

Simply Caring Limited

# Simply Caring Limited - Meridian Centre

## Inspection report

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Date of inspection visit:  
21 May 2018

Date of publication:  
18 June 2018

## 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

This announced inspection was carried out on 21 May 2018. Simply Caring provides support and personal care to people living in their own homes in the Oldham area of Greater Manchester. At the time of the visit there were 53 people using the service who received personal care.

The service has a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 200 and associated regulations about how the service is run.

At our last inspection in March 2017 we found one breach of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulation 2014 and a further breach of the Care Quality Commission (Registration) Regulations 2009. At the last inspection we found that medicine administration records were not always filled in correctly. We also found that the CQC had not been notified of incidents which affected the service. At this inspection we found that Simply Caring was meeting both these regulations.

The registered manager and staff understood their role and responsibilities to keep people safe from harm. Risks were assessed and plans put in place to keep people safe. Checks were carried out on staff to assess their suitability to work with vulnerable people.

People needed minimal support and prompting with their medicines and support was managed safely. Any risks to people were identified and managed in order to keep people safe.

The service was responsive and people received individualised care and support. People were encouraged to make their views known and the service responded by making changes. The registered manager welcomed comments and complaints and saw them as an opportunity to improve the care provided.

The registered manager and staff understood the principles of the Mental Capacity Act (MCA) 2005 and worked to ensure people's rights were respected.

Staff were recruited safely and there were enough staff to make sure people had the care and support they needed.

People and relatives knew how to complain and raise any concerns. People and their relatives did not raise any concerns with us.

People were cared for by staff who knew them well. Staff treated people with dignity and respect. Efforts were made to ensure staff members were able to communicate with people using their preferred language. The manager and staff had a good understanding of equality, diversity and human rights.

The culture within the service was personalised and open. There was a clear management structure and staff felt well supported and listened to.

The vision and values of the service were clearly communicated to and understood by staff. A quality assurance system was in place. This meant the quality of service people received was monitored on a regular basis and where shortfalls were identified they were acted on.

Simply Caring had a comprehensive business continuity plan in place to prepare the service in case of unforeseen circumstances and emergencies.

## 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.

Staff had been trained in medicines administration and managers audited the system and checked staff competence.

Staff had been trained in safeguarding themes and were aware of their responsibilities to report any possible abuse.

Staff were recruited robustly to ensure they were safe to work with vulnerable adults.

### Is the service effective?

Good ●

The service was effective.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff had been trained in the MCA and DoLS and could recognise what a deprivation of liberty was and how they must protect people's rights.

People were supported to take a nutritious diet in a way that met their needs.

Induction, training and supervision gave staff the knowledge and support they needed to satisfactorily care for the people who used the service.

### Is the service caring?

Good ●

The service was caring.

Relatives told us staff were helpful and kind.

We saw that people were offered choice in many aspects of their lives.

We saw people were treated with kindness, care and dignity and had a relaxed and easy relationship with the staff members who clearly knew them well.

### Is the service responsive?

Good ●

The service was responsive.

There was a suitable complaints procedure for people to voice their concerns. The manager responded to any concerns or incidents in a timely manner and analysed them to try to improve the service.

People were supported to engage in community and individual activities as they preferred.

Care plans were regularly reviewed and contained sufficient details for staff to deliver their care.

### Is the service well-led?

Good ●

The service was well-led.

The service had notified the Care Quality Commission about events that affected the service.

There were systems in place to monitor the quality of care and service provision.

Relatives and staff we spoke with told us they felt supported and could approach managers when they wished.

# Simply Caring Limited - Meridian Centre

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 50 of the Health and Social Care Act 2008 as part of our regulatory function. 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 the 21 May 2018 and was announced. The provider was given 48 hours' notice because we wanted to ensure that someone would be in the office to assist us with the inspection. The inspection was carried out by one adult social care inspector and an assistant inspector from the Care Quality Commission (CQC).

Before the inspection we looked at previous inspection reports and notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. We reviewed the Provider Information Record (PIR) before the inspection. This is a form that asks the provider to give some key information about the service, this tells us what the service does well and the improvements they plan to make. This ensured we were addressing any areas of concern. We also spoke to the local authority and the local Healthwatch, we did not receive any negative comments about the service.

We visited three people who used the service. Following the inspection we spoke with three people who used the service and two relatives. We also spoke with five care staff, the registered manager, two care coordinators and the company administrator. We contacted several health and social care professionals for their view of the service. We looked at six people's care records, three staff personnel files and a selection of medicine administration records. We reviewed a range of records relating to the management of the service. We also looked at a variety of policies and procedures including safeguarding, complaints, mental capacity and deprivation of liberty, recruitment, accidents and incidents and equality and diversity.

# Is the service safe?

## Our findings

We found that Simply Caring provided safe care. People told us they felt safe. One person we spoke with told us, "I know the carers well that come to help me and feel safe knowing someone will be coming every day."

At our last inspection in March 2017 we found one breach of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulation 2014 and a further breach of the Care Quality Commission (Registration) Regulations 2009. At the last inspection we found that medicine administration records were not always filled in correctly.

At this inspection the provider had recently improved the way they audit records relating to medicines in order to highlight any errors. There was a clear system in place to respond to any errors and care plans had been simplified. The registered manager explained "We hope to progress further by working with staff to improve how they record medicines. Work is planned for the next team meeting to improve this." We found on the day of the inspection that the people were kept safe from the risks associated with the management of medicines.

Some people required assistance to take prescribed medicines. Where this was the case guidance for staff on what to do to keep people safe was in place and easy to use. Staff administering medicines had been trained to do so.

Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. Staff were confident that action would be taken seriously if they raised any concerns relating to potential abuse. One member of staff said, "We have done safeguarding training and talk about issues at our team meetings, I know how to report concern and who to go to."

Staff were also aware of the provider's whistleblowing policy. When asked about this, one staff member told us, "I wouldn't hesitate to report anything I was concerned about." Another told us, "I know that our managers are always available, I would not worry about reporting anything at all." A whistleblowing policy shows a commitment by the service to encourage staff to report genuine concerns with no recriminations.

People told us that there was enough staff to provide safe and effective care. People said they always had familiar staff sent to support them. One person told us, "I rely on the carers to give me my medication; I always get them when I should." Another person told us, "I have never had a missed call, carers always come on time."

People's care plans contained risk assessments which included risks associated with; moving and handling, pressure area care, falls and environmental risks. Where risks were identified plans were in place to identify how risks would be managed. For example, one person was at high risk of falls. This person's care record contained a 'moving and handling' plan which gave guidance to staff on reducing the risk associated with each care task. Staff were aware of this guidance and told us they followed it.

The provider had safe recruitment and selection processes in place. Recruitment records contained the relevant checks. These checks included a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers.

The provider had a procedure in place for investigating accidents and incidents. This detailed the steps involved and included looking at why the incident had occurred and identifying any action that could be taken to keep people safe. This meant the registered manager and staff had clear guidance on how to investigate accidents and incidents and learn and make improvements.

We saw that checks were carried out at the homes of people that used the service in order to keep people and staff safe. Water temperatures were recorded each time someone was supported with bathing and an individualised environmental risk assessment was in place for each home.

All staff had been trained in infection control procedures and people told us that they wore gloves and aprons when providing personal care. One person told us, "The carer wears gloves when helping me with my care and she washes her hands regularly." We saw that personal protective equipment (PPE) was available and staff explained to us about when they needed to use it. Staff had completed food hygiene training to equip them with the knowledge to prepare food and drinks safely for people.



# Is the service effective?

## Our findings

We found that Simply Caring provided effective care. People's needs were assessed in sufficient detail to inform the delivery of care. We saw and were told about care being re-assessed as people's needs changed. Initial assessments were thorough and fed into detailed support plans that were regularly updated. This means that care was provided in the most appropriate way to meet people's needs.

People retained their independence for managing their health care and staff knew about people's health needs and how this affected their support. We saw that people had signed a 'consent to their care' document which was located in each of their care files. People told us that the staff recognised changes in their health and sought prompt care. One person told us, "The carers encouraged me to seek medical advice when I was having problems, they look after me."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member said, "I know that we should assume people have capacity to make their own decisions and give people as much choice as possible." An assessment was in place in each file to determine capacity and consent in various areas, for example; administration of medicines, personal care needs, health decisions and life choices.

People told us that staff checked with them when they wished to assist them. One person said, "I don't feel rushed and staff always ask me to tell them when I'm ready." We saw from people's care records that consents to care had been signed by the person or their appointed representative, and where a review of a person's needs had been carried out, people signed the review to indicate their agreement.

People were supported by staff that had the skills and knowledge to carry out their roles and responsibilities. New staff were supported to complete an induction programme before working on their own. This included training for their role and shadowing an experienced member of staff. Staff completed training which included: infection control, moving and handling, dementia, safeguarding, equality and

diversity and Mental Capacity Act. The induction period helped to ensure staff were competent in their skills and knowledge before supporting people. One member of staff told us, "The support has been excellent. I am supported by managers and my colleagues". New staff shadowed experienced staff before working unsupervised to ensure they were confident in their roles and responsibilities.

Staff received regular monitoring by senior staff to ensure they were competent. Any issues identified were addressed in a positive manner with staff being given additional support and training to promote improvement.

Staff told us they felt well supported by the registered manager. Formal supervisions took place to improve performance and, to assist staff with their career development. Formal supervisions are one to one meetings a staff member has with their supervisor.

People's care records documented how their needs were met. This included when and how care was provided. Individual plans were in place and specialist input from other professionals had been obtained when required. One person told us, "I have been really well supported by the carers; they help me stick to my health plan."

One care worker explained that any equipment that was required in order to provide effective care for people who used the service was provided. Equipment required for moving and handling procedures was supplied following an assessment by an occupational therapist.

People told us that the service communicated well with them and kept them informed of any changes. A relative told us, "They call if they are going to be late and have been very flexible if we have had to rearrange our times."

People's nutritional requirements were routinely monitored by staff, and where staff may have a concern regarding people's food or fluid intake they reported this to the office. Where needed staff completed food and fluid records and followed guidance from the GP, dietician or speech and language therapists where required. Staff told us that they ensured when they left people who were unable to make a snack or drink they left these for them within reach. One person told us, "Staff don't leave without checking I've got enough food and drinks handy until someone comes next time." This ensured people were able to maintain their hydration and eat sufficient amounts.

We saw that staff wore smart uniforms bearing the logo of the service and were provided with all the equipment they needed to fulfil their roles.

# Is the service caring?

## Our findings

People and relatives told us staff were kind and caring. Comments included: "They (care staff) are very kind and respectful"; "I trust the staff" and "They treat me in a kind and caring way". All respondents to the questionnaires answered positively when asked if staff were kind and caring. A comment in a service user survey read, "Their [care staff] care and attention is excellent and much appreciated."

Staff had a caring approach to the people they supported. One member of staff told us, "I love working with a variety of people, I always try to be the help that I would wish for my family."

Staff we spoke with described how the caring culture of the service was supported by the registered manager. One staff member said, "Our manager is very caring with the people we support, and with the staff, they expect us to also work in that way with people."

The provider had a policy on equality and diversity. The care planning system in place included an assessment of people's needs regarding, culture, language, religion and sexual orientation. Staff understood the values of the service, recognised the importance of ensuring equality and diversity and human rights were actively promoted.

People's privacy and dignity was respected. Where personal care was delivered, people told us the staff took time to ensure they were covered up with a towel. One person said, "The girls always consider my feelings when I am being helped in the bathroom, they keep me covered up as much as possible so I don't feel embarrassed."

The service recruited staff based on their values alongside their experience. The practical elements of the support worker role were covered during the induction period and staff were assessed as to their suitability during a probationary period to ensure that they were able to meet the high expectations of the service. This meant that the staff were driven to provide a service by their caring natures which was evident to us during the inspection.

It was clear from our discussions that staff knew people, their needs and preferences well and provided care accordingly. One person said, "They asked about my family background so we have things to talk about, it's so nice that people show an interest in my life."

We saw numerous examples in care records of staff actively promoting people's independence. For example, one care record explained how the person needed, 'Support to get back to the lifestyle [person] used to have.' Staff understood the need to help people to maintain and improve their levels of independence. People were encouraged and supported to be as independent as they wanted to be. One person told us, "They [staff] know if I am having a bad day and help me to do what I can; I don't want to lose the skills I have."

Information about people was kept securely. The registered manager ensured that confidential paperwork

was collected regularly from people's homes and stored securely at the registered office.

## Is the service responsive?

### Our findings

We found Simply Caring were responsive. People's care records contained details of people's likes, dislikes and preferences. Staff were knowledgeable about people's needs and reviews were carried out to ensure the records matched how people wanted to be supported. The staff completed records of each visit which provided a brief overview of the care provided and any changes to their wellbeing.

People were assessed prior to accessing the service and these assessments were used to develop care plans that guided staff in how to meet people's needs. Care plans included a service user guide, signed consent form, information about health needs and a detailed breakdown of the support required. One care plan explained exactly which tasks a person could do for themselves so that they could retain as much independence as possible. For example, a mobility care plan read, "Ask [person] to push up on the sofa to stand, support them by placing your hands across their back. Place the walking frame in front of [person] so they can steady themselves." This meant that care plans guided staff on promoting independence and were written with clear instructions.

Staff we spoke with knew people well. Staff told us they had access to information about people prior to visiting them for the first time and that care plans were detailed and person-centred.

People's specific communication needs were identified in care records and included how communication needs were met. For example, one person could sometimes become anxious. The person's care record detailed the indicators that the person was becoming anxious and the actions staff needed to take in response to the indicators to relieve their anxiety.

People told us where staff may be late, they would receive a telephone call to explain and that staff apologised for the inconvenience.

People and relatives were confident to raise concerns and that they would be responded to effectively. One person told us, "I just ring the office and speak to them if there is a problem. Things are always dealt with promptly." The provider had a complaints policy and procedure in place. Records showed that complaints had been responded to in line with the provider's policy and to the satisfaction of the person making the complaint.

The service had an end of life policy in place which detailed the end of life pathway, care planning, coordination, care in the last days and how to support the family after death. When the service did provide support to people receiving end of life care, staff were supported by the management team to deliver this service. The registered manager explained that training would be provided for staff and health professionals that were involved in supporting people's needs at this time to ensure appropriate arrangements were well managed.

## Is the service well-led?

### Our findings

We found Simply Caring was well-led. There was a registered manager in post that had been registered since October 2010.

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.

It is a condition of the registration that that registered manager inform the Care Quality Commission (CQC) about incidents which affect the service, such as abuse or allegations of abuse, or incidents reported to the police. We found at our last inspection that events of this nature had not been passed on to us which is a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

At this inspection we found that the registered manager had been notifying us appropriately and was now meeting this regulation.

The registered manager was held in high esteem by people using the service and staff. The staff felt part of a supportive team and told us the registered manager was approachable and listened to them. Staff told us the service was well-led, open and honest. One staff member told us, "I am treated well as an employee, there is an employee of the month incentive, we get looked after." Another staff member explained that the registered manager had helped them in a personal matter, going above and beyond the role expected as manager.

There was a 24 hours support service to ensure that people had a point of contact in case of an emergency. People knew who the registered manager was and felt the service was well-led. One person told us, "I feel like I know the staff and managers well as they sometimes come out to help us too." The provider sought people's views on the quality of service provision during their individual review and invited people to complete an independent satisfaction survey.

We saw that all staff used an electronic call monitoring system to log in and out of calls. This meant that all visits were logged and checked to make sure that people who used the service received the correct duration of call and no calls were missed.

There were systems in place to monitor, analyse and improve the service. The registered manager completed regular audits which included; staff files, care plans and training. Where improvement actions were identified these were passed to the staff for action and the registered manager monitored to ensure actions were completed. Accidents and incidents were recorded and monitored to look for ways to minimise the risk of a reoccurrence. The registered manager had a good oversight of the care plans and related documentation, such as the MARs and discussed plans to improve how they manage medicines records.

We saw that the service had received many compliment cards from family members and people who used the service. One card read, "Thank you for all your dedication in caring for [relative]."

The registered manager demonstrated to us that they were keen to work alongside other services such as commissioners and the local authority in order to support people's care needs and share information where needed.

During the inspection we found the service was managed by professionals with an obvious dedication to the people they support and the staff that work with them.