Simply Together Limited

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Inspection report

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Date of inspection visit: 21 May 2015
Date of publication: 07/08/2015

Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

We carried out this inspection on the 21 May 2015.This was an announced inspection. We gave the provider 48hrs notice of our visit to make sure we could access the people and information we needed to.

When we inspected Simply Together (Community Care) Limited in November 2013 we found they met all the regulations inspected.

Simply Together (Community Care) Limited provides care and support to approximately 352 adults and older people in their own homes. This includes adults with physical disabilities and older people living with dementia. Simply Together (Community Care) Limited does not provide services to children.

Simply Together (Community Care) Limited has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers,

Summary of findings

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.

People were positive about the standard of care they received. They usually received their care visit close to the time they expected it and it was in most cases, though not all, the length they expected. However, when there was a change in their regular care worker, they were not always informed or had the opportunity to meet them before their visit. In some cases people said care staff appeared rushed and several people expressed concern about the stress their care staff were under although they said this did not affect the care they personally received.

People told us the spoken English capability of some care staff provided them with a challenge as it was difficult to understand each other. This did not reflect on the care these staff provided and the provider had systems in place to identify where this was a problem and offered additional language support to the staff concerned.

People's safety and well-being was protected. Staff received regular training and support to help them provide a high standard of care. People were involved in making decisions about their care and staff treated them with respect and maintained their dignity whilst personal care was being provided.

People were supported to eat and drink and to take their medicines. Staff received relevant training and support which enabled them to achieve this.

Staff were positive about the support they received from the provider and management team. People who received care confirmed they were asked for feedback about their care and support experience. Feedback was also sought from people involved in the commissioning of care from the service.

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 was safe.

Risks to people's health, safety and welfare were assessed and then eliminated or managed to protect them from avoidable harm.

People were protected from abuse because staff received safeguarding training to ensure they could recognise abuse if they saw it, knew what action to take and how to report it.

People were protected from the employment of unsuitable people to provide their care. This was because, before staff started work, they were subjected to a rigorous recruitment process.

Good

Is the service effective?
The service was not consistently effective.

People did not always receive their care visit at the time they expected and for the length of time they expected or from a consistent team of care staff.

Staff had the skills and training required to provide consistently good standards of care. This included assisting people to eat and drink, manage their medicines safely and provide assistance with their personal care.

Staff provided care appropriately where people had specific cultural or religious requirements.

Requires improvement

Is the service caring?
The service was caring.

People were positive about the way their care was provided. They told us they had a good relationship with their regular care staff and were always treated with respect.

People were involved in decisions about their care and staff supported them to remain as independent as possible.

People told us they that their dignity was protected and their confidentiality was respected.

Good

Is the service responsive?
The service was responsive.

Staff were able to tell us about the care needs of the people they regularly provided care and support for and were able to identify events and people who were important to them.

Good

Summary of findings

People said they felt their regular care staff were interested in them as individuals. They said they were able to make adjustments to the way their care was provided where that was necessary.

People and their relatives knew how to make complaints if they needed to.

Is the service well-led?

Good 

The service was well led.

People who received care and those responsible for arranging it for them benefitted through improvements made by the provider to systems and ways of providing care more effectively and efficiently.

There were a range of audits and performance measures in place to enable the quality and performance of the service to be monitored and assessed.

People were asked for their opinion of the quality of the service and this was used to inform and determine where changes in service delivery were required.

Simply Together Limited

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 was carried out by one inspector and an 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. In this case older people, including those living with dementia.

Before the inspection we reviewed the information we held about the service. This included information the provider had sent us in their Provider Information Return (PIR). The PIR asks the provider for some key information about the service; what it does well and any improvements they plan to make. We reviewed notifications the provider had sent us since the previous inspection in November 2013. These were about significant events affecting people who used the service, including safeguarding referrals.

We contacted people who used the service or their relatives, staff and community health and social care professionals including GPs and local authority commissioners who arrange care for people from Simply Together (Community Care) Limited.

During the inspection visit we spoke with the registered manager, senior administrative staff and five care staff, we looked at three staff training and recruitment records and two care plans for people who had recently started to receive care and two for people who had done so for longer periods. Following the inspection we contacted 13 people who used the service, or their relatives, with the service users' agreement. We received additional feedback from two social care commissioners as well as from the provider in response to requests we made for clarification or to provide further evidence where that was needed.

Good

Is the service safe?

Our findings

All of the people who responded to our questionnaires or who we contacted by telephone confirmed they felt safe from abuse or harm.

People told us whilst there could be changes to the person who provided their care, sometimes at quite short-notice, there was always the right number of staff. The provider indicated there were pressures on staffing levels arising from common problems within the local care sector of recruitment of suitable staff. We found this had been reflected in lack of staff consistency at times, however visits being missed altogether was not an issue raised with us during this inspection either by people who received care or who commissioned care for people.

Simply Together (Community Care) Limited had addressed problems with local recruitment through undertaking significant recruitment from within the European Union.

Staff confirmed they had received safeguarding adults training. This was supported by staff training records. These included details of initial safeguarding training for new staff as part of their induction, with periodic refresher safeguarding training thereafter for all staff. Staff were able to explain to us what constituted abuse, how it might be recognised and what they would do if they saw or suspected it. We saw copies of the provider's safeguarding policy and procedures were readily available to staff. We confirmed the provider had contact details for each of the relevant local authority safeguarding teams in whose areas Simply Together (Community Care) Limited operated.

People received the support they required with their medicines. No concerns were raised with the CQC about how this was done. Staff confirmed they had received medicines training and this was supported by training records seen. There was a detailed medicines policy and procedure in place.

In the Provider Information Return (PIR) the provider reported there had been three medicines errors in the previous 12 months. Where this was the result of staff error, additional training was put in place. The provider informed us they were adversely affected at times by the failure of pharmacies to delivery medicines in a timely way and also by inappropriate hospital discharge procedures. The provider was in discussions with these bodies in order to improve co-ordination and meet people's needs more effectively and safely. Simply Together (Community Care) Limited were also looking at ways to introduce medicines systems which would help reduce carer error by being less reliant on their involvement.

People were protected from identifiable and avoidable risk. Risk assessments were carried out when initial referrals for care were received. Risk to the person or to staff were identified and plans put in place to manage or eliminate those risks. People told us their care workers did all they could to prevent and control infection, for example, by using hand gels, gloves and aprons appropriately.

Care plans included risk assessments for moving and handling, environmental risks, health and safety and medicines, amongst others. We confirmed risks were reassessed at regular intervals or when any change in risk became evident. The PIR included evidence that where risks had changed, appropriate action had been taken. This could include, for example, additional staff being provided or specific equipment put in place for when people required assistance to move.

The provider confirmed there was a business continuity plan in place and we were provided with details of how the service responded to, for example, adverse winter weather conditions. This included a system to prioritise any time critical visits, where no informal support for people was available. The service had the use of a 4x4 vehicle for use where the road conditions were such as to preclude the use of conventional vehicles. Computers were password protected where they contained confidential information. Systems were backed up and data was routinely transferred to an off-site secure server. Staff received training in first aid and knew how to respond to specific emergency situations in people's homes, for example in the event a person had fallen and injured themselves.

People were protected from the employment of unsuitable people as appropriate checks were made and procedures were followed.

Requires improvement

Is the service effective?

Our findings

All of the people we contacted, said care staff were able to meet their needs. They agreed care staff had the skills and knowledge needed to provide their care and support effectively. We received positive assessments of the effectiveness and flexibility of the service from social care professionals who arranged care on behalf of people they were responsible for.

People said the timing of calls could sometimes be inconsistent. Most put this down to the work pressures on care staff or to traffic.

There were different experiences recorded by people about the consistency of staff who provided care and support for them. Some said there could be difference as between staff during the day and the evening or weekend. One person note; "I receive four visits a day and when they were a smaller company it was the same person most of the time. Now not the same. I need to remember everything that needs doing. Regular carers already know." Another person noted; "I always have someone. I don't like different ones, sometimes different each evening. I have to tell them what to do and where things are. Morning always the same."

People told us they sometimes experienced difficulty understanding care staff because of their accents. We were told by the provider that recruitment of staff included competency checks in respect of spoken English. Support was given when required to improve verbal communication of staff where English was not their first language.

There were mixed experiences about communication of changes to care staff or when visits were delayed. "I get the impression they are a bit short-staffed over the bank holiday. I was not informed of the change" (to the time of their visit). However another person said; "They always let you know if there is a problem."

The majority of people we contacted by telephone said they did not feel care staff were rushing them whilst providing their care although one person noted; "Generally OK although they do tend to rush things to keep to time". However, another person noted; "They always ask is there anything more you need?" A significant number of people we spoke with raised concerns about the pressure on their care staff. This was not necessarily in response to the care they received but was a concern for the staff's well-being and safety when they had what was perceived as too much work.

Staff told us they were supported by extensive training. We saw training records which detailed what training was required and when it had been undertaken. Training was provided both in house and through external training organisations. For example, end of life care training was provided through the provider's associated care home. Staff were aware of the implication for their care practice of the Mental Capacity Act 2005 (MCA). This is important legislation which establishes people's right to take decisions over their own lives whenever possible and to be included in such decisions at all times. We confirmed with staff, the provider and from training records that training on the MCA was included for all staff within the safeguarding training they received at their induction and through subsequent updates.

Staff understood their responsibility under the MCA. Staff told us how they approached people who may not be able to make all decisions for themselves. They were able to describe how the person's best interests were safeguarded and how they would support people, wherever possible, to make choices about care for themselves. Senior care staff and the provider worked together with local authority care and commissioning services to ensure appropriate mental capacity assessments were in place and these were included, where applicable, in care plans.

We saw records of regular staff supervision, appraisals, team meetings and other information provided to staff. These highlighted specific issues and areas of care and supported and encouraged the development of the staff team. Staff confirmed they had received induction training before they worked unsupervised, received regular supervision and received the training they required to meet people's needs. We saw records of unannounced checks carried out by senior care staff to monitor the effectiveness of care staff in people's homes.

Each of the care staff we spoke with confirmed they had opportunity and felt able to discuss their own performance or any issues or concerns they had about their role with senior care staff and the provider/registered manager.

Care plans we saw included contact details for family and health services relevant to the person. Staff told us they

Requires improvement

Is the service effective?

would support people to attend appointments, for example by calling earlier than usual to help them get ready. They were able to give examples of how they passed on concerns about people's health to family carers or health professionals to ensure people had access to the specialist health support they required.

Care plans and care staff programmes of work included details of any support people needed with food and drinks. Staff confirmed they had received training in food hygiene and safety and training records supported this. This meant people were protected by safe and effective support with food and drink.

Good

Is the service caring?

Our findings

People who received care and support were mostly very positive about the standard of care they received. "Exceptional care, compassion and kindness" was one relative's assessment and "Your care staff are a real example of how caring should be" was that of a specialist nurse practitioner.

Staff told us they always asked people how they wanted their care provided. They had a good understanding about how independence and choice could be promoted although they acknowledged pressure of time sometimes made this difficult to achieve. Care staff being rushed or under time pressure was a consistent theme from people who received care. People who received care and support told us they felt staff helped them retain independence and control over their own care as much as was possible for them. One person with autism had a fixed routine and their family carer said Simply Together (Community Care) Limited had tried to keep the care staff involved with them to three or four to make this easier to achieve.

Most people we contacted by telephone said they were treated with dignity and respect. Where there had been issues with particular care staff, these had been addressed and resolved. All the relatives who responded to our questionnaires said that from what they observed and were told staff always treated their relative with respect. Those people who commissioned care from Simply Together (Community Care) Limited were also positive about the standard of care and said they had received positive feedback from those people they arranged care on behalf of.

We found staff understood the need for people's dignity to be protected during the provision of care and how this could be achieved. For example, by covering people appropriately when providing personal care and ensuring bedroom and bathroom doors were closed when there were other people in the home.

Induction training included a three hour session on palliative care. Where care staff were involved in more complex care, at the end of people's lives, they received specific training. For example, in the use of percutaneous endoscopic gastronomy feeds (PEG) and tracheostomy.

Where people had specific cultural food or care requirements these were noted in care plans so that care staff were aware of them and could provide appropriate care and support sensitively. The provider tried wherever possible to match staff with particular insight or language skills to achieve this. One person gave us this insight into how their care was provided; "I'm Muslim and practice pray five times a day. I don't expose my body to anyone; they must not see my body. I showed them how to use a towel as a screen. They all accepted training in good part and worried if they were doing it right." They went on to describe how other restrictions were accommodated; "Ritual before praying of washing feet, they did everything exactly as needed, this happens while I must not talk. Issues of policy in my house and company policies that conflict, for example about footwear, no one can come in with outside footwear. Slippers acceptable and they respect that."

Care plans included contact details for family and professionals involved with the person's care. People told us they were able to discuss their care with their care worker and that they felt able to ask them to do things in the way they preferred. Care plans included details of people's preferred routines.

There were details of advocacy services available to people where this was needed, although it was most often arranged through or by the local authority. (Advocacy is independent support provided to ensure and facilitate the person receiving care's voice is heard and understood.)

Good

Is the service responsive?

Our findings

People said the timing of calls could sometimes be inconsistent. Some people reported their care staff arrived on time whilst others said they did not.

People said the length of their visits was in most cases what they expected and required, although one person told us ;"They whizz in and out quickly" and another noted: "They do not stay long, it is usually five minutes rather than half an hour".

People told us they were involved in decisions made about their care and support needs. Relatives also told us they were consulted, with their relatives' consent, in the decision-making process relating to their care and support.

People were overall satisfied with the care received from their regular and familiar care staff. They told us they had a good relationship with them and that the care staff knew how they liked things done. Where there were short-notice changes in care staff or where visits were outside of the expected time people were less satisfied although they told us they knew the service was short-staffed and staff had to contend with adverse traffic at peak times of the day. One person told us in the past they had three new care staff in one day which had made them; "Tired and distressed", however they said they telephoned the office who changed things and; "Now it is fine".

One relative told us; "They like continuity, they do worry if they get a new carer. They get used to routine, if they turn up with a new one without being told, this causes concern."

People said they felt they were treated as individuals, that regular staff knew how they liked their care provided and were flexible and adaptable. If their needs changed or if they required specific help, for example in order to keep a community health or family appointment, they told us this was accommodated. One person noted; "I warn in advance by ringing the office if I have an appointment to attend, they swap someone so that I can keep the appointment". Another family carer told us; "We have had some really lovely, exceptional girls(sic). They (her relative) just wants them to take them out and they make these outings happy". Care staff attended a family wedding and helped provide care which took the pressure off the family and the person they supported had; "A really good time". This showed the service was responsive and flexible enough to meet changes in people's care needs and respond to specific requests for support outside of that usually provided .

Staff were able to tell us about the care needs of the people they provided care and support to. They spoke of them as individuals and knew, in the case of those they supported regularly, how they preferred their care given. They were aware of people's family circumstances and important events and people in their lives. They acknowledged this was not always the case when they went at short notice to a person who was unfamiliar to them. However, they told us they always read the care plan to get the basic details they required and would also ask the person themselves about how they wanted their support provided.

We saw requests for reviews to be carried out made to local authority care managers as well as responses from the service to requests from local authority care managers.

Community health and social care services told us they were satisfied with the responsiveness of the service to any instructions or advice they gave. They said the service co-operated with them and other related care services and shared relevant information appropriately. Examples were provided about changes in people's care and how information had been shared to ensure changes in the care and support provided were put in place without undue delay.

Care plans included variable amounts of personal information. Those for people who had received care for longer included more information about the person and their care, much of this was obtained during regular reviews of care which took place. This enabled care delivery to be changed and better focussed on both the assessed needs of the person and also on how they wanted their care provided and by whom.

A copy of the provider's complaints policy and procedure was provided to all people who received care and support. It included contact details for the service and local authority commissioners of care, the Local Government Ombudsman and the Care Quality Commission (CQC). People said they knew how to make a complaint. Relatives said the service responded well to concerns or complaints.

Records were kept of all formal complaints and written compliments received. In the period January to May there had been 13 complaints. These were about timing of calls,

Good

Is the service responsive?

carer's attitude and a missed call. These complaints had been followed up and resolved. There were detailed records kept and the outcomes were noted. These included additional staff training, spot checks, financial reimbursement, change of care staff and appropriate disciplinary action.

In the same period there had been 17 written compliments about individual care staff or the service in general.

Good

Is the service well-led?

Our findings

People said they knew who and how to contact the management team or the provider if they needed to. People confirmed they were asked about the quality of the service they or someone they were responsible for received. This could be by telephone, face to face or by survey. Care staff and people who received care confirmed there were spot checks carried out by senior care staff in people's homes, with their consent. This provided an opportunity to assess care practice and to check that records held by people in their homes were accurate and being correctly completed.

The provider included in their PIR examples of the plans they had going to improve the quality of the service they provided. This included additional investment in new IT and other systems. This would, amongst other things increase the remote system based monitoring of care staff and enable more effective call management to address some of the concerns about communication and notification when care staff are delayed.

The feedback we received from community health and social care professionals was positive. Those responsible for commissioning services for people were positive about communication with and the responsiveness of the management team.

Administrative roles within the service were well-staffed and equipped. For example key personnel had access to data and records through the computers and systems provided for their use. This enabled the service to operate effectively, twenty four hours, seven days a week.

Staff confirmed they had received regular supervision from their line manager. Records of supervisions planned and those which had taken place confirmed this. We saw minutes of recent team meetings. These included discussions about care practice, communication, and useful information about specific areas of interest.

The provider was involved with several local and national organisations to promote higher standards in care, national care recognition schemes.

The values of Simply Together (Community Care) Limited were understood by staff and focussed clearly on the care experience of the people they supported with care. Those managers and staff we spoke with showed a commitment to maintain and improve the service they provided, including through the use of systems and technology.