

Simply Caring

Domiciliary Care - 12 Erme Court

Inspection report

12 Erme Court
Leonards Road
Ivybridge
Devon
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27 May 2016

01 June 2016

02 June 2016

07 June 2016

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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

Domiciliary Care - 12 Erme Court is known as 'Simply Caring' and provides personal care and support to people who live in their own homes. The service operates from an office based in Ivybridge, Devon.

The service has a registered manager. 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.

The inspection was undertaken over a four day period, 27 May, 1, 2 and 7 June 2016 and included visits to the office, staff interviews and visits to people in their own home. At the time of this inspection 45 people were using the service, of which 36 were receiving support with their personal care needs. Our last inspection took place in May 2014 when it met the regulations we looked at.

People, their relatives and staff told us the service was well-led. One person said, "I have to tell you, I find them absolutely marvelous. Their communication with us is excellent." The registered manager and providers had a clear vision of their aims and objectives for the service and how they wished the service to support people. The registered manager said, "We don't just want to care for people, we want to improve their quality of life."

People told us they felt safe with the staff when receiving care. They said they have a regular staff team whom they have come to know well: people described the staff as 'friends'. Staff had received training in safeguarding adults and knew how to recognise signs of potential abuse. They understood how to report any concerns in line with the service's safeguarding policy.

Risks to people's health and safety had been assessed and regularly reviewed. These assessments included information about how to minimise the chance of harm occurring to people and staff. The service supported some people to take their medicines. The care plans provided information about each person's medicines and why they were prescribed. People told us the staff supported them safely and they received their medicines as prescribed.

The service employed sufficient numbers of safely recruited and well trained staff to meet people's needs. People told us they had never had a missed call, and if the staff were going to be late they always received a phone call to notify them. The providers and registered manager reviewed staff performance through observation, spot checks and supervisions.

People and their relatives were very positive about the way staff supported them. Each person we spoke with told us their care staff were kind and compassionate. One person said, "I've had the same girls for years, they're all very good and very friendly". People told us staff do 'little extras' for them, such as posting letters or bringing milk. One person said, "They are so kind, they bring things from the village for me, they help in

any way they can." A relative told us, "Simply Caring provided compassionate, reliable daily care and support. Without Simply Caring I do not believe he, or we, as a family would have managed the care he so wanted Mum to receive."

Staff spoke about people with affection. One staff member said, "I love helping people. I love the feeling of a job well done" and another said, "It's a really good job, I love it." People told us they were treated with respect and kindness and staff respected their dignity. The registered manager said the service cared for and supported people to remain at home through illness and at the end of their lives. Staff received end of life care training and they told us they were proud to be able to continue to care for people at this time. One member of staff said, "It's a real privilege to care for someone at the end of their life".

Care plans were developed with each person and people told us they had received a copy. These plans described the support the person needed to manage their day to day needs. Staff knew people well and were able to tell us how they supported people. Staff recorded the care they provided at each visit and we saw these records were detailed and clearly written. One person told us, "They help me in the way I want. Nothing is too much trouble for them. I'm very pleased." People told us a senior member of staff and the registered manager visited regularly to review and discuss their care needs.

The service was flexible and responsive to changes in people's needs. One person told us the service had provided extra visits while their family was away. One relative told us, "They were always flexible and were able to provide additional support at very short notice. If it wasn't Simply Caring my parents would never have sustained such a level of independence for so long. They went above and beyond."

Regular staff meetings enabled staff to discuss ideas about improving the service as well having a theme topic each month such as safeguarding people from abuse. Staff told us the registered manager and providers were very approachable and were always available. Comments included "I can pop in to the office at any time for a chat" and, "it's a unique company and a unique team. We all get on so well".

People and their relatives felt able to raise concerns or make a complaint if something was not right. They were confident their concerns would be taken seriously. The service had received two complaints in January 2016. These were investigated by the registered manager in line with the service's policy. The outcome of the investigations were recorded and discussed at the following month's staff meeting. Records showed the complaints were resolved to the complainants' satisfaction.

Audits were carried out to monitor the quality of the service. Unannounced checks to observe staff's competency and interaction with people were carried out on a regular basis. The service sought regular feedback from people who used the service. The registered manager had sent questionnaires people receiving a service in October 2015 and the feedback from these questionnaires showed people were very satisfied with the care and support they received. This was reflected in the feedback we received from people, staff and healthcare professionals to the questionnaires we sent prior to this inspection.

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.

People told us they felt safe when they received care. There was an on call system for people and staff to ring in the event of an emergency out of office hours.

Risk assessments had been undertaken and included information about action to be taken to minimise the chance of harm occurring to people and staff.

Safe staff recruitment procedures were in place. This helped reduce the risk of the provider employing a person unsuitable to work with people who require care and support.

Is the service effective?

Good ●

The service was effective.

People had a regular team of staff who had the appropriate skills to meet their needs.

Staff knew people well and were able to tell us how they supported people.

Staff completed training and had the opportunity to discuss their practice.

People were supported to receive health care services.

Is the service caring?

Good ●

The service was caring.

People and their relatives were positive about the way staff treated them. Staff were kind and compassionate.

People's privacy and dignity was respected.

The service was able to provide care and support to people at the end of their lives to help them remain in their home as long as possible.

Is the service responsive?

Good ●

The service was responsive.

Care plans described in detail the support people needed to manage their day to day needs.

The service was flexible and responsive to changes in people's needs.

People felt confident they could raise concerns and these would be listened to.

Is the service well-led?

Good ●

The service was well-led.

People, their relatives and the staff said the service was well-led. They found the provider and registered manager approachable.

Staff enjoyed their work and told us the management were always available for guidance and support.

The provider had systems in place to assess and monitor the quality of care. The service encouraged feedback and used this to drive improvements.

Domiciliary Care - 12 Erme Court

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 was 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 27 May, and 1, 2 and 7 June 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure people and staff were available to speak with us.

One social care inspector carried out this inspection. Before the inspection we reviewed the information we held about the service. This included notifications of events the service is required by law to send us and the Provider Information Return (PIR) sent to us by the service. This was a form that asked the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also sent questionnaires to people receiving a service, relatives, staff and health care professionals.

During the inspection we used a range of different methods to help us understand people's experience. We visited five people in their homes; we spoke with four care staff, the registered manager and registered provider, and received feedback from three relatives and one health care professional.

We looked at the care records for three people and how the service managed people's medicines. We also reviewed the staff recruitment, training and supervision files for three staff, how the service reviewed the quality of the care and support it provided, as well as records relating to the management of the service.

Is the service safe?

Our findings

People told us they felt safe with the staff when receiving care. They said they have a regular staff team whom they have come to know well: people described the staff as 'friends'. All of those people and relatives who returned a questionnaire to us said they felt safe from abuse and harm. One healthcare professional told us, "I am happy with the way the staff treat the residents they care for."

Staff had received training in safeguarding adults and knew how to recognise signs of potential abuse. They understood how to report any concerns in line with the service's safeguarding policy. Staff told us they felt confident the registered manager would respond and take appropriate action if they raised concerns. The registered manager told us they had recently had concerns over a person's well-being and they had raised this with the local authority's safeguarding team.

Risks to people's health and safety had been assessed and regularly reviewed. These assessments included information about how to minimise the chance of harm occurring to people and staff. For example, some people were at risk of falls and others needed support to move and transfer within their home. Information was provided to staff about how to provide this support safely. One person's care plan said they were unable to stand for long periods of time and staff must ensure seating was close by. Another person's care plan instructed staff to ensure the person was wearing their pendent alarm before they left. This person told us the staff always made sure they have the alarm. One person told us staff reduced their risk of falls as they made sure the walkway from their chair in the lounge room to the bathroom was clear of obstructions. Many people lived alone and had no family members to support them. The staff said they would also monitor the safety of the environment, such as lighting inside and outside of the home and report issues to the office so they could arrange for these to be repaired.

The service supported some people with their medicines. Care plans provided information about each person's medicines and why they were prescribed. People told us the staff supported them safely and they showed us the medication administration records (MAR) staff completed after they had given them their medicines. The MAR sheets were fully completed and this showed people had received their medicines as prescribed to promote good health. Staff also collected people's their medicines from the pharmacy for them if they were unable to do so themselves.

Some people had a 'key safe' installed outside of their homes. This allowed staff access to people's homes when people were unable to open their door. People told us staff were careful to ensure their homes were secured on leaving. Two of the people we visited had safe keys and they told us the staff always made sure their door was locked when they left.

Staff recruitment practices were safe and relevant checks had been completed. Many of the staff had worked at the service for several years. We looked at the recruitment files for three staff, including the most recently recruited staff member. All three files included the necessary pre-employment checks including proof of identify, previous employment references and a disclosure and barring service (police) check. This helped reduce the risk of the provider employing a person who may be unsuitable to work with people

requiring care and support.

The service employed enough staff to carry out people's visits and keep them safe. People told us they had a regular staff team and they always knew who was coming to them. They said they staff always stayed the length of time they should and they had never had a missed visit. However, on occasion, a visit was late, but they said they had always received a phone call to notify them of this. One person told us the staff had never been more than ½ an hour late. One relative told us their relation had received care for a number of years and said, "Simply Caring attended every morning without fail." The registered manager and the providers undertook regular care visits and were available to cover visits at short notice. Staff told us they had no concerns over the planning of visits and they were provided with sufficient travel time. They said they had enough time to ensure they delivered care safely and visits were not compromised by having to leave early to get to their next person on time.

There was an on call system for staff and people to ring in the event of an emergency out of office hours. The on call system was shared between a senior member of staff, the registered manager and the providers. Staff told us this system worked well and there was always someone to seek advice from.

Should an accident occur in a person's home, staff were instructed to stay with the person until they were safe, to call for medical advice or the emergency services and to inform the office immediately. The staff completed a report providing details about the accident. These were reviewed by the registered manager to identify how the accident had come about, whether any actions was necessary to reduce the risk of a repeat and to assess for signs that people's needs may be changing. The registered manager confirmed they always alerted the local authority or GP when someone had a fall or whose needs appeared to be changing. Where people had other healthcare professionals involved in their care, such as the community nurse, an occupational therapist or a physiotherapist, these were alerted as well to people's potentially changing needs.

Staff were provided with gloves and aprons and they told us these were freely available from the office. Records showed staff were provided with infection control training and the spot checks of staff's care practices included observing staff with their handwashing technique. This demonstrated the service took their responsibility to reduce the risk of cross infection seriously.

Is the service effective?

Our findings

People told us the staff knew them well and they were happy with the care and support they received. People described the staff as "excellent, "very professional" and "competent and caring". Everyone we spoke with said they had a regular team of staff who had the appropriate skills to meet their needs.

The registered manager and a senior member of staff oversaw staff training and ensured updates were provided when necessary. The service used an external training provider to ensure the training staff received was up to date and in line with best practice. Although no one receiving support at the time of the inspection required the use of a hoist to transfer, the registered manager was a trainer for moving and transferring and was able to ensure staff were kept up to date with the safe support for people should their needs change. New staff completed training before going out to visit people. One new staff member had recently completed the care certificate. This certificate is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support. Staff told us, and records showed, they had completed training in areas relating to care practice and people's needs such as dementia care, as well as health and safety topics. One member of staff said they just completed first aid and medication training. New staff worked alongside experienced staff to observe how people had their care delivered.

All the staff told us they felt well supported. Staff received regular individual and group supervision where they were able to discuss people's care needs, identify any concerns and plan their training and development support. Group supervisions were also used to discuss care topics in detail, such as infection control or managing people's pain. The providers, registered manager and a senior member of staff carried out observations of care staff in people's homes. These observations included how the staff member introduced themselves, whether they use the person's preferred name, how they promoted the person's independence and whether they treated the person with kindness and respect. This was to ensure people's needs were being met in the manner they preferred and staff were upholding the service's values and treating people with dignity and respect. Staff confirmed these checks took place regularly. One staff member said, "I had my observation last week. They check how we work and the paperwork to make sure it's being completed properly", and another said, "It's good to know you're doing well or if you need to change anything". Records of these spot checks were maintained and used to support staff supervision and to identify training and development needs.

The registered manager told us no one using the service lacked capacity to make decisions in relation to their care. They had a good awareness of the Mental Capacity Act 2005 (MCA). This legislation provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The registered manager explained if a person's ability to make decisions about their care changed, they would discuss these changes with the person, their family and any relevant healthcare professionals to support a mental capacity assessment to be carried out. Staff gained consent from people before carrying out personal care and respected people's choices.

People were supported to access healthcare services. The registered manager told us they made medical appointments for people and staff accompanied them if there was no family member to go with them. This ensured people received the continuing healthcare support they needed. One healthcare professional told us, "Staff are always receptive and friendly; I have completed face to face joint visits with care staff who always present with a very professional and empathic attitude towards their clients/service users."

Staff supported some people to choose and prepare their meals. Staff knew people's food preferences and how to support people to make healthy meal choices. They were aware of people who were at risk of not eating enough to maintain their health and kept records of how well people were eating and drinking. Should they have concerns, staff told us they were contact the office, where a senior staff member or the registered manager would contact the person's family or GP as necessary.

Is the service caring?

Our findings

People and their relatives were very positive about the way staff supported them. Each person we spoke with told us their care staff were kind and compassionate. People told us the staff were respectful and polite and many had become friends over the years. One person said, "I've had the same girls for years, they're all very good and very friendly". Another person said, "all my staff are lovely, especially (name), she helped me have a lovely bath this morning". One relative said, "they care for me as well, they always ask me how I am." People told us staff do 'little extras' for them, such as posting letters or bringing milk. One person said, "They are so kind, they bring things from the village for me, they help in any way they can."

Staff spoke about people with affection. One staff member said, "I love helping people. I love the feeling of a job well done" and another said, "It's a really good job, I love it." People told us staff respected their dignity; they said staff always attended to them kindly and discreetly. Staff completed training to help ensure they understood how to respect people's privacy, dignity and rights. A senior member of staff and the registered manager observed staff's practice to make sure they used these values within their work.

Staff encouraged people to be as independent as possible and were patient to allow people time to complete care tasks themselves. For example, people's care plans were clear about what each person could do for themselves and how staff should provide support. People told us staff respected this and they didn't feel rushed. One person told us they felt a member of staff new to them was rushing them but they asked them to "slow down" which they did, and they'd had no concerns since. People told us they were frequently asked about their care needs and whether they were happy about the way in which staff supported them. They said they were able to make decisions about their care and discuss any changes with the staff or the registered manager.

The registered manager said the service cared for and supported people to remain at home through illness and at the end of their lives. Staff received end of life care training and they told us they were proud to be able to continue to care for people at this time. One member of staff said, "It's a real privilege to care for someone at the end of their life". The service had received numerous letters of thanks from relatives. We looked at a sample of those received this year and the comments were very complementary. One relative had written, "The care and support you gave was absolutely wonderful, without your support dad would have had a much less rich life." Other comments included, "It meant so much to know how well she was looked after, nothing was too much trouble", and "Thank you for being so kind to mum and making her last few months happy for her".

Relatives told us that without the support from the service their relation would not have been able to remain in their own home for as long as they had. One relative said, "They were a tremendous support to them both throughout, not only offering practical support with their everyday living tasks but they also a great support to them emotionally." Another said, "Simply Caring provided compassionate, reliable daily care and support. Without Simply Caring I do not believe he, or we, as a family would have managed the care he so wanted Mum to receive."

Is the service responsive?

Our findings

Care plans were developed with each person and people told us they had received a copy. These plans described in detail the support the person needed to manage their day to day needs. This included information such as their preferred routine, what toiletries they liked to use, as well as their food and drink likes and dislikes. Staff knew people well and were able to tell us how they supported people. Staff recorded the care they provided at each visit and we saw these records were detailed and clearly written. One person told us, "They help me in the way I want. Nothing is too much trouble for them. I'm very pleased."

People told us a senior member of staff and the registered manager visited regularly to review and discuss their care needs. The care plans showed evidence of amendments when people's needs had changed, as well as each person's involvement and agreement with how the staff were to support them.

The service was flexible and responsive to changes in people's needs. One person told us the service had provided extra visits while their family was away. One relative told us, "They were always flexible and were able to provide additional support at very short notice. If it wasn't Simply Caring my parents would never have sustained such a level of independence for so long. They went above and beyond."

People and their relatives felt able to raise concerns or make a complaint if something was not right. They were confident their concerns would be taken seriously. One person told us they knew who to contact should they have a complaint but said, "I've no need to, they are alright." Another said, "I know the number if I need to phone the office. I have no complaints, they are all lovely." Relatives also told us they had no concerns. One relative said, "I can think of no occasions when he had cause for complaint. He did, however, have cause many times to praise the kind, cheery ladies who he came to depend on for care as well as moral support."

People had a copy of the service's complaints policy. This provided information on how to make a complaint. The service had received two complaints in January 2016. These were investigated by the registered manager in line with the service's policy. The outcome of the investigations were recorded and discussed at the following month's staff meeting. Records showed the complaints were resolved to the complainants' satisfaction.

Is the service well-led?

Our findings

People, their relatives and staff told us the service was well-led and the providers and registered manager knew them well. One person said, "I have to tell you, I find them absolutely marvelous. Their communication with us is excellent." One relative who contacted us following the inspection said, "Simply Caring has been simply brilliant in the care of both my parents. I can say with confidence that I feel Simply Caring has consistently given my family the very highest standard of care that could be expected of anyone". The registered manager and providers had a clear vision of their aims and objectives for the service and how they wished the service to support people. The registered manager said, "We don't just want to care for people, we want to improve their quality of life." The service's website stated, "Our aim is to provide a consistently high quality service that is provided in a safe manner and delivered with dignity and respect. We are committed to service improvements and endeavor to ensure this happens by following a strict quality assurance system." One healthcare professional told us, "I have always found them to be totally professional in their management and approach to providing support to the most vulnerable people in our community. I very much value the services provided by Simply Caring." Another said the registered manager engaged fully with local provider meetings, with an aim to drive up standards.

The values and vision of the service were displayed on the notice board in the staff room at the office. These included, "To strive to be the best we can be. To continually develop and improve our existing service to ensure a high standard of care is being delivered at all times". The provider and the registered manager said they worked very closely with the staff to ensure these values are promoted. Staff told us these values were discussed within their team meetings and supervisions.

Regular staff meetings enabled staff to discuss ideas about improving the service as well having a theme topic each month such as safeguarding people from abuse and the Mental Capacity Act. Staff told us they felt able to make suggestions and request training. Management meetings were held between the providers and registered manager to review the support people received and to look at ways to develop and improve the service. Minutes of these meetings were available and included topics such as staff recruitment.

Staff told us the registered manager and providers were very approachable and were always available. Comments included "I can pop in to the office at any time for a chat" and, "it's a unique company and a unique team. We all get on so well".

The information provided to us in the PIR about how the service ensured people receive safe care and support, and how they monitor the quality of the service, was evident throughout the inspection. Audits were carried out to monitor the quality of the service. Visit records and medicine administration records were checked to ensure they were completed correctly. Unannounced checks to observe staff's competency and interaction with people were carried out on a regular basis. The service sought regular feedback from people who used the service. Monthly reviews showed people were asked about the quality of the service. The registered manager had sent questionnaires to the 44 people receiving a service in October 2015 of which 37 were returned. The feedback from these questionnaires showed people were very satisfied with the care and support they received. Where people had made requests or suggestions these had been listened to

and responded to. For example, one person asked for a review of their visit times and another asked for the answerphone message for the out of hour's service to be slower.

The feedback from the questionnaires we sent to people prior to this inspection also showed a very high level of satisfaction with the care and support provided.