kept up to date and informed about their family member's health and wellbeing.

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.

- The person's communication needs had been identified, recorded and highlighted so that staff had access to relevant information about how they should be supported with these.

Improving care quality in response to complaints or concerns

- Recent feedback given by the person using the service to the provider indicated they were satisfied with

the care and support they received from staff.

- The provider had arrangements in place to deal with people's complaints if they were unhappy with any aspect of the support provided. People were provided information about what to do if they wished to make a complaint and how this would be dealt with by the provider.
- The registered manager told us they had not received any formal complaints from people about the service since our last inspection.

# 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 inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Continuous learning and improving care

- The provider had taken on board our findings from the previous inspection and used this to drive improvement at the service. Changes had been made to the provider's recruitment and selection processes to reduce the risk of people being supported by unsuitable staff.
- The provider had reviewed their medicines policy and procedures to make sure this reflected current best practice issued by the National Institute for Clinical Excellence (NICE). This meant clear and accurate records were maintained in relation to people's medicines.
- The provider had improved their quality monitoring systems so that audits and checks now covered those areas of the service where we previously found gaps and shortfalls. This helped reduce the risk of the issues we found reoccurring.

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

- The registered manager understood their responsibility for meeting regulatory requirements. They were confident the issues we found at the last inspection would not happen again as systems were now in place to reduce the risk of this.
- The registered manager checked that staff were up to date in their knowledge of the care and support needs of the person using the service and informed about any changes to the service's policies and procedures.
- Since our last inspection the provider had undertaken a review of the service and had made the decision to reduce the number of people they delivered care to. This was why there was only one person using the service at the time of this inspection. The person had been using the service for some time and had asked for this to continue as they did not wish to receive support from another provider which the registered manager had agreed to.
- The registered manager told us the service was being developed with a view to delivering care and support to people in a supported living setting. They confirmed as this was the current priority there were no immediate plans to take on new packages of personal care for people living in their own homes. The registered manager said if the service chose to take on new packages in the future they would ensure an appropriate staffing complement would be put in place before doing so, to ensure the service could be delivered safely.
- The registered manager was open about things that went wrong. They investigated events and incidents involving people and understood their legal responsibility to tell us promptly about these. This helped us to

check that the provider took appropriate action to ensure people's safety and welfare in these instances.

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

- The registered manager carried out spot checks on staff to observe their working practice and to check they were providing the care and support the person needed. Staff were given feedback following these checks to help them review and improve their working practice. This helped to make sure the person would experience positive outcomes in relation to their care and support needs.
- The person using the service and staff were provided opportunities to have their say about how the service could improve. The provider sought the person's views through spot checks, telephone monitoring checks and reviews of their care and support needs. Staff's views about the service were sought through the yearly employee survey and at meetings with the registered manager.

Working in partnership with others

Prior to this inspection we were aware the provider had been liaising with the local authority to address concerns and issues they had about the quality and safety of the service. This had been a challenging process for both the provider and local authority. At times the provider had not communicated as effectively as they could have done with the local authority, although the registered manager was able to explain the reasons why this had happened. At the time of this inspection, meetings between the provider and the local authority had recommenced with a view to improving communication and information shared between them. This should help to improve partnership working between the provider and the local authority so that any concerns about the quality and safety of the service would be dealt with in a more effective and appropriate way.