Simply Homecare LLP

Simply Homecare

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 22 August 2016 and was announced. Simply Homecare provides support and personal care to older people living in their own homes. At the time of our inspection there were eight people receiving personal care.

This inspection found that there were breaches of three regulations. These related to the management of medicines, governance of the service and the reporting of statutory notifications.

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 registered manager was one of the two partners in the business.

There were no policies or procedures to guide staff on the safe management and administration of people's medicines. Both partners were unaware of medicines guidance that the commissioning local authority would expect the service to adhere to. The level of assistance people needed with their medicines had not been assessed and senior staff were advised that they were able to give permission for staff to administer non-prescribed medicines. These shortfalls put people at risk of the unsafe administration of medicines.

The level of regulatory knowledge of both partners was not sufficient to ensure that the service was operated in accordance with legislatory requirements. The manager was unaware that they needed to report safeguarding concerns to CQC.

You can see what action we told the provider to take at the back of the full version of the report.

Some improvements were required to ensure that risks to people's wellbeing were identified and some care plans required personalisation. This would help staff meet and understand people's needs more effectively.

People and their relatives told us they felt safe with the staff who provided their care and support. Staff were aware of their responsibilities in protecting people from harm and knew how to report any concerns about people's safety to the local authority's safeguarding team.

People were supported by staff who they liked and who made them feel comfortable. People and their relatives described staff as caring and told us they received a high standard of care.

Everyone we spoke with expressed their confidence in the management of the service. People using the service, relatives and staff told us they were able to give feedback about the service and were confident they would be listened to.

The management team promoted strong organisational values. They promoted a caring culture that put the needs of people using the service uppermost. They were supportive of their staff and staff enjoyed working for the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

The arrangements in place for managing and administering medicines were not safe.

Staff were not provided with detailed information about the specific risks associated with people's health conditions and how these could impact upon the way they were required to support people.

There were enough staff deployed to meet people's needs and staff recruitment procedures were robust.

Is the service effective?

Good

The service was effective.

People received a reliable service from regular staff members.

Staff received suitable training and support. People received care from staff who had the knowledge and skills to meet their needs.

Is the service caring?

Good

The service was caring.

People and their relatives were positive about the way care provided.

Staff were diligent in ensuring that they supported people with both their physical and emotional welfare.

Is the service responsive?

Good

The service was responsive.

The service was flexible and adjusted provision to meet people's short term as well as long term needs.

People had confidence that if they had any concerns that they would be resolved to their satisfaction.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Regulatory knowledge was poor. This meant that the provider was at risk of providing a service that was not safe or not organised in accordance with best practice.

There was an open and supportive culture within the service.

Simply Homecare

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 22 August 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 that someone would be available to assist us with the inspection. The inspection was carried out by one inspector.

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 any improvements they plan to make. We reviewed information we held about the service.

During the inspection, we spoke with one person who used the service and relatives of two other service users. We also spoke with the registered manager who was a partner in the business, the second partner in the business and three care staff members.

We looked at the care records of three people and other information relating to their care and the recruitment records of two staff members. We also looked at records relating to how the quality of the service was monitored.

Requires Improvement

Is the service safe?

Our findings

We found that appropriate arrangements for the safe handling of people's medicines were not in place. The service had little guidance available for staff to follow and had no medicines policy.

The only guidance in place for staff was a protocol called 'PRN Medication Protocol'. PRN is a term usually used for prescribed medicines that are taken only when needed, for example pain relief. However, the manager explained that this protocol related to requests from service users for staff to administer non-prescribed items such as tiger balm or cod liver oil. The protocol stated that staff were to call for authorisation from the senior staff member on duty to administer these items. However, senior staff would not have the necessary knowledge or expertise to determine whether these items were safe for the person to take. The practices in place relating to the 'PRN Medication Protocol' could put people at risk of using medicines that could adversely interact with their prescribed medicines.

Staff had received medicines training and they told us that they felt confident when assisting people with their medicines. However, the manager was unclear as to whether the service was taking on the responsibility of administering people's medicines or whether they were just reminding people to take their medicines. There was no assessment of the level of support people required with their medicines. One person's support plan stated that staff were prompting the person to take their medicines. However the person's relative told us that the staff were giving the person their medicines because, "[Person] would forget or take the whole lot in one go."

Another person's Medicines Administration Record (MAR) chart was initialled by staff when they administered the person's medicines to them. One symbol was used when the person had taken the medicine themselves. A second symbol had been used to indicate that the person hadn't taken their medicine on several occasions but no reason was recorded for this and no follow up action had been taken. This meant that the person could have been at risk of not receiving treatment for their health condition.

These concerns constituted a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some service users received their medicines in a weekly dossett box made up by the pharmacy. Staff told us that they checked the medicines in each blister section against the descriptive information on the dossett box to make sure that the person was receiving the right medicines.

Risk assessments covered areas such as risks in relation to people's health, their medicines and the safety of the environment. However, these were generic in nature and when necessary had not been tailored to risks associated with specific health conditions people were living with. One person was living with a progressive condition that could substantially affect their ease of movement. The timing of their medicines was crucial to ensure that the symptoms of their condition were minimised. These issues had not been reflected in the person's risk assessments so staff may not have had the necessary information to help them support the person effectively. One partner told us, "I don't think it's for us to have to know about this health condition."

One person told us, "I'm absolutely safe when staff are helping me." A relative told us that they had been contacted when a staff member was concerned that their family member had lost their pendant alarm. The relative said, "It was eventually found and I bought a spare one just in case. But I know the staff have always have [family member's] safety in mind."

Staff demonstrated to us that they understood what signs could indicate that people could be at risk from abuse. The manager told us about concerns staff members had raised with them during the course of their visits. These had been appropriately reported to the local authority's safeguarding team.

There were enough staff to ensure people received support at the agreed times. Staffing arrangements were well organised and any unavailability of staff was covered by other staff members. One staff member told us, "Getting cover at short notice isn't a problem. We're a small team and always support each other." Another staff member said, "We take turns working at weekends. It all works out well for everyone."

Robust recruitment systems were in place to ensure that the risks of recruiting staff unsuitable for their role were minimised. These included the obtaining of references, proof of identity and checks with the Disclosure and Barring Service (DBS) prior to new staff starting work.

Good

Is the service effective?

Our findings

People and their relatives told us that staff had the skills and knowledge to provide the care and support they or their family members needed. One person told us, "All the staff know what they're doing." All new staff had an induction which included three days of classroom based training, completion of the Care Certificate and they shadowed experienced staff members. The Care Certificate is a set of standards that care staff should adhere to.

One staff member told us, "The manager is very thorough. We have lots of supervisions when on induction. I've now been signed off." Supervisions records were thorough and we saw that this was a two way process which encouraged staff to reflect upon their experiences to help their development. The manager was clear that they would not sign people off from their induction unless they were satisfied that they were competent to support people. The same staff member told us, "I shadowed quite a few calls. I wanted to take advantage of the opportunity to learn from the others as much as I could."

There was a programme of observational supervisions carried out whilst staff delivered care to people in their homes. This included the administration of people's medicines. Staff told us they spoke about their training during staff meetings and passed on good practice they had learned about. One of the partners, a male, had demonstrated to the female staff how to shave a man's face. There was good communication and dialogue in the service between staff about how best to support people.

People or relatives we spoke with told us that they or their family member always knew which staff member was due and when they were likely to arrive. The manager told us that service users had a rota in advance. One relative told us, "[Family member] always knows who is coming." In a survey sent out to service users, all respondents told us that staff arrived on time, they stayed for the agreed length of time and completed all tasks that needed to be carried out.

People's support plans were clear whether assistance was required to support them with their meals. Where this was required it was noted that people were able to choose what they wished to eat. One relative told us that their family member had mentioned to staff that they liked fish and chips. Staff had then made arrangements with the service user and their relatives for the financing of this and this was now a regular occurrence. The relative told us, "That they thought to sort this out for [family member] means so much to them."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the

principles of the MCA.

Staff understood that people had the right to make their own decisions and that the people they currently looked after had capacity to make decisions about their day to day care and welfare. One person told us, "They don't do anything without making sure I have agreed and everything is okay with me first." Staff knew the appropriate actions that would need to be taken if people were unable to consent to their care.

When it was agreed the service supported people to access services from a variety of healthcare professionals. Care records demonstrated staff shared information effectively with professionals and involved them appropriately when necessary.

Good

Is the service caring?

Our findings

People and their relatives were positive about the staff. Comments we received included; "The staff are very good. They're friendly, respectful and understanding." "I'm really happy with my care, all the staff are really friendly." "They are a caring team." One person's relative stated, "I have no problem going out and leaving any of the staff with [family member]. I trust them all with my home and its contents."

One person told us, "I like to chat with the staff. They chat with my partner too, so they're not ignored." One person's relative told us, "I know they're caring. They have some good ideas. They suggested that as [family member] can get a bit lonely that we could look into a luncheon club nearby. "

Staff spoke with affection and compassion about the people they supported. They were keen to make a positive difference to people's lives. They liaised sensitively with people using the service and their relatives about making changes that could be beneficial. For example, they suggested starting a shopping list for one person's day to day requirements that their family member could pick up at the weekend when they did the person's shopping.

One staff member told us that they particularly liked doing the longer calls where they could get to know people and their families. They told us how as their knowledge and understanding of people grew that they were better able to identify when things weren't quite right or people weren't their normal selves.

Another staff member told us, "As long as people are happy by the time I leave I know I've done my job. Sometimes people can get upset and I know it's my job to help them feel better too."

Staff were introduced to people before they began to support them on their own. This helped to put people using the service at ease. One person told us, "It's never a stranger coming to the door." Staff told us they felt it was important for people to see a familiar face. A staff member told us "We're in their home, it's only polite."

People and their relatives told us that they were very involved in the arrangements for people's care and that good relationships had been established with all staff members. Everyone that we spoke with told us that communication was good with the service and they were encouraged to keep in contact with the service. One person's relative told us, "It's all A1. We have great communication with the service."

Staff members could tell us in detail about the people they were supporting. They told us about people's preferences about the way their support was provided. Staff were able to tell us what they needed to consider when supporting certain people with particular aspects of their care. However, this information that may be have been helpful to other staff members was not always documented in people's care records.

Good

Is the service responsive?

Our findings

People told us that the service was responsive to their or their family member's needs and preferences. One person told us, "They are flexible. Tomorrow they will be calling a bit earlier as I have to go out." The same person told us how staff were mindful of hurting them when assisting with personal care as their skin was sensitive in areas and the lightest touch could be painful.

We saw that the service had changed a call time for another person in order to help them pack for their holiday at a suitable time to fit in with their travel arrangements. Another person's relative had contacted the service to say how pleased they were that despite their family member having meals delivered that staff took the time to make them egg on toast which was a favourite of theirs.

We saw from records we viewed that the service was pro-active in discussing with people or their relatives ways in which people might be made more comfortable or whether equipment may help them with their mobility. When appropriate and with people's agreement the service sought input from relevant health care professionals.

The manager told us that people's care and support needs were always assessed. The documentation we looked at confirmed this. They explained that a visit was always carried out at the person's own home and an initial assessment was then completed. This enabled them to identify the persons care and support needs, assess any risks associated with their care and support and satisfy themselves that the person's needs could be met by the service.

People or their relatives told us that they had been involved in deciding what support was needed and had been involved in the planning of their care. One person's relative told us, "[member of the management team] came out and saw us."

There was room for improvement in the level of personalised detail in the pre-assessments and some care plans. Some care plans had specific details about the way in which the person wished to be supported, but others contained little information. Pre-assessments hadn't gathered information about people's life history or their preferences in how people wanted their care to be provided. Whilst we were satisfied that people received a good standard of care there was not enough information or guidance available for a new staff member to deliver a good care service based on the information contained in some support plans.

People's care and support was reviewed regularly. People were visited in their own homes every three months or sooner if needed to ensure that they remained satisfied with the care and support they were receiving and to make any amendments necessary.

People told us that they had confidence that if they had any concerns that they would be listened to and action would be taken to remedy any issues. One person said, "No doubt. I'd speak to [senior staff member] and it would be sorted. But I have absolutely nothing to complain about."

Requires Improvement

Is the service well-led?

Our findings

Some areas of governance in the service required attention. The manager was not always able to carry out spot checks of staff practice themselves and relied upon the senior care staff member to do this. Whilst a system of spot checks was in place the arrangements for checking the practice of the senior care staff member were not robust.

The senior care staff member also carried out staff medicines competency assessments by observation of staff in people's homes. The manager said that the other partner in the business could also do this. However, neither of them had received any training in order to carry out this task. There was limited understanding of effective and safe management of medicines in the service and the competency assessments in place were rudimentary.

The pre-assessment process did not always identify how people's specific health conditions affected them and how this could present risks to their safety or welfare. Consequently, suitable risk assessments were not in place to help staff understand and mitigate the risks to people.

There was a complaints policy of which all service users had a copy. The sole person within the organisation to whom people could complain was the manager. There was no mention of who would deal with the complaint if it was about the manager. There was no appropriate escalation process built in to the policy. People were incorrectly advised that they could complain to the Care Quality Commission if they preferred not to make a complaint directly to the service. However, they were not referred on to organisations that might be able to assist them.

We found that there was poor regulatory knowledge. In the PIR the provider told us that they referred to CQC's Guidance About Compliance. However, this was obsolete and was replaced in March 2015. Both partners were unaware of medicines guidance they should have been adhering too. The manager told us they were unaware that they needed to report safeguarding issues to us.

These concerns indicated a lack of effective governance and suitable quality assurance systems and was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider is required by law to notify CQC of important events which occur within the service. We saw records and received information during the inspection about two safeguarding matters that had not been reported to us. This meant that had we been required to take action in relation to these concerns we would not have been able to do so. The manager told us they did not know they were required to do this.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Communication in the service with staff, service users and their relatives was good. The manager had fostered an open culture and regularly sought out people's views. People using the service and their relatives were complimentary about the service received. One person told us, "They're absolutely brilliant. I

couldn't ask for a better company to support me."

Staff enjoyed their work, were motivated to provide a high standard of care and were supportive of each other and the management team. One staff member told us, "I love my job. Everyone works as a team, it's fantastic." Another staff member told us, "The manager is brilliant. Very supportive. If I have queries I ring or text and they are right there. I couldn't have a better boss."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider had failed to notify CQC in relation to two safeguarding issues.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not managed safely. Regulation 12 (1)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Poor regulatory knowledge meant that the provider had not ensured that robust systems and processes were in place to minimise risks to people. Regulation 17 (1)