

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	

Overall summary

This inspection took place on 15 December and was announced. We told the provider two days before our visit that we would be coming.

Simply Care Partners provides personal care services to people in their own homes. At the time of our inspection four people were receiving care from this service. At our last inspection in June 2013 the service was meeting the regulations inspected.

The service had 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.

People and their relatives told us they felt safe and that staff treated them well. There were processes in place to

Summary of findings

help make sure people were protected from the risk of abuse and staff were aware of safeguarding vulnerable adult's procedures and understood how to safeguard the people they supported.

Staff were up to date with training and the service followed appropriate recruitment practices.

People were involved in making decisions about their care, treatment and support and people's care records reflected this. People's individual risk was assessed to help keep them safe. Care records and risk assessments were regularly reviewed. Staff supported people to attend appointments and liaised with their GP and other healthcare professionals to help meet their health needs.

People were asked about their food and drink choices and staff assisted them with their meals when required. People were supported to take their medicine when they needed it.

People and their relatives thought staff were caring and respectful. Staff knew the people they were supporting and provided a personalised service for them. Staff explained the methods they used to help maintain people's privacy and dignity.

Relatives we spoke to said they would complain if they needed to, they all knew who the manager was and felt comfortable speaking with her about any problems.

The manager regularly spoke with people to make sure they were happy with the service and carried out spot checks to review the quality of the care provided.

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. There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of safeguarding vulnerable adult's procedures.

People using the service had detailed risk assessments and these had been kept under regular review. People were supported to take their medicine safely.

The provider had effective staff recruitment and selection processes in place. Appropriate checks were undertaken before staff could begin work at the service.

Good



Is the service effective?

The service was effective. Staff had the skills and knowledge to meet people's needs. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities. They were aware of the requirements of the Mental Capacity Act 2005.

People were supported to eat and drink according to their plan of care.

People's health and support needs were assessed and care records reflected this. People were supported to maintain good health and had access to health care professionals, such as doctors, when they needed them.

Good



Is the service caring?

The service was caring. People and their relatives told us they were happy with the standard of care and support provided by the service. People's privacy and dignity was respected by staff.

All the staff we spoke with had a good knowledge of the people they were caring for.

People and their relatives were involved in making decisions about their care, treatment and support. Care records contained information about what was important to people and how they wanted to be supported.

Good



Is the service responsive?

The service was responsive. People received care, treatment and support when they needed it. Assessments of care were completed when people first started to use the service and were regularly reviewed.

Complaints were recorded and acted upon. The service provided information to people about how they could make a complaint if they wished and the manager took concerns and complaints about the service seriously.

Good



Is the service well-led?

The service was well-led. People's views and comments were listened to and acted upon. Accidents and incidents were reported, reviewed and changes made in order to improve the quality of the service.

Staff felt supported by their manager and were encouraged to report concerns.

Good



Summary of findings

The manager regularly checked the quality of the service provided and made sure people were happy with the service they received.

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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 15 December 2014 and was announced. We told the provider two days before our visit

that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in.

One inspector undertook the inspection. Before our inspection we reviewed the information we held about the service which included statutory notifications we had received in the last 12 months. During our inspection we spoke with three staff members and the registered manager. We examined four care plans, four staff files as well as a range of other records about people's care, staff and how the service was managed. After our inspection we spoke with two people using the service and five family members and friends.

Is the service safe?

Our findings

We spoke with people and their friends and relatives. They told us that they felt safe using the service. One person told us, "I am very satisfied with the care." A relative said, "I'm very happy with the service, [my relative] is safe and well cared for."

We spoke with the manager and three members of staff about safeguarding vulnerable adults. They all demonstrated a clear understanding of the types of abuse that could occur, the signs they would look for and what they would do if they thought someone was at risk of abuse or harm including who they would report any safeguarding concerns to. Staff told us they would report any witnessed or suspected abuse to the manager. All staff had received training in safeguarding vulnerable adults as part of their induction programme and this was refreshed every year.

There were arrangements to help protect people from the risk of financial abuse. Staff, on occasions, undertook shopping for people who used the service. Records were made of all financial transactions which were signed by the person using the service and the staff member.

The manager carried out assessments to evaluate any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks to the health and support needs of the person. Risk assessments included information about action to be taken to minimise the chance of harm occurring. For example, some people had restricted mobility and information was provided to staff about how to support them when moving around their home and transferring in and out of chairs and their bed. One person required the use of a hoist and noted an occupational therapist had produced a hoist plan to ensure staff were aware of how to use the hoist safely together with advice for safe methods of transfer around the home.

Staff were aware of the reporting process for any accidents or incidents that occurred. A new system had recently been

introduced for reporting accidents and incidents and we noted details of any incidents were recorded in people's care records. The manager was able to describe in detail each event that had occurred and the action taken by staff together with the outcomes for the person using the service.

There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. Staffing levels could be adjusted according to the needs of people using the service and the number of staff supporting a person could be increased if required.

The service followed appropriate recruitment practices. Staff files contained a checklist which clearly identified all the pre-employment checks the provider had obtained in respect of these individuals. This included up to date criminal records checks, at least two satisfactory references from their previous employers, photographic proof of their identity, a completed job application form, a health declaration, their full employment history, interview questions and answers, and proof of their eligibility to work in the UK (where applicable).

People were supported to take their medicine safely. People's care records contained details of peoples prescribed medicine and staff signed medication administration records (MAR) when people had been supported to take their medicine. There were no recording errors on the MAR sheets we looked at. Staff were trained in medication administration and the manager confirmed each staff member had their competency assessed annually. Records we saw confirmed this. The medicines policy and procedure including guidance for staff on the administration of as required or PRN medicines. People were supported to self-medicate where they were able. One person had signed a consent form agreeing that they would manage their own medicine. The service had also contacted the person's GP and received written confirmation to confirm the person had capacity to manage their own medicine.

Is the service effective?

Our findings

People told us they were supported by staff who had the skills to meet their needs. One relative said, “Staff are very professional and well trained” and “The manager makes sure staff are trained.”

All new staff attended a four or five day induction when they first started working for the service. The manager showed us an induction timetable and noted it included topics such as home role of the home carer, emergency first aid, infection control, food hygiene, moving and handling and the principles of safeguarding. Systems were in place to monitor staff training needs and identify when training was due or needed to be refreshed. Care staff told us they felt they had received all the guidance and training they needed to effectively carry out their roles and responsibilities as well as learn new skills.

Staff told us they had regular supervision with their manager. Records confirmed supervision was carried out on a one to one basis and during ‘spot checks’ where the manager would assess the quality of care provided by staff in people’s own homes.

Staff were aware of the Mental Capacity Act (MCA) 2005. The manager had an updated MCA policy at the time of our inspection to reflect a recent Supreme Court judgement that has clarified the meaning of deprivation of liberty, so that staff would be aware of what processes to follow if they felt a person’s normal freedoms and rights were being significantly restricted. This included making an

application to the court of protection. At the time of our inspection no one using the service was deprived of their liberty and no applications had been made to the court of protection.

Where required people were supported to eat and drink appropriately. One person told us, “I tell them if I don’t like something and they change it.” A relative said, “Before [my relative] had meals on wheels, they were often late. Now staff make meals for them and they are eating well.” Staff told us how they would leave people with drinks within easy reach or provide a snack in the fridge before finishing their work. People’s dietary needs were assessed before they started using the service and then again regularly during their period of care. People’s care records included details of people’s food and drink preferences and when they needed support with meals. Records showed all staff had received training in food hygiene.

Relatives told us the service would let them know if their relative’s healthcare needs changed. People’s personal information about their healthcare needs was recorded in their care records. Care records contained details of where healthcare professionals had been involved in people’s care, for example, visits by the GP or the district nurse. Staff told us how they would notify the office if people’s needs changed and we noted examples of how additional support from healthcare professionals helped people maintain good health. For example, the service had liaised with the community physiotherapist to help with one person’s mobility and to give guidance to staff on safe transfers.

Is the service caring?

Our findings

People we spoke with told us they were happy with the standard of care and support provided by the service. One person said, “They [the staff] are very good, they look after me well.” Relatives told us, “I am very happy with the care [my relative] is getting”, “They are very good, the main carer has done an incredible amount for [my relative]”, “Most staff are very good” and “[the staff] shows kindness to [my relative].” However, one relative was unhappy with some aspects of the care provided, but explained they were speaking with the manager about some issues that had arisen. We later spoke with the manager who confirmed the action being taken to improve the care package for this person.

Staff had a good knowledge of the people they were caring for and supporting. One staff member told us, “We get to know what people like and don’t like, I know when my client is not happy and what I can do to make them happy.” Another told us, “I like to make sure people are well cared for, to make sure they are comfortable.”

People and their relatives were involved in making decisions about their care, treatment and support. The care records contained information about what was important to people and how they wanted to be supported. For example, one care record contained detailed guidance to staff on how one person liked to take their medication with food to help them swallow.

Staff told us how they made sure people’s privacy and dignity was respected. They said they addressed people by their preferred names, explained what they were doing and sought permission to carry out personal care tasks. One staff member told us “I always cover people and close doors when giving personal care, I will ask what my client wants to where and show them options from the wardrobe.” One relative told us, “Staff always treat my relative with respect, they spend time talking with [them] so she had some company.”

Records confirmed staff had received training in equality, diversity and inclusion, and in dignity and respect.

Is the service responsive?

Our findings

People received their care, treatment and support when they needed it. People's care was assessed when they first started using the service. A follow up review took place after people's first month and then quarterly to ensure that care plans were up to date and met their needs. People's care reviews had been recorded and, where people's care needs had changed, these had been noted together with contact with healthcare professionals. For example, we saw letters to people's GPs with regard to their medicine or current vaccinations.

Consideration was given to people's disability, gender, race, religion and beliefs and there were detailed notes in people's care records covering food and drink preferences, cultural background and individual preferences on how they liked their care and support to be provided. For example, details of how staff should involve one person in planning their weekly menu and another had detailed guidance for care workers about how to support one

person to move around at home. The communication needs of one person were identified, giving staff guidance on how they could gain that person's views, decisions and choices through the use of a communication book.

The service asked for people's views and experiences. Details of regular telephone reviews and visits to check the quality of care people received were kept at the service. We noted most responses were positive, however, where concerns had been highlighted we were told how the service had responded and saw that corresponding notes had been recorded and action taken.

The service had a procedure which clearly outlined the process and timescales for dealing with complaints. Three relatives we spoke with told us they had not had cause to complain. The manager took concerns and complaints about the service seriously with any issues recorded and acted upon. The manager explained how they communicated new ways of working and lessons learned to staff to stop future reoccurrences.

Is the service well-led?

Our findings

People were asked about their views and experiences of the service. Yearly surveys were sent to all stakeholders including people who use the service. The feedback from these surveys were used to highlight areas of weakness and make improvements to the service. We saw the results from the most recent survey sent during March 2014.

People were contacted on a regular basis, either personally or by telephone, and we viewed the results of these reviews in people's care records. Where negative comments had been made we noted the action taken by the service. For example, one person was concerned as their care staff were late. We noted the action taken by the manager to improve the situation including contact with the person and speaking with the staff member concerned during supervision.

People and their friends and relatives told us they felt able to speak with the manager if they needed to and that they were listened to. The manager explained she was in contact with most people or their relatives on a regular basis.

Staff said they felt well supported by the manager of the service and were comfortable discussing any issues with them. One staff member told us, "Any problems I just give the manager a call." Another said, "Whenever I call the manager she is always there and will help."

As the service was small the manager explained they did not have regular staff meeting but communicated work related issues to staff via regular emails and during their face to face visits to the office.

The service had a system to manage and report complaints, accidents and incidents. These had started to be logged on a new central computer system, but were also recorded within people's care records. The manager told us about a recent incident and how the service had learnt lessons from the experience. We were shown how changes were implemented and how staff were given additional information via email.

The manager monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. The manager undertook a combination of announced and unannounced spot checks to review the quality of the service provided. This included arriving at times when the staff were there to observe the standard of care provided and coming outside visit times to obtain feedback from the person using the service. The spot checks also included reviewing the care records kept at the person's home to ensure they were appropriately completed. One relative told us, "[The manager] is very professional. She keeps all her staff in place and on track." Another relative said, "The manager is very professional and always responds if we have any issues." A friend of one person told us, "[The manger] is a very pleasant lady, I would definitely speak to her if there were any problems with my friends care."