

Simply The Best Care Ltd

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Simply The Best Care Ltd is a domiciliary care service providing personal care to people living in the community. The service is registered to provide support to older people, younger people, people with dementia and people with a physical disability. At the time of our inspection there were 60 people using the service.

Not everyone who used the service received personal care. 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

Staff understood how to identify and alert others to potential abuse involving people who used the service. The risks to people had been assessed, and plans were in place to manage these and promote people's safety. Staff assisted people to take and manage their medicines safely when this was assessed as part of their care service. Staff and management took steps to protect people from infections. Staff recorded and reported any incident or accidents involving people, so these could be reviewed and learned from.

The provider employed enough staff to provide people with a reliable service, and checks were made to ensure people's calls were at agreed times and staff stayed for the assessed time. Recruitment procedures helped to ensure the right staff were employed.

People's individual needs were assessed with them before their care started. Staff received training and ongoing management support to help them work safely and effectively. People had support to prepare their meals and drinks where they needed this. Staff and management sought to work effectively with community health and social care professionals involved in people's care.

People's rights under the Mental Capacity Act 2005 were understood and promoted by staff and management. 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.

People told us staff were kind and caring and treated them with dignity and respect. People were encouraged to have their say about the service provided. People's care plans were individual to them, and staff said they read and followed these. People and their relatives were clear how to complain about the service.

The provider had quality assurance systems and processes in place designed to enable them to monitor and improve people's care.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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

Rating at last inspection

This service was registered with us on 04 December 2020, and this is the first inspection.

This performance review and assessment was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Simply The Best Care Ltd

Detailed findings

Background to this inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or telephone calls to engage with people using the service and staff.

Performance review and assessment team

The performance review and assessment was carried out by 1 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. The Expert by Experience carried out telephone calls to people and relatives.

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

Notice of performance review and assessment

This performance review and assessment was announced. We gave short notice on 02 May 2023 to the registered manager. This was so they would be available to support the performance review and assessment process.

Performance review and assessment activity started on 05 May 2023 and ended on 01 June 2023.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our performance review and assessment there was a registered manager in post.

What we did before the performance review and assessment

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 performance review and assessment process.

During the performance review and assessment

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls, telephone calls and email to enable us to engage with people using the service, relatives, the registered manager and staff. We used electronic file sharing to enable us to review documentation.

We spoke with 4 people and 6 relatives to gain their views of the care provided. We talked with the registered manager and 6 care staff about their work in supporting people in their own homes. A further 3 staff provided written feedback.

We reviewed a range of records. These included 6 people's care records, multiple medication administration records and records relating to the management of the service and the safety and quality of people's care. For example, quality audits, spot checks on staff practice, feedback sought from people and their relatives and 2 staff records showing us how staff were recruited and trained.

Additionally, we looked at a range of policies and procedures. These included policies and procedures relating to safeguarding, infection control and complaints management.

Is the service safe?

Our findings

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

This is the first inspection of the service since registering. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff received training in, and understood, how to identify and report potential abuse involving people who used the service. They told us they would immediately report any concerns of this nature to the registered manager and had confidence these would be acted on.
- The provider had procedures in place designed to ensure any abuse concerns were reported to the relevant external authorities, in line with local safeguarding procedures.

Assessing risk, safety monitoring and management

- People told us they felt safe receiving care and support from staff in their homes. One person said, "I have no concerns about safety." One relative told us, "Such lovely carers [staff] and we know our relative is safe."
- People's safety risks had been identified and plans had been developed to manage these. This included risks people may face because of their physical needs, such as their skin health, and risks when people moved around their homes. Safety also considered risks arising from the environment people lived in, such as the security of their homes.
- Staff confirmed they read risk assessments and followed care plans to help people stay safe.
- Staff told us the registered manager and their colleagues ensured they were kept up to date with any changes in the risks to the people through day-to-day communication.

Staffing and recruitment

- There were enough staff to care for people and relatives told us they could rely on the correct number of staff attending care calls. One relative told us there had been some occasions where staff had been late for calls, and they had contacted the management team to resolve this. Another relative said, "The time keeping is excellent and I am very happy."
- Staff told us they had sufficient time to support people's individual needs and never felt rushed. One staff member told us, "The management always make sure that we have enough travel time forth and back to ensure our safe passage during traveling."
- People and relatives valued the support provided by staff who cared for them regularly and knew their safety needs well. The registered manager was working hard to ensure there was ongoing consistency with people's care provided by regular staff.
- The registered manager had put systems in place to check staff were suitable to work with people. For example, taking up references and DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People were supported from staff with their medicines. One person told us, "I take my own tablets no one needs to check but they [staff] do."
- For people who required support with their medicines this was provided by staff who were trained and had their competency assessed to ensure safe administration and support of medicines.

Preventing and controlling infection

- Staff received training to help them understand their role in protecting people, themselves and others from the risk of infections.
- Staff were provided with personal protective equipment (PPE) (i.e., disposable gloves and aprons) to reduce the risk of cross-infection. People and their relatives confirmed staff made appropriate use of this.
- The provider had an infection control policy in place to provide guidance to staff.

Learning lessons when things go wrong

- The provider had procedures in place to ensure staff reported and recorded any incidents or accidents involving people who used the service. Staff were aware of and told us they followed these procedures.
- Systems were in place to ensure learning was taken from people's experiences of their care service to make improvements where necessary. For example, care calls were monitored and where staff had not stayed the expected time and or were late, action was taken to reduce this from happening again.

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.

This is the first inspection of the service since registering. This key question has been rated good. This meant 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

- People's care needs were assessed before the service started to provide them with care and support. Assessments and care plans were completed for people in consultation with people themselves and their relatives. These assessments then formed the basis of people's care plans which were personalised and gave staff guidance on how people preferred their care and support to be delivered.
- Assessments considered people's protected characteristics under the Equality Act to make sure if the person had any specific needs these were met. For example, relating to their religion, culture or sexuality. One person told us, "To be honest I stated in my initial assessment I prefer female carers and that has been respected."

Staff support: induction, training, skills and experience

- Most people and relatives were satisfied with the competence of staff. One person told us, "The staff are well trained and come in and get on with my care." However, 2 people and 1 relative felt some staff were more skilled and experienced than other such as when making a cup of tea and sandwiches. They provided information to confirm procedures were in place to ensure staff had the knowledge and skills needed to effectively meet people's individual care needs.
- New staff completed an induction that included the care certificate and shadowing more experienced staff to get to know people. The care certificate is a set of standards that social care and health workers adhere to in their daily working life.
- Staff told us they had the right training to meet people's needs. One staff member described how they benefitted from their ongoing training which included how to use equipment safely and effectively. They told us, "There is lots of training and you can ask for more."
- Staff spoke positively about the support provided by the registered manager and care co-ordinator to be able to fulfil their roles. One staff member told us, "The manager is truly a very kind-hearted person who treats everybody equally. They listen to everybody, sorts out any problem without any delay." Another staff member said, "Management and office staff are great, the manager is someone you can pick up the phone to and know they will provide support."

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

- People's dietary needs were assessed during the initial assessment process. This information was used to guide staff to support people's needs.
- Where people required support to prepare their drinks and meals care records reflected this had been provided.

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

- The registered manager and staff worked closely with other health and social care professionals as well as other organisations to ensure people received a coordinated service.
- People's care records held information which included people's medical history and any long-term health conditions to make sure staff were aware of this aspect of people's care needs.

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 MCA 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 told us staff sought their permission before carrying out their care.
- Staff understood the need to respect and support people's right to make their own decisions. People's care records reminded staff of the importance of offering each individual choices in relation to their care.
- People's consent to their care had been obtained and recorded in their care records.

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.

This is the first inspection of the service since registering. This key question has been rated good. This meant 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 were supported by caring staff who were committed to ensuring people were well treated. People and relatives told us staff treated them well and their regular staff knew them well. One person described how staff were respectful of how they liked to have a wash and of their home. One relative told us, "Cannot fault the carers [staff] and care at all, they are all lovely."
- Staff spoke warmly about the people they cared for. One staff member said, "You have time to chat to people during calls, you talk about their interests and the day."

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

- People and their relatives were involved in making decisions about their care. People's day to day care decisions were regularly checked by staff so they would continue to receive support based on their choices and decisions.
- Relatives told us their views were also considered when day to day decisions were made about their family member's care. This included if care call times needed to be adjusted.
- Staff gave us examples showing how they promoted choice and encouraged people to make their own decisions. For example, in relation to what meals and drinks people wanted preparing and what personal care they wanted.
- Care plans were written in a way that promoted a caring approach. Care records described people's individual needs, daily routines, cultural needs, and preferences, so staff had guidance to follow.

Respecting and promoting people's privacy, dignity and independence

- Staff were sensitive to people's needs and respected their dignity. People and relatives spoke positively about how people's privacy and dignity was respected. One relative told us, "Carers [staff] are friendly and always make sure [family members] dignity is maintained during the help given."
- People's rights to independence, privacy and dignity, were promoted. One staff member gave us an example of how they put these rights into practice, by ensuring they undertook personal care in people's preferred locations, so their privacy and dignity was promoted. The staff member said, "I always make sure doors are closed and help people wash and dress in an appropriate place. People do what they can with support."
- The registered manager understood their responsibility to ensure confidentiality and how records were required to be stored securely.

Is the service responsive?

Our findings

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

This is the first inspection of the service since registering. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's day to day care and support was tailored to meet their individual needs and preferences. Detailed information was available to staff to refer to about what care and support they needed to complete on each care call.
- People and relatives consistently said they valued having regular staff and hoped this would continue in the future. One relative told us their family member liked having the same staff member who knew their individual needs well. They said, "Carer [staff] is very caring, hope she keeps coming." Another relative told us they valued the staff who were presently supporting their family member as it has improved the continuity of care and had a positive impact on the person as staff know the person well.
- One of the registered managers aims was to ensure wherever possible people received support with their care needs from a regular team of staff as this had a positive impact on people.
- Processes were in place to promptly communicate any changes in people's care needs and planning arrangements to staff, so people would continue to have the care they wanted.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs had been assessed and plans put in place to guide staff on how people liked to communicate.
- Staff gave us examples showing how they had used different ways of communicating with people as their needs and preferences changed, including meeting people's sensory needs.

Improving care quality in response to complaints or concerns

- People and relatives knew how to raise any concerns or complaints should they wish to.
- The registered manager showed complaints and concerns were used as a way of learning to improve the services they provided. For example, the registered manager had responded to a person when they had issues with the timings of their lunchtime call to try to resolve these.

End of life care and support

- At the time of our performance review and assessment, no one using the service was receiving end-of-life or palliative care.

- The registered manager told us they would work with community health and social care professionals to ensure people's end-of-life needs and wishes were identified and met at the appropriate time.

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.

This is the first inspection of the service since registering. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We received mixed feedback from people and their relatives about the service provided. One person said at times their calls were late. One relative told us, "There were teething problems when my [family member] first started using the agency but to be fair they have tried to get things settled." One person told us, "The staff are so obliging, and I am sure do more than they should, they just want to help." One relative made a written compliment to thank the registered manager and staff team for helping their loved one with their care.
- The registered manager and care coordinator had a 'hands on' approach to provide the best care for people they supported. The registered manager told us they were working hard to ensure care calls suited people's preferences and had a care call monitoring system to support improvements. Additionally, the registered manager and care coordinator was continually promoting staff training to include supporting staff with how to make different drinks and food items to meet people's needs.
- There was a friendly, open, positive, and supportive culture throughout the service. Staff told us the registered manager and care coordinator were always available for advice and guidance and led by example.
- Staff told us they felt well supported in their roles, felt valued and were confident in approaching the registered manager at any time for support or guidance. One staff member told us, "At simply the best care we thrive as a team looking after each other and providing a better care to enhance the quality of our clients. The working environment is safe and flexible and friendly, and management does always find time to listen to our issues."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had a clear understanding of their responsibilities to report under the duty of candour. The duty of candour sets out actions the provider should follow when things go wrong and to be open and transparent.

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

- The registered manager had quality assurance systems to monitor key aspects of the service to keep people safe, protect people's rights and provide good quality care and support. They carried out regular quality checks of areas such as, audits of records completed by staff to ensure people received the care and

support in line with their individual needs. Where issues were identified, actions had been taken to make improvements.

- Staff gave very positive feedback about the registered manager and felt well-supported in their role. Staff we spoke with told us the registered manager and care coordinator supported staff to develop and improve their care practices by methods, such as undertaking checks at people's homes.
- Processes were in place to support staff. The registered manager recognised the need to invest in staff to ensure they felt confident and competent in their roles. Staff received regular training and support to ensure they worked in accordance with the values the registered manager wished to promote within the service.
- The registered manager had a clear vision for the direction of the service which reflected ambition and a desire for people to achieve the best outcomes possible. The registered manager was constantly looking at ways to encourage staff recruitment, retention and therefore consistency of care for people. People and relatives consistently told us they valued having the same staff providing their support.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- People, relatives, and staff were encouraged to provide feedback on the service, and this was reviewed regularly by the registered manager and care coordinator.
- Staff ensured they involved and engaged people using the service and considered their equality characteristics.
- Peoples varying needs were promoted. The registered manager had developed leaflets for people to access about various subjects such as falls.
- The registered manager worked in partnership with people, their relatives, the local authority and other professionals. This enabled people to access the right support when they needed it. This promoted people's individual needs and supported good outcomes for people.