Simply Caring Limited

Simply Caring Limited - Meridian Centre

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This announced inspection was carried out on 21 and 22 March 2017. 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 our visit there were 48 people using the service who received personal care.

The service had a registered manager in place at the time of our inspection. 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.

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. We found that medicine administration records were not always filled in correctly, for example, we found gaps where medicines may or may not have been administered, with no corresponding note provided to account for the gap. We also found that the Care Quality Commission (CQC) had not been notified of incidents which affected the service.

People who used the service and their relatives told us that they felt safe and believed there were enough staff to meet their needs. One relative told us, "They are really security conscious and make sure we are safe. They are great company for me and provide safe and proper care".

We found people were cared for by experienced staff who were safely recruited. Staff worked in small teams which meant that the number of staff providing care and support was kept to a minimum and people were supported by staff who knew them well.

There were systems in place to ensure that people who used the service were protected from the risk of harm. Staff had received training in whistleblowing and safeguarding adults, and were able to tell us what they would do if they had any concerns about the people who used the service.

People and their relatives were involved and consulted about the development of their care records. This helped to make sure that wherever possible the wishes of people who used the service were considered and planned for. The staff we spoke with had a good understanding of people's individual needs and the support they required, and we found that care was delivered consistently by a team of workers who knew how to support people and meet their assessed care needs.

The staff we spoke with had a good knowledge and understanding of the needs of the people they were looking after. People who used the service said they got on well with the care workers and they looked forward to the visits. They told us staff provided respectful, kindly and caring attention to them and they were given choice in how their support was delivered. One person told us, "They always ask me and they

listen to what I have to say". The staff we spoke with demonstrated a good understanding of mental capacity and the legal requirements around this, but when decisions were made on behalf of people who lacked capacity, these decisions were not always recorded.

There was information in people's care records to guide staff on the care and support needs required and this included information about their likes and preferences. Care plans were written in a way that ensured the person who used the service was central to the planning of care, and gave people who used the service the opportunity to say how they wanted their care to be provided. Plans were instructive with attention to detail and gave staff the information they needed to deliver care whilst supporting people to remain independent. Where risks were identified, care plans instructed staff how best to minimise these risks.

People who used the service told us that they were informed and consulted on any changes to their care plans, and received visits from the care coordinator or registered manager to review their care. We saw that they were asked for their views through a yearly customer service satisfaction questionnaire, but the outcome of this survey was not analysed to determine if there were any trends, or assessed to look at areas which might require improvement.

We saw that staff worked well together and were supportive to each other as well as to the people who used the service. When we spoke to staff they told us that they attended team meetings and were kept informed of any issues or concerns via a weekly memoranda issued from the man office. They received regular supervision and yearly appraisal and told us that they found supervision sessions with the care supervisor to be useful and informative. One care worker told us, "I have good supervision; it can lift me as well as giving me instruction".

We saw that systems were in place to monitor the quality of the service provided, but these did not always identify issues of concern, such as the administration of medicine.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Medicine records were not always completed. Where there were gaps there was no accompanying note to account for gaps in medicine administration.

Risks to people's health and safety were reduced by staff who knew how to provide them with safe care and support that maintained their independence.

People were supported by a sufficient number of staff to meet their planned needs.

Is the service effective?

Good

The service was effective.

People were supported by a staff team who were trained and supported to meet their varying needs and staff performance was monitored through regular spot checks and formal supervision.

People were offered choices and their consent was sought regarding their care and support.

People were supported to maintain their health and have sufficient to eat and drink.

Is the service caring?

Good

The service was caring.

People were supported by care workers who respected them as individuals.

We saw people were treated with respect, and encouraged to

maintain their independence, by staff who knew them well.

People told us that staff were kind and caring and that they had positive caring relationships with the staff that supported them.

Is the service responsive?

Good

The service was responsive.

People's care records contained detailed information to guide staff on the care and support to be provided.

The registered provider had systems in place for receiving, handling and responding appropriately to complaints.

Is the service well-led?

Requires Improvement

The service was not always well led.

Systems to monitor the quality of the service did not always identify issues.

Staff and people who used the service had confidence in the management and showed positive regard for the registered manager.

Staff told us that they were involved in discussions about issues in service provision and we saw that they were encouraged to raise issues and take responsibility for their actions.

Simply Caring Limited - Meridian Centre

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.

This inspection took place on 21 and 22 March 2017 and was announced. The provider was given 48 hours' notice because the location was a domiciliary care agency and we wanted to ensure there was someone available to assist us with the inspection. The inspection was carried out by one adult social care inspector from the Care Quality Commission (CQC).

Prior to our inspection we reviewed information we held about the service. This included a Provider Information Return (PIR) completed by the provider. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at previous inspection reports, information received and statutory notifications. A notification is information about important events and the provider is required to send us this by law. We contacted some other professionals who have contact with the service and commissioners who fund the care for some people and asked them for their views.

During the inspection we visited four people in their own homes and spoke with another two people who used the service and three relatives. We also spoke with eight care workers, the registered manager and the care coordinator.

We considered information contained in some of the records held at the service. This included the care records for five people, staff training records, four staff recruitment files and other records kept by the registered manager as part of their management and auditing of the service.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe using the service, and that they were supported by people who knew them and knew what was important to them. The relative of a person who used the service told us, "We couldn't manage without them. They are really security conscious and make sure we are safe. They are great company for me and [my relative], and provide safe and proper care".

All the people we spoke with who used the service said having regular staff visit them built up their trust. The relative of a person who used the service said to us, "We have the same regular staff. They have got to know [my relative] really well, and understand how to work with her. New staff are always introduced to us and they are shown how to use the equipment correctly before they start working on their own. They are all competent and friendly."

People who used the service told us that Simply Caring provided safe care. One told us, "The [staff] make sure I'm safe. They ring or knock when they arrive, and before they leave they make sure I have my alarm call close to hand. I'm happy with all they're doing." Another person told us, "When they leave I can hear them putting the key back in the key safe, so I know I'm safe for the night. They are kind and patient. At night they help me undress, sort out my tablets and put me to bed".

People were encouraged to manage their own medicines, but support was provided to people if required to ensure they took their medicines as prescribed. When we asked them, people told us they received support to take their medicines as prescribed, and in the way they preferred. One person told us, "They help me with my tablets; they take them out of the packet and put them into a little pot. They always give me a glass of water to wash them down." Another person told us that they were able to manage their own medicines but, "I sometimes forget, but they always remind me that I need to take them".

Staff told us they had undertaken medicine training. This included training on medicine errors, and giving medicines covertly, for example, by disguising medicines in food or drink. We were told that nobody received covert medicines at the time of our inspection. Before any support worker was allowed to give medicines they had to complete this training and be observed by a trained member of staff administering medicines correctly. Each care worker would be observed administering medicines on a yearly basis, and their competency reassessed.

For those people who required support a medicines administration record (MAR) was kept in the person's home. Care workers told us that they would always check the record sheet, and if there were any changes, they would double check with the person and the office before giving the medicines.

Once medicines had been administered the care worker would note this in the daily record sheets, tick that they had given the medication and record and sign the MAR sheet. However we saw that MAR sheets were not always filled in correctly, for example, we found gaps where medicines may or may not have been administered, but there was no note provided to account for the gap. This meant that there was no proper check to ensure people had received their medicines in a timely and appropriate fashion. The service

produced a monthly audit of medicine records, and this showed that there had been 29 recording errors in the previous month.

This was a breach of regulation 17 (1) (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were able to describe the different types of abuse and harm people may face, and how these could occur. They told us they had received training about protecting vulnerable adults and discussed with us the signs that would alert them to potential abuse and the actions they would take. They were able to give examples of where they might encounter different types of abuse. However when we looked at the safeguarding procedures, we saw that these were based on an older copy of the local authority safeguarding policy. When we spoke to the registered manager about this she agreed to review the policy and procedures in line with changes in government legislation. She showed us a monthly log of safeguarding concerns which was sent through to the local authority, and this was in line with the newer local authority procedures. This showed that where safeguarding concerns were raised they were dealt with appropriately, and action was taken to protect the individuals concerned.

The service had a whistleblowing policy and we saw in staff records that where issues of poor conduct had been raised either by other staff or people who used the service, these were dealt with through the whistleblowing and disciplinary procedures. One care worker told us that they had witnessed a person behaving inappropriately towards a service user and was supported to report this. We saw from staff files and disciplinary records that action was taken against the perpetrator.

Staff were aware of the vulnerability of people living alone. Where people had difficulty answering the door, keys were secured in key safes, with care taken to ensure combination numbers were only provided on a need to know basis. This minimised the risk of uninvited people being able to enter the property.

The registered manager told us that any risks people faced were identified when they started to use the service. They told us that they carried out an assessment of people's home to ensure they could provide their care and support safely. People received their care and support in a way that had been assessed for them to receive this safely. Some people required assistance with moving and handling using equipment such as slide sheets, hoists and electronic wheelchairs. Where this was the case staff had received appropriate training to ensure the equipment was used correctly. These people told us they felt safe with the staff when they used the equipment.

When we looked at care files we saw assessments which identified risks to people, and care plans directed staff on how to minimise these risks. Where risks were identified we saw that risk assessments gave detailed instruction on how to minimise the risk and ensure dignity, comfort and safety. In addition generic risk assessments were carried out and reviewed on a regular basis, including checks on electric sockets and consideration of whether hazardous items may need to be made safe when people who used the service were left alone, for example, kettles, or gas appliances.

There were sufficient staff employed to provide people with their planned care and support. The registered manager told us that prior to accepting a new person into the service they would check with the care workers that they had the capacity to deliver safe care. Care staff told us, and visit schedules and staff rotas confirmed that staff worked in small geographically based teams which ensured consistency of service provision and minimised travelling times between visits to allow for prompt and timely visits. Most of the staff we spoke to believed that there was enough time to complete tasks and move between houses, but one care worker we spoke to felt that they were not always given time to respond fully to emergencies, as

they were expected to move on to their next visit once the emergency services had arrived.

People told us staff always attended their call, although some people said they were not always punctual. One person told us that whilst they understood that meeting the unpredictable needs of vulnerable people meant that care workers could be delayed at a prior call, they were not always told that their care worker was going to be late. They told us that this could cause some inconvenience, particularly if they required assistance with personal care needs.

We saw that there were contingency arrangements in place to cover any unexpected absences from work. This involved care workers working additional hours as well as senior care workers and trained staff who were office based undertaking people's visits if needed. The care co-ordinator told us, "[People who use the service] know us well, and accept us as the 'B Team'." The registered manager told us they were continually recruiting so they were able to replace any current staff who left and had the resources needed to take on any new clients.

We looked at the recruitment procedures which gave clear guidance on how staff were to be properly and safely recruited. This helped to protect the safety of residents. We looked at four staff records. These contained proof of identity, an application form that documented a full employment history and accounts for any gaps in employment, a job description, and three references. Checks had been carried out with the Disclosure and Barring Service (DBS) before the member of staff began work. The DBS identifies residents who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. This meant that checks had been completed to reduce the risk of unsuitable staff being employed by Simply Caring.

When we visited people in their own homes we saw there were adequate supplies of equipment provided for care workers such as tabards, vinyl gloves and other protective measures. Wearing such clothing protects staff and people using the service from the risk of cross infection during the delivery of care.

Good

Is the service effective?

Our findings

People were cared for and supported by staff who had the skills and knowledge to meet their needs. One person told us, "They know what they're doing when they get here, and new people are guided through". A relative of a person who used the service told us, "They know how to work with [my relative], and understand how to deal with their health issues. They know how to use the equipment and have even taught me a thing or two". People told us new staff 'shadowed' a more experienced care worker to show them how to work with the people who used the service.

We looked at the training matrix which showed the training undertaken by all staff with dates started and completed, and indicated when refresher courses for specific training such as health and safety, medicine administration, or infection control was due to be undertaken. We saw that all the staff had begun or completed the Care Certificate, which is a set of national standards for staff working in health and social care to follow and equip them with the knowledge and skills to provide safe, compassionate care and support. Once completed staff told us that they were encouraged to complete the National Vocational Certificate (NVQ) level 3 in Care.

When they started working for Simply Caring, new recruits initially completed a three-day block of training and were provided with information about the provider and the care industry. They then spent a week 'shadowing' more experienced care workers whilst they undertook visits to people. When we spoke with care workers, one person told us that they believed that this was not a sufficient time scale to get to know the full needs of the people who used the service, as the visits did not reflect changes in character through the day. However, all the other care workers we spoke with felt that they were given enough time to get to know people and how best to meet their needs, and when we talked to people who used the service they believed staff were given time and support to get to know them.

Care staff also told us that where specific training was required this was provided, for instance, one person told us that they worked with a person who had a percutaneous endoscopic gastrostomy (PEG). This is a medical procedure in which a tube (PEG tube) is passed into the person's stomach to provide a means of feeding when the person cannot take food orally. They told us how they had been trained to care for the PEG site, and showed knowledge and understanding of the effect of this procedure, recognising the difficulties this caused and the impact on the person's everyday life.

The performance of staff was monitored through supervision and spot checks where a member of the management team would visit care staff as they performed their duties. When we spoke to staff about their supervision they told us that they found their regular supervision sessions with the care supervisor to be useful and informative. One care worker told us, "I have good supervision; it can lift me as well as giving me instruction". Each person had a formal one hour supervision session with a member of the management team on a quarterly basis. This was recorded with notes signed by both the supervisor and the person being supervised. We looked at supervision records in four staff files. All showed good discussion and a wide range of issues including performance, workload and personal issues, and identified training needs and learning opportunities. Good practice was praised and key action points noted. In addition to three monthly

supervision, all staff had an annual appraisal and direct observation of their work on a regular basis. Any issues that this raised were brought up, and care staff told us that they received useful feedback and positive praise from these spot checks.

The service held team meetings twice yearly for all staff and smaller meetings to cover issues for the smaller teams held on a three monthly basis. One care worker told us, "Team meetings are useful and informative and give us a chance to catch up with colleagues. We find out what's going on and can learn from each other".

Each week a memo was circulated to all staff indicating any new issues, training opportunities or changes to ensure staff were kept informed and updated on changes to working practices.

People told us they were asked for their consent before they were provided with any care. A person said, "They always ask me and they listen to what I have to say" The relative of a person living with dementia told us that care staff would always ask the person for permission to perform tasks, and would check with them if they weren't sure if the person was consenting. People told us that the service listened to their requests and care workers told us they obtained people's verbal consent before providing them with any care and support, and described different ways they enabled and prompted people to make choices. One care worker told us, "We are not there to burst their bubble, we ask how they like things done and follow their lead".

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 and were told that the majority of people who used the service were able to make decisions for themselves. Staff were able to describe how they followed the principles of the MCA and told us that when any decision needed to be made on a person's behalf this was made in their best interest. They were able to provide examples of this, for instance, where a person was unable to give consent with regard to use of kitchen equipment, they explained how they had consulted with the person and people who knew them before reaching a decision in their best interests. However, where people were unable to give consent best interest decisions made were not recorded, nor did notes demonstrate that less restrictive options had been considered.

People were provided with support to eat and drink where this had been identified as a care and support need during the assessment process. Care plans reflected the level of support people may require, and cultural requirements around diet were respected. Where people required specific diets, such as pureed meals or thickened fluids care plans noted this, and a food diary recorded the amount people had eaten.

Staff were available to support people to access healthcare appointments if needed and, liaised with health and social care professionals involved in their care if their health or support needs changed. People's care records showed that where health issues had been identified, the appropriate health service professionals had been notified, for example, where care workers noticed some redness to a person's foot they referred this to the district nurse for an assessment, and records provided instructive treatment and care to minimise the risk of further deterioration in skin condition. The registered manager informed us that by working in geographical areas, the care workers had built up good working relationships with doctors and district nurses to assist with a prompt response to health needs.

Good

Is the service caring?

Our findings

People described the staff who supported them as caring, kind and understanding. One person told us, "I know all my carers and get on with all of them. We can have a good laugh or a bit of banter together". People said they got on well with the care workers and they looked forward to the visits. The relative of a person who used the service told us, "They are caring and patient. They can get the sharp end of [my relative's] tongue but they take it well and don't let it interfere or put them off their work. They have a great ability to communicate and clear up no end. It's like a breath of fresh air when they come through the door".

The people who used the service told us that care staff provided care in the way they would like, and treated them well. One person told us "I'm fed up with what is happening to me. I do my best. But I can't grumble, I like them very much, and I look forward to their visits. They always treat me with respect and are all very nice". They explained that the care staff would encourage them to do as much as they could for themselves and supported them to meet their own needs in a caring and compassionate manner.

The care staff we spoke with agreed. They recognised that many of the people who used the service were isolated and had little company during the day. One care worker told us, "We know some people relish our company, so it's important to be upbeat and cheerful. We can have a laugh with most of the people we support, and enjoy seeing them". The registered manager told us she believed it was important to recruit staff who had the right attitude and character to work with vulnerable people, and recruited staff who had a sound caring value base. These values were reflected when we spoke to the care staff. One person told us, "Sometimes people are on their own, so things start to play on their mind. I hope we provide more than just care; we help to reassure them. We listen and we talk, and help them to put things into their perspective" They gave an example of how they had supported a person to talk through an issue that had been playing on the persons mind and how they helped to reduce anxiety.

When we visited people in their own homes we saw that care records included a short pen picture of the person which detailed their interests, key events and people who were important to them. This helped anyone called in to work with them who was unfamiliar with the person to understand their needs and identify areas of common interest.

People told us that they were offered choice in the delivery of their care and support. One person who used the service told us, "I can say I am involved in my care plan. They are very good at providing care in the way I like it. The care is put together nicely in a presentable form." People who used the service said that if there were any changes in their care plan they were consulted first and their agreement was always sought. They said that the service was flexible, so if they wanted to change their times for a specific event, or to better suit their needs this was normally agreed. One told us, "They are very flexible if I want to change my times, but we have slowly figured out between us the best and most convenient times for me. They can start very early, so I can have an early start if I need it". However, another person who used the service told us that the service was unable to accommodate a bedtime visit after 11:00 pm, which meant that if they wanted to go out for the evening they would have to come back early or arrange alternative care.

Care workers described the practices they followed to enable people to have privacy and their dignity respected when they supported them. They told us this included the way they introduced themselves, always asking people's permission as well as following dignified practices when providing any personal care. People were asked about gender specific care, and if they objected to care from a person of a different gender this was accommodated. We spoke with one male care worker who told us that where personal care was required for a woman this was agreed beforehand, and he would always work with a female care worker to ensure their dignity was protected.

Whilst care staff developed good working relationships with the people they supported they recognised the professional boundaries of their relationship. One care worker told us, "I treat people like they are my own family but I know there is a line not to cross and we need to stay professional". We saw that all staff had read and signed a "No Gossip" policy. This ensured that confidentiality was maintained and that care workers would respect information provided by and about the people who used the service.

When we asked staff what they found difficult about their job they told us they found it hard when people who used the service died. However, one care worker told us that the management team were supportive and, "We go the extra mile to provide good end of life care". We saw a care record which showed that when the person had been placed on end of life care, the service had advocated on behalf of the person to arrange appropriate equipment and revised the care plan to provide a flexible and responsive service to meet need. We saw a thank you card sent to the service from the family of a person who had been supported by Simply Caring. The note read, "Your team allowed [our relative] to keep his dignity right up until the end. They were exceptional in their care, gentle but strong when needed, professional in every way….They showed empathy and went the extra mile. Your team are diamonds".

Good

Is the service responsive?

Our findings

People were receiving care that was responsive to their needs. One person who used the service told us, "They know what I need and how I want it, and they listen to what I have to say". Another told us they felt the care was responsive; "I have my ups and downs, but they are patient and supportive. I'm really happy with them".

We asked people who used the service if they were involved in planning their care and the responses we received were positive. They told us that before they received a service they were visited by the registered manager to discuss their care needs and assisted to build up a plan of care. The registered manager told us that she undertook assessments with the people who used the service to identify their support needs, and care plans were developed outlining how these needs were to be met.

We looked at five care plans. These were comprehensive and gave descriptions of the care and support staff should provide such as personal care, activities, medical issues, and mobility. We saw they were instructive with attention to detail and broken down into simple steps for example, how to safely help up in mornings to ensure dignity, comfort and safety. They gave staff the information they needed to deliver care in a person centred way and support people to remain independent. Plans highlighted where people's ability may vary from day to day, for example, "[Person] is very independent, and might require assistance with personal care".

Staff told us that whilst care plans were useful, they had a good understanding of how to provide care in a way people preferred. One person told us, "I check the care plans and read the latest reports when I start working with anyone to see if there is anything I might need to do, and I check with the person. If there are any changes the office usually let us know before we visit, and if we notice anything different we record it". Plans provided a pen portrait of the person, personal preferences and activities they liked to participate in. There were two copies of a care plan, one in the office and one in the person's home.

When we visited people in their homes, we saw that they had copies of their care records, which matched the records we looked at in the central office. The staff would make notes recording their intervention at the end of each visit which people who used the service could see if they wished. Times of visits were recorded and these corresponded to the times set out in the care plans. The records were comprehensive and gave a good account of the visit, noting any issues, changes in demeanour and appropriate issues, for example, in one set of notes we saw that issues around a swollen knee were noted, and follow up reports recorded in subsequent entries demonstrated action taken to overcome the identified issue.

People who used the service confirmed that the registered manager or another member of the management team would complete spot checks on each person who used the service on a six monthly basis, giving the person who used the service an opportunity to feed back on the delivery of their care. Where issues were raised appropriate action was taken, and care plans amended in line with the persons wishes. In addition, the service completed a full review of care each year, inviting the person and their family members and a representative from the local authority where they had commissioned the service.

There was a complaints system in place and the registered manager told us that any complaints would be recorded and passed to the registered manager for them to action. No formal complaints had been received since the last inspection. We noted that there was regular contact between staff and the relatives of people receiving care. People and relatives told us that they were confident that any issues or concerns would be addressed. One person told us "I have no big issues really, I'm really happy with them. If I ring the office they will sort it out, but to be honest I've no problems with them at all. It's alright. If I did have problems I know they would sort it out". Another told us, "I've nothing to complain about, they come on time, they do what they should and they are always caring and patient." The registered manager told us, "Any complaints are followed up by management as soon as they are aware of a problem this is by going to see the service user and family via appointment and taken from there.

Requires Improvement

Is the service well-led?

Our findings

It is a requirement under The Health and Social Care Act (2008) that the manager of a service like Simply Caring is registered with the Care Quality Commission. When we visited the service had a registered manager who has been registered since October 2010. The registered manager was present throughout the inspection. However, it is a condition of registration that the registered manager inform the Care Quality Commission about incidents which affect the service, such as abuse or allegations of abuse, or incidents reported to the police. We had checked our records before this inspection and had not received any notifications but during our inspection we found a number of concerns which should have been reported to us but had not.

This was in breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

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

When we spoke with people who used the service, they told us that they felt the service was well run. One told us, "They keep me informed. If there are any changes they will ask me first and check it's okay, or if I want to change anything they can be really accommodating". They told us they received regular visits from the management team and could contact office staff to change or cancel an appointment, and when they did so this was sorted for them. A relative of a person living with dementia praised the way Simply Caring understood the difficulties involved in caring for people who had unpredictable and sometimes challenging behaviours, and told us how the service could provide a quick and flexible response to "provide much needed respite at times which are convenient to me".

Care staff told us they attended staff meetings and felt able to raise any issues they wanted to discuss. They said that where they had made suggestions to improve the quality of the service these were considered and taken on board. They also told us that any compliments or concerns that were received about them were passed on, and that they received prompt and useful feedback on their performance following spot checks of service delivery. The Care Co-ordinator told us how they kept staff up to date and informed with what was happening in the service, including sending out a weekly memo and newsletters. Care staff confirmed that they received weekly memos along with their rota, and found these useful and informative.

Staff worked in small geographically based teams. This minimised the amount of time they spent travelling between visits and meant that the people they supported received care from a consistent and small number of people who had got to know them well. Care staff told us that they believed the teams worked well together, for example to co-ordinate double up visits (where a person may require the assistance of two carers), and had contact numbers of their colleagues in case they needed to let them know of any issues to note for the next visit, or check information.

Most of the staff we spoke with spoke positively about the registered manager and other senior staff. One

person told us "They are supportive, and never on my back, there is no pressure on time," and another said, "The manager is approachable and there for emergencies. If there is a problem no matter what time we can ring and there is always someone there to give us support." They had the practical support they needed to enable them to carry out their work. They told us they were given a rota so they knew what was expected of them each week. Care workers said that these mostly included enough travelling time between calls so they could arrive on time, and that they believed they had enough time with people who used the service to complete their tasks. Staff also told us resources they needed were always available, such as personal protective equipment (PPE) and forms, charts and other paperwork.

We asked the registered manager to tell us what systems were in place to monitor the quality of the service to ensure people received safe and effective care. We were told that regular audits/checks were undertaken on all aspects of the running of the service. These included regular monthly spot checks of care as it was delivered and managers would visit people in their own homes to monitor the quality of care. Visits would review the case notes as they were recorded, and check risk assessments, recording sheets and any charts such as food intake or weight charts.

The service collected information on a monthly basis on key indicators such as accidents and incidents, safeguarding concerns and staff sickness. Information was collated, but there was no follow up analysis to indicate any trends, patterns or consideration of actions which could be taken to improve the service. For example, an audit of late calls identified that not all calls had been timely, and that there had been a large increase in the number of late calls over the preceding two months (from 11 in August 2016 to 54 in February 2017). There was no analysis to determine why calls were late, or if any adjustments to the times of calls were needed.

We asked the registered manager if the service sought any feedback from stakeholders such as people who use the service, staff or commissioners. They told us that they did not send out questionnaires to staff but asked all people who used the service and their relatives to complete an annual customer satisfaction survey. We looked at the returns from the most recent survey conducted in late 2016. This asked people for their views on 16 different aspects of service delivery and asked to mark the performance from extremely satisfied to extremely dissatisfied. However, the results had not been collated and there was no analysis to see if there were any emerging patterns. Nor was there any follow up response the survey; the information provided was not used to formulate an improvement plan or to look at how the service could build on good practice. Whilst most of the responses showed people were happy with their care and support there were a number of people who identified concerns about the service, and this information could have been used to look at improving how care was delivered.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered manager had not informed the Commission of any incidents which affect the service as required

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance medication and other records were not always completed correctly