

Simply Carers Ltd

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Inspection report

Camelot
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Tel: 02080138113

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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

We inspected Simply Carers Limited on 23 July 2018. This was an announced inspection. We gave the service 48 hours' notice of the inspection visit because the registered manager was often out of the office on business or providing care. We needed to be sure that they, or a delegated representative, would be in.

Simply Carers Limited is a domiciliary care agency. It provides personal care and domestic support to people living in their own homes in the community. As a provider of bespoke care packages to people there were periods of inactivity. At the time of inspection they had one person who had recently been using them. Not everyone using Simply Carers Limited receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

Simply Carers Limited was registered with the Care Quality Commission in October 2017. This comprehensive inspection was the first inspection carried out on the service.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Care documentation showed that people had had a positive experience in receiving care and support. Care records were personalised to people's individual needs and responsive to any changes that people wished to make.

At the time of inspection the registered manager was also the main care worker. However, the service was recruiting and we saw that policies and procedures were in place to ensure the service recruited staff who would provide safe care.

Staff members had been safely recruited and had received an induction to the service. There were systems in place to safeguard people from abuse and to ensure that staff were appropriately trained.

Staff had access to personal protective equipment (PPE) for the prevention and control of infection.

Staff confirmed they had received training, including training in the Mental Capacity Act (MCA) and they understood the importance of gaining people's consent before assisting them.

The service completed assessments of people's needs and these were used to create the care plan for each person. The service kept people's needs under review and made changes as required.

The service promoted a culture that was person centred, open and inclusive and had systems in place to monitor the quality of the service and the experience of people who used it.

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 ●

Systems were in place to ensure that people who used the service were protected from the risk of abuse. Staff were aware of procedures to follow to safeguard people from abuse. Risk assessments were carried out before providing a service to people.

The service employed sufficient staff to meet the identified needs of the people they provided services to. The service carried out appropriate checks to ensure suitable staff were employed.

Staff had been trained in administering medicines and how to audit these effectively.

Is the service effective?

Good ●

The service was effective.

Staff had completed training to provide effective care and support to people using the service and supervision and support systems were in place.

The provider worked within the principles of the Mental Capacity Act 2005 and made sure they obtained people's consent to the care and support they received.

Is the service caring?

Good ●

The service was caring.

Staff treated people with kindness and respected and promoted their privacy, dignity and independence.

The service consulted people and their relatives about the care and support provided and involved them in decision making.

Is the service responsive?

Good ●

The service was responsive.

People using the service received care and support that was personalised and responsive to their needs.

The agency provided care that respected the wishes of people and which could be adapted to meet any needs that changed.

The provider had systems to respond to complaints they received.□□

Is the service well-led?

The service promoted a culture that was person centred, open and inclusive and had systems in place to monitor the quality of the service and the experience of people who used it.

There was regular contact between people and the registered manager

Good ●

Simply Carers Ltd

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.

We gave the service 48 hours' notice of the inspection visit because the registered manager was often out of the office supporting staff or providing care. We needed to be sure that they, or a delegated representative, would be in.

We inspected the service on 23 July 2018. One inspector carried out the inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). 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 reviewed information we held about the provider, in particular notifications about incidents, accidents, safeguarding matters and any deaths. We spoke with the registered manager and the provider about the work they did and to gather their views of the service.

We reviewed a range of documents and records including; one care record, staff record and a sample of policies and procedures kept by the service.

Is the service safe?

Our findings

People were kept safe and protected from neglect, abuse and discrimination. The service had safeguarding policies and procedures for managers and staff to follow if required. Staff received training to give them an understanding of abuse and knew what to do to make sure that people using the service were protected.

Risk assessments were reviewed regularly to ensure people continued to be safe and staff could meet their needs. Records showed risk assessments had been updated.

The safety of people's homes was assessed and potential hazards/ risks were discussed with people. The need for moving and handling equipment was also assessed during the initial visit.

The service had a thorough recruitment and selection process in place for new staff. This helped to ensure people were protected from the risk of receiving care from unsuitable staff. Relevant checks had been carried out before staff started to work for the service. These included obtaining written references, proof of identity, and a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on prospective staff to help employers make safer recruitment decisions.

The Provider had informed CQC that they would be employing care workers from approved staff agencies who will be required to provide experienced candidates in possession of a current DBS certificate and able to provide references before the interview stage. The provider would also carry out their own DBS checks.

Newly recruited staff did not work unsupervised until they had completed mandatory training and had been assessed as being competent to work safely with people. Care staff were introduced to their prospective service users before commencing work, which meant that people felt reassured and safe.

The service managed the control and prevention of infection. The registered manager confirmed she had completed infection control training and had appropriate Personal Protective Equipment (PPE) such as disposable gloves and aprons. This meant staff and people were protected from potential infection when delivering personal care. Policies and procedures were available for staff to refer to and medicines administration records (MAR) were in place.

The registered manager had a system to record any incidents and accidents and a procedure to investigate these. Investigations included speaking with the person in their home and amending the plan of care and risk assessment where necessary.

The service respected equality and diversity. Equality and diversity policies and procedures gave clear guidance to staff to help make sure people's rights and diverse needs were respected.

Is the service effective?

Our findings

Staff had the right skills and knowledge to carry out their roles.

Care staff undertook induction training which was in line with the requirements of the Care Certificate. The Care Certificate is an identified set of 15 standards that health and social care workers adhere to in their daily working life.

Mandatory training was completed, including infection control, health and safety, food hygiene and moving and handling. In addition to the Care Certificate training was provided by an external company to raise qualifications to QCF level 2 or above. The registered manager was qualified at QCF level 5.

We saw that systems were in place to enable effective individual supervision and support. The registered manager and provider worked together daily and communicated regularly.

Support plans included details of any support people needed with their nutrition and hydration and we saw staff recorded this in people's daily care notes. Where required, people's care plans included their religious or cultural dietary needs, for example if a person required a particular diet.

Approaches to meeting people's needs were reviewed and changed where necessary, to ensure the service continued to be effective.

The provider worked with the local authority to make sure they identified and met people's care and support needs. The registered manager told us the service monitored people's health and would report any changes to the family, GP and social worker as required.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who use the service and 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) 2005.

Staff had received training in understanding their responsibilities under the Mental Capacity Act (MCA).

Is the service caring?

Our findings

People were treated with kindness, respect and compassion and provided with emotional support when needed. Care records showed that people were consulted about their care needs and preferences.

The provider told us that the service was committed to listening to people's wishes to ensuring their rights and dignity were upheld. We saw that people had received information about the care they were to receive and how the service operated. People were provided with care by the same care staff which ensured continuity of care as well as the reassurance that people were being cared for by people who knew them well.

People were involved in making decisions about the support they received. Care plans were regularly reviewed and helped the service support people in their daily life as well as keeping their independence.

Care plans involved people, and any family and external professionals, such as social work teams, as the individual required.

People's privacy and dignity was respected and these topics formed part of staff training. The registered manager confirmed that staff would ask permission before carrying out any tasks and would consult people about their support requirements. Staff were aware of the requirement to maintain confidentiality and the need to ensure that personal information was not shared inappropriately.

Is the service responsive?

Our findings

The service ensured there were systems and procedures in place to enable people, their families and other significant people were involved in developing their care, support and treatment plans.

Care records showed that people's needs were identified, and their choices and preferences and how these are met were regularly reviewed.

The service strikes a balance when involving family, friends or advocates in decisions about a person's care and support to make sure that their views are known, respected and acted on.

The provider and registered manager spoke about their commitment to providing a service which empowered people to make choices and have as much control and independence as possible. The provider told us, "As a result of directly experiencing how care is provided to vulnerable people and having seen both poor and excellent care, our aim is always to ensure people's wishes will always be listened to and they will have their rights and requirements respected."

Technology was used in providing the service and records and communication were in formats that people could understand, with the registered manager being aware of The Accessible Information Standard by identifying, recording, flagging, sharing and meeting the information and communication needs of people with a disability or sensory loss.

The provider and registered manager were considering the use of electronic care records systems as and when the quality of the service required this and had identified a suitable system for this.

The service had a policy and procedure to respond to complaints. The service had received no complaints in the last 12 months.

Is the service well-led?

Our findings

The service had a clear vision and strategy to deliver high-quality care and support, and promoted a positive culture that was person-centred, open and inclusive.

Care records showed that people and their relatives were positive about the service and felt it was well-led. There was evidence of good communication which was person-centred and open, and which welcomed feedback from people.

A registered manager was in post who was responsible for the day-to-day running of the service. 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 and associated Regulations about how the service is run.

Within the service there was a clear leadership structure in place which could be sustained on the arrival of new staff or people who wished to use the service. The registered manager took responsibility for quality checking the service and for gathering feedback and information from people.

The service worked in a collaborative and open way with external stakeholders and agencies to support the care provision and had links with other domiciliary care providers through local forums, which helped to develop and learn from good practice and keep up to date with developments in the field.

The service had also developed links with a wide range of local authorities and demonstrated an open and transparent culture in the way they communicated and shared their aims and objectives with them.

There were systems in place to ensure the security of confidential information.