

Simply Care Partners Liability Partnership LLP

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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

Simply Care Partners provides personal care services to people in their own homes. At the time of our inspection ten people were receiving care from this service.

At the last inspection in December 2014, the service was rated Good.

At this inspection we found the service remained Good.

People said they were happy with the service provided and that staff helped them with the care and support they needed.

There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of safeguarding vulnerable adult's procedures and understood how to safeguard the people they supported. People's individual risk was assessed to help keep them safe and staff had a good knowledge of this.

People and their relatives thought staff were caring and respectful. Staff knew the people they were supporting and provided a personalised service for them. Staff explained how they helped maintain people's privacy and dignity.

The staff we spoke with told us they enjoyed their job and felt supported by the registered manager. Staff were up to date with training and the service followed appropriate recruitment practices.

People's records were kept up to date and covered all aspects of the care and identified the support people needed so staff could meet their needs. Records were updated and regularly reviewed when people's circumstances or healthcare needs changed.

People were asked about their food and drink choices and staff assisted them with their meals when required. People were supported to take their medicine when they needed it.

The manager regularly spoke with people to make sure they were happy with the service and carried out spot checks to review the quality of the care provided.

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

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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 checked 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 comprehensive inspection took place on 28 February 2017 and was announced. We told the provider two days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in.

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. Prior to our visit we reviewed the information we held about the service. This included the previous inspection report and any safeguarding or complaints and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law.

One inspector undertook the inspection. During our inspection we spoke with three staff members and the registered manager. We examined five care plans, three staff files as well as a range of other records about people's care, staff and how the service was managed. After our inspection we spoke with one person using the service and three family members and friends.

Is the service safe?

Our findings

Staff knew what to do if there were any safeguarding concerns. They understood what abuse was and what they needed to do if they suspected abuse had taken place. Staff told us they would report any witnessed or suspected abuse to the manager. All staff had received training in safeguarding vulnerable adults as part of their induction programme and this was refreshed every year. The organisation's safeguarding and whistle-blowing policies and procedures were also contained in the staff handbook which was given to all new members of staff when they first joined the service.

Risk assessments were carried out to evaluate any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks to the health and support needs of the person. People's records showed these assessments were focused on identifying risks based on their specific needs and circumstances, for example, where people had reduced mobility which could put them at risk of falls.

People and staff were able to contact a manager in the event of an emergency. The office number diverted to an on-call mobile phone during out of office hours so advice and support could be given when required.

The service had systems to manage and report accidents and incidents. Details of accidents were recorded together with action taken at the time. Although there were no specific space to record the action taken after the incident we saw how these events triggered contact with relatives or healthcare professionals and where necessary people's care needs were reviewed.

There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. We spoke to the registered manager who explained they tried hard to match the same carers with the same people and they would try to tell people if their regular carers could not attend for any reason.

People told us their care staff usually arrived promptly and would stay the allotted amount of time. The registered manager explained that small teams of care staff would be allocated to each person so they would see the same care staff each week. People we spoke with told us that on the whole they would see their regular care staff.

The service followed appropriate recruitment practices. Staff files contained a checklist which clearly identified all the pre-employment checks the provider had obtained in respect of these individuals. This included up to date criminal records checks, at least two satisfactory references from their previous employers, photographic proof of their identity, a completed job application form, a health declaration, their full employment history, interview questions and answers, and proof of their eligibility to work in the UK if applicable.

Staff had completed training on safe handling of medicines and their competency to administer medicines was checked after their initial training to make sure practice was safe.

Is the service effective?

Our findings

Staff told us they felt they had received all the guidance and training they needed to effectively carry out their roles and responsibilities. Systems were in place to monitor staff training needs and identify when training was due or needed to be refreshed. Staff received an induction when they first started working at the service and thereafter undertook mandatory training which included emergency first aid, infection control, food hygiene, moving and handling and the principles of safeguarding.

Staff told us they had regular supervision with their manager. Records confirmed supervision was carried out on a one to one basis and during 'spot checks' where the manager would assess the quality of care provided by staff in people's own homes.

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

We checked if the service was working within the principles of the MCA. Staff were aware of the Mental Capacity Act (MCA) 2005 and training was given during their initial induction. The manager confirmed that they would work with the persons family and social worker if they felt there were any issues with a person's capacity to make decision and would work to provide care in that person's best interests. We saw evidence to support this during our inspection.

Where required people were supported to eat and drink appropriately. The level of support people needed was clearly identified in their care plans, for example, if food preparation was required or a person needed support to eat. The registered manager explained how they helped one person order ready meals so they could have a choice each meal time. We noted people's care records clearly stated when people were at risk of poor nutrition or needed additional support. In these cases care staff completed a food chart detailing the food eaten at each mealtime so they were able to monitor and discuss with healthcare professionals as appropriate.

Care records contained details of where healthcare professionals had been involved in people's care, for example, contact with the GP, the district nurse, people's social workers, mental health teams and occupational therapists. Staff told us how they would notify the office if people's needs changed and we noted examples of how additional support from healthcare professionals helped people maintain good health.

Is the service caring?

Our findings

People, their friends and relatives told us they were happy with the standard of care and support provided by the service. One person we spoke with had just stopped using the service, they told us, "They [care staff] were kind and helpful...they helped me a lot...they were lovely." A friend told us, "I think the staff are caring, everything is fine" and a relative told how staff knew their relative well they told us, "The standard of care, you can't fault it."

People gave us examples where they felt staff had been caring and compassionate, one person told us staff would help her fill her bird feeder so she could watch the birds from her window. Staff had a good knowledge of the people they were caring for and supporting. One staff member explained how they would sing songs with one person and talk about their favourite television programs. Staff told us they enjoyed working with the people they cared for, comments included, "I like working with people, older people are special for me...when a customer makes a smile for me I'm happy" and "I enjoy my job, it's about you putting happiness into someone else's life."

People and their relatives were involved in making decisions about their care, treatment and support. Care records contained information about what was important to people and how they wanted to be supported. For example, one person's care records gave guidance to staff on what they should do if that person were to become confused. Another gave the person's choice of food and the name they wished to be called.

We saw examples of positive feedback from family members and healthcare professionals about the staff at Simply Care Partners. One healthcare professional felt staff had gone beyond the call of duty for one person using the service and one relative thanked the registered manager for doing so much on their relative's behalf.

Staff told us how they made sure people's privacy and dignity was respected. They said they addressed people by their preferred names, explained what they were doing and sought permission to carry out personal care tasks. One staff member told us "I understand dignity and respect, everything about this is important, I am working with a fellow human."

Records confirmed staff had received training in equality, diversity and inclusion, and in dignity and respect.

Is the service responsive?

Our findings

People told us they felt supported by staff who were responsive to their needs. One person told us "Staff arrive on time, stay the right amount of time and do what I want and more." One relative told us how staff were able to connect with their relative and catered for all her needs.

People received their care, treatment and support when they needed it. The registered manager explained that some of the people who used the service were on a program of re-enablement. This was normally when a person needed the opportunity and confidence to relearn and regain some of the skills they may have lost because of poor health, disability or after a spell in hospital. The programs normally lasted a few weeks and the local authority provided the initial information concerning the person including any background history, medical conditions and the support required. Other people using the service were on longer-term care packages.

We saw each person received an initial assessment either before they started using the service or, with re-enablement, as soon as possible after the start of the package. People's care was regularly reviewed and care packages updated and amended. We noted communication with local authorities to request either an increase or decrease in hours depending on peoples care needs and heard how the service worked hard to ensure there was staff allocation to cover people returning from hospital at short notice.

The service asked for people's views and experiences. Details of regular telephone reviews and visits to check the quality of care people received were kept at the service. We noted most responses were positive, however, where concerns had been highlighted we were told how the service had responded and saw that corresponding notes had been recorded and action taken.

The service had a procedure which clearly outlined the process and timescales for dealing with complaints. The registered manager took complaints received seriously and thoroughly investigated each one. We discussed two recent complaints made to the service. The registered manager was able to provide full details and background to the complaints together with details of the action taken to improve the situation. For example, contact with relatives and healthcare professionals.

Is the service well-led?

Our findings

People and their friends and relatives told us they felt able to speak with the manager if they needed to and that they were listened to. The registered manager explained she was in contact with most people or their relatives on a regular basis.

Staff we spoke with told us they felt well supported by the registered manager at the service and were comfortable discussing any issues with them. Comments included, "I have big support, if I have problems anytime I can ring my manager" and "The manager is very supportive...if I phone the office within a second she is responding...she is very quick."

The registered manager monitored the quality of the service by regularly speaking with people to ensure they were happy with the care they received. This was achieved by telephone monitoring, spot checks and during observations for staff supervision. All quality checks were recorded either in people's records or in staff files. We noted where comments had been made action had been taken to rectify and improve working practices. For example, during observation supervision it was highlighted that a staff member needed to maintain constant communication with the person during the call. Another action following a late call was for the registered manager to re-issue reminders to staff to contact the office when they were running late.

The registered manager had remained in post since our last 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.

Notifications were being sent to Care Quality Commission (CQC) for any notifiable events, so we were being kept informed of the information we required.