

Simple Care 4U Limited

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Inspection report

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02 April 2019

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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: Simple Care 4U is a domiciliary care agency registered to provide personal care to people who live in their own homes. At the time of the inspection the service was providing personal care to 8 people.

People's experience of using this service:

People and their relatives were happy with the care and support they received.

Staff were described as caring and people felt they were treated with dignity, privacy and respect.

The service provided a good level of person-centred care. People and their families were fully involved in all aspects of care planning and delivery.

Care plans and risk assessments were comprehensive and relevant to the person.

There was a good work place culture and staff were happy in their role and complimentary around the support of the registered manager.

Staff received a comprehensive programme of training and supervision to ensure they were knowledgeable and confident when delivering care.

The registered manager was experienced and knowledgeable around people's healthcare, wellbeing and had established relationships with other healthcare professionals.

The registered manager was proactive regarding gathering feedback from people and their relatives around the quality of the service. They were keen to grow the service and passionate about high quality care.

Rating at last inspection: This was the service's first inspection since they registered with the Care Quality Commission.

Why we inspected: This was a planned inspection in line with our inspection schedule methodology for newly registered services.

Follow up: We will continue to monitor intelligence we receive about the service until we return as per our inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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

Details are in our Safe findings below.

Is the service effective?

Good 

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good 

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good 

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good 

The service was well-led

Details are in our Well-led findings below.

Simple Care 4U Ltd

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one adult social care inspector.

Service and service type:

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

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:

The inspection was announced.

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. Inspection site visit activity started on 26 March 2019 and ended on 2 April 2019. We visited the office location on 26 March 2019 to see the manager and to review care records and policies and procedures. On 2 April 2019 we contacted people, relatives and care staff.

What we did:

Before the inspection:

We reviewed the information we held about the service. This included statutory notifications sent to us by the provider and other information we held about the service. Statutory notifications are information the provider is legally required to send us about significant events that happen within the service. We used this information to plan the inspection.

During the inspection:

We looked at policies and procedures relating to the delivery of care and other documents regarding the administration and management of the service and staff. This included three people's individual care records and five staff personnel files. We also looked at files for staff training. We spoke with one person who used the service. Not all people who used the service were able to talk with us; therefore, we spoke with three relatives to ask about their experiences of using the service. We also spoke with the registered manager and three care staff.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people. The service had a safeguarding policy in place. The service was new and only had a small number of people receiving care and support; they had not yet been involved in any safeguarding concerns. However, the registered manager demonstrated their knowledge around their obligations and the safeguarding procedures for their local authority.
- Staff had received safeguarding training and demonstrated they were aware of the potential signs of abuse and knew who to contact if they had any concerns.

Assessing risk, safety monitoring and management

- People's safety risks had been assessed and relevant, comprehensive risk assessments were in place for each person. Information on how to help avoid potential harm was clearly set out in people's care records.
- Staff demonstrated their knowledge about risks to individual people and how they ensured any potential risks were minimised.
- Staff had received training in relevant safety issues. Training had been given in manual handling of people; however, the registered manager had recognised staff needed more hands-on training in this area for one person and had booked this training.
- Risks assessments for staff safety when travelling and visiting people were also in place.

Staffing and recruitment

- The provider employed sufficient numbers of safely recruited and suitably trained staff.
- The registered manager had ensured the relevant safety checks had been carried out before staff were able to provide care. These checks included checks from the Disclosure and Barring Service (DBS); a national agency that keeps records of criminal convictions. The provider's application form requested work history for the past ten years. We spoke with the registered manager and they told us they would change the form to ensure all work history was now captured. The registered manager told us their policy was to renew DBS checks every three years as good practice.
- People and their relatives told us they received consistent care from the same carers, who knew them well.

Using medicines safely

- Systems and processes were in place at the service to provide safe management of medicines.

- A medication management policy was in place at the service. Staff had also received annual medication training.
- During this inspection we found the service was not supporting anyone to administer their medicines.

Preventing and controlling infection

- The service had an infection control policy in place and staff had received training in the safe management of infection control.
- Staff told us they were provided with appropriate personal, protective equipment (PPE) by the registered manager.
- The registered manager told us staff were given a copy of the infection control policy at induction and they also carried out regular spot checks of staff to ensure the correct use of PPE.

Learning lessons when things go wrong

- An accidents and incidents policy/procedure was in place and staff had received training in health and safety and first aid. Ten staff members had received training in falls awareness and four staff required this training. During induction, new staff were informed of the accident and incident procedure.
- All staff were given an 'emergency procedures' document to guide them in taking appropriate action in the event of an emergency occurring whilst visiting a person in their own home. This guide included scenarios staff may find themselves in and details of who to contact and contact numbers.

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

Good: 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

- Thorough and detailed pre-assessments had been carried out by the registered manager prior to anyone starting to receive care by the service. They had ensured they were able to provide the care the person needed before accepting the contract.
- People and their relatives told us staff knew the person well and they were supported to provide the best possible outcomes.

Staff support: induction, training, skills and experience

- There was a comprehensive induction, training package and supervision given to staff. Staff told us they felt the training was good and gave them everything they needed; it gave them confidence and knowledge to provide good care.
- Staff told us they felt supported and listened to by the registered manager. They told us they felt they could make suggestions and the manager was open and approachable.
- Relatives and people we spoke with told us they felt staff were appropriately trained.

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

- Each person had an eating and drinking care plan which outlined their nutritional needs. However, at the time of this inspection there were no people who required assistance with their meals.

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

- Staff worked in collaboration with people, their relatives and healthcare professionals involved in people's care.
- Staff told us they received regular communication from the registered manager around people's current care needs. If anyone's care needs changed they were quickly informed.
- People were supported to manage their health needs. One person was supported to attend a weekly clinic.

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.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff had received training in the MCA and demonstrated a good understanding of the need for consent when providing care and their responsibilities to support people with their decision making. Staff told us how they encouraged independence and always gave people choices when providing assistance.
- Documentation in care plans demonstrated the registered manager was aware of the need for consent to provide care. Two out of three care plans had been signed by the person and the registered manager arranged for the third care plan to go back out to the person for their signature.

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

Good: 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

- People and their relatives told us they felt staff were caring and respectful when providing care. They gave us examples of how caring they were and how they felt staff were like friends to them. One person told us, "[Name] is very thoughtful and a good carer."
- People were supported by the same carers at each visit and this enabled them to get to know the people well.
- Staff told us how they treated people with respect at all times and how they had formed friendly relationships with the people they supported. Staff told us they would be happy for a family member to receive their service.
- Each person had an 'all about me' document in their care plan. People and their families had been involved in providing information around likes and dislikes and the person's history. This gave staff details on how the person would like their care to be delivered.

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

- People and their relatives told us they felt staff always treated people with care and respect, whilst also encouraging independence. One relative told us, "They have established a good relationship and [Name] is approachable and knows [Name] well. It's good that it's the same person when they come. [Name] is encouraged by staff to use their frame if they are able."
- Staff we spoke with demonstrated how they gave choices to people about the care they received. They gave us examples around how they asked people what they wanted to wear, eat or where they would like to sit.
- People and their relatives had been fully involved in writing the care plans. These plans included clear details around how the person wanted to be supported.

Respecting and promoting people's privacy, dignity and independence

- Feedback from people and their relatives demonstrated staff treated people with dignity and respected privacy. One person told us, "[Name] gives me a shower and this can often take a long time, but this is okay with them; they always offer."
- One relative told us they felt their carer supported their family member to be as independent as possible and gave us an example around how they were encouraged to mobilise themselves. Another relative had written to the service to express their gratitude to one particular carer. They wrote, "Their assistance is invaluable to us at this time and we would not hesitate to recommend the services of Simple Care 4U to anyone in similar circumstances."
- All staff had received dignity and respect training and were able to tell us how they ensured people's

privacy and dignity was maintained whilst providing care. One staff member told us, "We support people to do what they can for themselves; we don't take their independence away."

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The service provided person-centred care. Packages of care were tailor-made to each individual person. People had decided the times and durations of each package to fit with their own preferred routine.
- Comprehensive and informative care plans reflected each person's individual needs and preferences for their care. Special attention had been paid to people's family, background, religious observance, interests and social activities. The registered manager was aware of the Accessible Information Standard (AIS) and each person had individual communication care plans. The AIS aims to ensure that people with a disability or sensory loss receive information in a way they can understand.
- People and their relatives were asked regularly if they were happy with all aspects of the service and if it was fitting their needs. One relative had recently reduced the amount of calls they were having but wanted to ensure that if their needs changed then they would be able to increase them again. This had been accommodated by the service.
- Staff told us communication was good; they were kept fully informed when people's needs, or care choices changed.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place. People were given a service user guide and welcome letter when they started receiving the service. A quality policy statement was also kept within the documents file held at the person's home; this outlined what standards of service people could expect. All these documents held information around how to make a complaint about the service and which other organisations could help if they were not satisfied. People and relatives, we spoke with told us they had been informed how to make a complaint.
- Since the service had started they had received two complaints. Both had been fully investigated and resolved to the satisfaction of the people involved.

End of life care and support

- An end of life policy was in place and most staff had received training in how to support someone who was at the end of their life.
- The registered manager told us since the service started they had supported one person at home who was receiving end of life care. Care staff had assisted Macmillan and district nurses to support the person and their family throughout the person's passing.

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

Good: □ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager fully understood their responsibilities and duties when providing the service. They had many years of experience and demonstrated their passion for providing good person-centred care.

- The registered manager was keen to ensure people received a good service and regularly went out with care staff to assess quality and speak to people and their relatives about their care.

- There was a positive work place culture and staff we spoke with told us they were happy in their role. They were very complimentary regarding the registered manager.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service had an organised system of policies, procedures and monitoring systems. A quality management policy was in place. The registered manager carried out quality checks of the service by observing staff and contacting people and their relatives every four months to carry out a quality assurance assessment. Current care documentation was held at people's homes and older documents were returned to the office for quality auditing. This gave the registered manager oversight to ensure the quality of the service.

- There was an equality and diversity policy in place and people's cultural needs were supported. Each person had a cultural/religious care plan. We saw in two people's care plans where cultural and religious needs were addressed and supported in care delivery.

- People and their families were central to the service. Feedback from staff, people and their families was complimentary around the registered manager. They told us they were very approachable and knowledgeable. One staff member told us, "[Registered manager] is amazing; they are so fair. They are genuinely in it to make sure the service users get the best care. They also look after us, so they want to have the best." Another staff member told us, "[Registered manager] is fair and approachable. We have staff meetings and we can make suggestions."

Continuous learning and improving care; Working in partnership with others

- The registered manager told us they were passionate about growing the service, staying compliant with the regulations and ensuring people receive good care. They told us, "I'm passionate about making people happy and providing good quality care; and ensuring staff have the same values as me."

- At the time of the inspection the service supported a small number of people; however, the registered manager had many years of experience in care delivery and had established relationships with other people in the care sector. These included professionals from the local authority and healthcare organisations. For example, during the inspection the registered manager was in contact with the local manual handling team for advice on the safe handling of people.
- A detailed annual quality of service survey had been carried out and the questions demonstrated how keen the registered manager was to ensure people were happy with the service.
- The registered manager ensured staff were trained well to provide the service. They had an up-to-date training matrix in place and this provided oversight of the training levels of staff. The staff had access to several training sessions above those that were considered mandatory by the service.