

Simplified Staffing Limited

Simplified Staffing Limited Highland House

Inspection report

Southerton House
Boundary Business Court 92-94, Church Road
Mitcham
CR4 3TD

Tel: 02030926442
Website: www.simplifiedstaffing.net

Date of inspection visit:
16 May 2023

Date of publication:
02 June 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Simplified Staffing Limited is a domiciliary care agency providing personal care to people living in their own homes. At the time of our inspection 25 people were receiving personal care at home from this provider. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People and their relatives were positive about the quality and safety of the care they received from this home care agency. People agreed the service was now moving in the right direction and had significantly improved in the last 12 months since our last inspection. Typical comments included, "At first, we found there were problems with staff not turning up however, we feel the new managers have turned things around" and "We had a 'bumpy ride' to begin with, but my [family member] is now much happier. We feel they are very safe and well cared for by this much improved, much better managed home care agency."

At our last inspection we found the provider had failed to ensure staff call visits were well-coordinated, new staff were safely recruited and their oversight and scrutiny systems were effectively managed.

At this inspection we found enough improvements had been made. People now received consistently good-quality and safe personal care from the same group of staff who were familiar with their needs and knew how to manage risks they might face. The fitness and suitability of prospective new care staff was now thoroughly assessed and checked. Since the provider had introduced a range of electronic systems to monitor staffs time keeping, their record keeping and medicines management and created a new quality assurance and compliance manager role to oversee the effectiveness of the providers new governance practices the quality and safety of the service people received had significantly improved. People were also complimentary about the way the office-based managers and staff now ran the service, and how approachable they all were.

People continued to be protected against the risk of avoidable harm by staff who knew how to keep them safe. Medicines systems were well-organised, and people received their prescribed medicines as and when they should. People were confident any concerns they raised would be listened to and dealt with appropriately. Staff followed current best practice guidelines regarding the prevention and control of infection including, those associated with COVID-19. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Complaints, concerns, accidents, incidents, and safeguarding issues were appropriately reported, investigated, and recorded. The provider promoted an open and inclusive culture which sought the views of people, their relatives, and staff. People had up to date, detailed, person-centred care plans in place, which were routinely assessed, monitored, and reviewed. Staff had the right levels of training and support to

deliver safe care to the people they supported. People were treated with dignity and respect by staff who they typically described as "kind" and "caring." The provider worked in close partnership with other health and social care professionals and agencies to plan and deliver people's packages of care at home.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 10 May 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We conducted an announced comprehensive inspection of this service on 24 March 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve how they coordinated staff call visits, managed staff recruitment and operated their oversight and scrutiny systems.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe and well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Simplified Staffing Limited on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect. If we receive any concerning information, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Simplified Staffing Limited Highland House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was conducted by an 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.

Service and service type

Simplified Staffing Limited is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours of the inspection. This was because we needed to be sure that the managers would be in their office to support the inspection.

Inspection activity started on 16 May 2023 and ended on 18 May 2023. We visited the provider's offices on

the first day of this inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke in-person with various managers during our site visit including, the services registered manager, the quality assurance and compliance manager and the nominated individual (The nominated individual is responsible for supervising the management of the service on behalf of the provider). We also received telephone and/or email feedback from various people in relation to their experiences of using or working for Simplified Staffing Limited including 2 people who received a home care service, 10 of their relatives, and 6 care staff.

Records we looked at as part of this inspection included, 6 people's care plans, 6 staff files in relation to their recruitment, and a variety of other documents relating to the overall management and governance of this home care agency.

After we visited the provider's offices, we continued to seek clarification from them to validate evidence found. We requested the provider send us additional evidence after our inspection in relation to staff training, supervision and monitoring, and satisfaction surveys completed by people who receiving a service, their relatives and care staff.

Is the service safe?

Our findings

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

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

Staffing and recruitment

At our last inspection we found the provider had failed to ensure people received consistently high quality care and support from staff who were familiar with their needs, always arrived on time for their scheduled call visits and whose suitability and fitness to work in adult social care had been thoroughly assessed. These failings represented a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- We were assured the provider's staffing and recruitment systems were now safe.
- Staff recruitment processes were thorough, and records demonstrated they were always followed. The provider conducted thorough pre-employment checks to ensure the suitability of staff for their role. These included checks on prospective new staffs identify, previous employment, their character, their right to work in the UK and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There was also a 3 month probationary period with a review. This was extended if required, so that staff could achieve the required standard of care skills.
- The provider's electronic call monitoring (ECM) system was now being used more effectively to coordinate and monitor staffs call visit times. This was because the system electronically logged the exact times staff arrived and left their calls, and automatically notified the office-based managers and staff if staff were late, left early or missed a call all together. Managers told us they had analysed data provided by their ECM system to discipline staff who did not have a valid excuse for being repeatedly late for their scheduled call visits.
- The ECM system reflected the dates and times staff were scheduled to conduct their call visits. The office-based managers and staff routinely contacted people receiving a service by telephone or in-person during a home monitoring visit to check if their care staff were arriving and leaving on time and were not missing their scheduled call visits.
- People told us staff never missed their scheduled calls and were usually on time. A relative said, "Staff turn up on the dot, stay the required length of time, and will always ring if they're running late. They [staff] haven't missed any visits." Another relative added, "Time keeping has improved and they [staff] now turn up on time."
- People also told us they received consistently good personal care from a core group of staff who were familiar with their needs, preferences, and daily routines. A relative remarked, "Over the last few months, my [family member] now gets the same carer every day, which we're extremely pleased about because this

wasn't always the case." Another relative added, "Because the provider has worked so hard to match my [family member] with the right small pool of regular carers I'm now confident these staff understand her needs and routines. My [family member] seems to be so much more content with these regular carers and the care she receives from them."

- Staff told us their scheduled call visits were well-coordinated by the office-based care coordinators. For example, 1 staff member said, "There is always enough time to travel between my clients."
- The provider had no staff vacancies' and was currently over staffed following a successful staff recruitment drive where the provider had recruited large numbers of new care staff. This meant the provider had a full complement of staff who were familiar with people's needs, preferences, and daily routines.
- All new staff received a thorough induction training, a handbook and there was mandatory training that was regularly updated which their electronic staff training matrix identified when it was due. The induction programme was mapped to the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in health and social care sectors. It is made up of 15 minimum standards that should form part of a robust induction programme. New staff were able to shadow more experienced ones as part of their induction. A member of staff said, "I have completed online and face-to-face training before I started working here and I also shadow more experienced staff before I can start supporting any new clients."

Assessing risk, safety monitoring and management

- People were supported to stay safe and their rights were respected.
- People had up to date electronic care plans that contained detailed risk assessment and management plans to help staff keep them safe. They addressed key areas such as people's personal care, mobility and falls prevention, nutrition, and dietary needs.
- Assessments were regularly reviewed and updated as people's needs changed. This included equipment used to support people, such as mobility hoists, which were routinely serviced and maintained.
- People told us staff knew how to prevent and manage risks they might face. A relative said, "Staff know her [family member] well and the risks they face." Another relative added, "Both my [family members] regular carers follow what's written in her moving and handling risk management plan and will remain with her while she uses her walking-frame."
- Staff demonstrated a good understanding of people's identified risks and the action they needed to take to prevent or minimise those risks.

Using medicines safely

- Medicines systems were well-organised, and people received their prescribed medicines safely.
- People told us they received their medicine's as and when they should. A relative said, "Staff always administer my [family members] medicines on time."
- We found no recording errors or omissions on any of the newly introduced electronic medicines records we looked at.
- People's care plans included detailed information about their prescribed medicines and how they needed and preferred them to be administered.
- Staff were clear about their responsibilities in relation to the safe management of medicines. Staff received safe management of medicines training and their competency to continue doing so safely was routinely assessed and refreshed.
- Medicines were regularly audited by the office-based managers and senior staff.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes in place to protect people from the risk of abuse and neglect.
- People told us they felt safe with the care staff who regularly visited them at home and were confident any

safeguarding issues would be taken seriously and appropriately dealt with by the provider. A relative said, "I am confident the management would deal with any allegations of abuse or neglect," while another added, "My [family member] is definitely safe receiving home care from this company, no doubt in my mind."

- The provider had safeguarding and staff whistle-blowing policies and procedures in place.
- Staff knew how to recognise and respond to abuse they might encounter, including how to correctly report it. A member of staff told us, "I would report any indication of abuse or neglect to my line manager, straight away." Another said, "I am confident our managers would always inform the relevant local authority safeguarding team about any abuse we raise with them."
- Managers understood their responsibility to immediately refer safeguarding incidents to all the relevant external agencies and bodies.

Preventing and controlling infection

- The provider followed current best practice guidelines regarding the prevention and control of infection, including those associated with COVID-19.
- We were assured the provider was using personal protective equipment (PPE) effectively and safely. People told us care staff who visited them at home always wore PPE.
- The provider gave staff up to date infection prevention and control and PPE training.
- We were assured the provider was accessing COVID-19 testing for staff.
- We were assured that the provider's infection prevention and control policy was up to date.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People consented to the care and support they received from staff. People told us staff always asked for their consent before providing them with any personal care. A relative said, "They [staff] will seek my [family members] consent before they apply their creams."
- Managers and care staff understood their responsibilities regarding the MCA and Deprivation of Liberty Safeguards (DoLS) within the context of care at home provision and had received MCA and DoLS training.
- Care plans clearly described what decisions people could make for themselves. The assessment process addressed any specific issues around capacity.

Learning lessons when things go wrong

- The provider learned lessons and made improvements when things went wrong.
- The provider had systems in place to routinely analyse accidents, safeguarding incidents, concerns, and complaints raised. This enabled managers to identify issues, learn lessons and take appropriate action to minimise the risk of similar events reoccurring. Any learning from these incidents was shared and discussed with managers and staff and used to improve the safety and quality of the service they provided people.
- Since our last inspection, the provider has introduced a number of new electronic systems to help them

safely manage medicine's, care planning and coordinate staff call visits.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

Managers and staff being clear about their roles, and understanding quality performance, risks, and regulatory requirements; and Continuous learning and improving care

At our last inspection the provider had failed to ensure their oversight and scrutiny systems were effectively operated and they were well-managed overall. This was because the provider had not identified and addressed numerous issues we found at their last inspection including, not always coordinating staff call visits well and thoroughly checking the suitability and fitness of new staff. This represented a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The service was better managed and was moving in the right direction through continuous learning.
- The provider had completed a time specific improvement plan as we had required them to do following our last inspection and had begun taking appropriate action to address all the outstanding issues we identified at that time. This included improving how staff call visits were coordinated, and better vetting of new staffs suitability and fitness for their role.
- The provider had recruited a suitably experienced and qualified quality assurance and compliance manager following all the issues we identified at their last inspection regarding their lack of oversight and scrutiny. The new quality assurance and compliance manager had been in post since December 2022 and was clear about their role overseeing the providers governance systems. They also recognised the importance of learning lessons and continuous improvement to ensure people received good quality and safe care at home.
- The provider had introduced a new multi-purpose electronic system that now recorded every aspect of the care at home people received and continuously monitored staff's time and record keep, and how they managed medicines. For example, the system logged the exact time staff started and finished their scheduled visits, which would automatically flag up and alert the managers in the office if staff were running late, left early or missed a call visit all together. In addition, electronic medicines records would automatically alert the office if staff had failed to administer or explain why a person may not have been given their prescribed medicines.
- The provider now operated their established quality monitoring systems more effectively and understood about how to continuously learn and improve the service people received from them. This included a range of managerial audits, ongoing care plan reviews and regular home monitoring visits conducted by office-based senior staff. These home monitoring visits were used to observe care staff's working practices,

including staff record keeping and how they interacted with people they were supporting.

- The outcome of all the various audits and electronic monitoring systems and checks described above were now routinely analysed to identify issues, learn lessons, and implement action plans to improve the service they provided. For example, the quality assurance and compliance manager had developed a new electronic system that identified how the service was performing and specifically areas requiring improvement.
- Records demonstrated that safeguarding alerts, complaints and accidents and incidents were now fully investigated, documented and procedures followed correctly.
- People receiving a home care service, their relatives and staff all spoke positively about the way Simplified Staffing Limited was managed and agreed the service they provided had significantly improved in the last 12 months. A relative said, "I think the new managers have done a fantastic job improving the service. They regularly ring and visit us at home to review and check on the performance of our carers and ask how we're getting on with them." A member of staff added, "The company's management is definitely more effective than they've been, which makes my job easier."
- The provider displayed their rating as required in their offices and on their website and had made their last CQC inspection report available to people. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.
- The managers understood their responsibilities with regards to the Health and Social Care Act 2008 and what they needed to notify us about without delay.

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

- The provider's culture had improved and now achieved better outcomes for people. This included being more open, inclusive, empowering, and person-centred.
- People's care plans were up to date, person-centred and contained sufficiently detailed information about individual's unique strengths, likes and dislikes, and how they preferred staff to meet their care and support needs and wishes. A relative told us, "[Name of family member] has an individualised care plan which staff constantly review so it remains up to date." Another relative added, "I feel staff understand my [family member] and follow their care plan which is personal to them and continuously reviewed. The staff are brilliant and are all really kind and caring."
- Managers had a clear vision for the home care agency. They told us they routinely used individual supervision and group team meetings, and training to continually remind staff about the organisations underlying core values and principles.
- Managers were aware of their responsibilities under the Duty of Candour. They told us they understood the need to be open and honest when things went wrong with people's care, and they would provide an apology. They reported all concerns to the relevant people and organisations and shared outcomes with people, their relatives, and the staff team.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider promoted an open and inclusive culture which sought the views of people receiving a service, their relatives, and staff.
- The way the provider gathered people's views about what the agency did well or might do better had improved since our last inspection. The office-based managers and staff were now in regular contact with the people they supported through monthly welfare check telephone calls, quarterly in-person home monitoring visits conducted by senior care staff, multi-professional care planning reviews and annual customer satisfaction surveys.
- People told us the office-based managers and staff were in regular contact with them and routinely asked

them for their views about how the agency was run, what they did well and what they could do better. A person said, "I feel able to talk to them [managers and staff] who are easy to get along with. They will take on board any of my suggestions for improvement." A relative added, "My [family member] gets a monthly call from the office asking how she is. The office staff are approachable and easy to talk to, and the managers respond quickly to any issues we raise."

- The provider supported staff and valued their views. Staff were encouraged to have their say and contribute to improving the service through regular individual and group meetings with the office-based managers and their fellow co-workers, which included 1 to 1 supervision meetings, observing their working practices and annual work performance appraisals. Staff told us they received the support they needed from the office based managers and senior staff team. A member of staff said, "The office staff are supportive, creating a work environment that is conducive to my performance." Another added, "I am confident I can reach out to my line manager or supervisor if I need any support, advice or help and regularly attend staff meetings and supervisions with them."

Working in partnership with others

- The provider worked in close partnership with various community health and social care professionals and external agencies. This included the relevant local authorities, GPs, district nurses, occupational therapists, social workers and the CQC.
- Managers told us they regularly consulted with these external bodies and professionals, welcomed their views and advice, and shared best practice ideas with the whole staff team.