

Simply Together Limited

# Simply Together Ltd

## 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

The inspection took place on 03, 08 and 12 August 2016 and was announced. We gave the provider 48 hours' notice of the inspection in order to ensure people we needed to speak with were available. The service provides personal support to people by arrangement in their home in the local area.

The service has a manager who is seeking registration. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Our last inspection of the service was on 5 and 7 August and 2 September 2015. At that inspection we found that the service was inadequate. The service provided us with an action plan of how they were going to improve and by when. The provider had taken the action they said they would to improve all the of the areas and issues identified at the last inspection. Hence at this inspection having carefully checked each concern, we are now able to rate the service as good.

People were protected from the risk of abuse as staff had attended training to ensure they had the necessary understanding of their roles and responsibilities. Staff had also attended safeguard training so that they knew how to report matters to the appropriate authorities if they suspected abuse was happening. The new manager and senior team knew how to share information with the local authority should the need arise.

People were supported by a sufficient number of suitably trained staff. The manager had ensured appropriate recruitment checks were carried out on staff before they commenced work at the service. Staff had been recruited safely and had the skills and knowledge to provide care and support in the ways that people chose.

The provider had systems in place so that staff were trained to administer medicines and people were supported to take their prescribed medicines safely.

Staff had received training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The MCA and DoLS ensure that, where people lack capacity to make decisions for themselves, decisions are made in their best interests according to a structured process. The manager and senior team were aware of the need to arrange, where appropriate, best interest meetings with and for people that may use this service to support them in their own home.

The staff responded to people's needs in an understanding compassionate and caring manner. We were aware that positive and supportive relationships had been built up between the staff, people using the service and relatives. People were supported to make day to day decisions and were treated with dignity and respect at all times. People were given choices in their daily routines and their privacy and dignity was

respected. People were supported and enabled to be as independent as possible in all aspects of their lives.

Staff knew people well because they worked together in small groups in the geographical areas covered by the service. Staff were well trained, skilled and competent in meeting people's needs. They were supported and supervised in their roles both through pre-arranged supervision sessions, appraisals and also spot checks.

People and family members were involved in the planning and reviewing of their care and support. The service worked with other professionals and organisations so that people's health needs were assessed and support planned to meet the assessed needs. People were supported to maintain a nutritionally balanced diet and sufficient fluid intake to maintain good health.

The management was of a supportive culture and staff were supported to provide care that was centred on the individual. The manager and senior staff were approachable to people using the service and staff enabled people who used the service to express their views. People were supported to report any concerns or complaints and they felt they would be taken seriously. People who used the service or their representatives, were encouraged to be involved in decisions about the service. The provider had systems in place to check the quality of the service and take the views and concerns of people and their relatives into account to make improvements to the service.

The manager and senior staff of the service were in turn supported by the provider, which included regular visits to the service base to discuss the support provided by the service staff.

## 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

Staff had received training regarding recognising and reporting safeguards and systems were in place to minimise the risk of abuse.

The manager and senior team were aware of their responsibilities to report abuse to relevant agencies.

All the people we spoke with felt safe when staff were in their home.

Each person had a risk assessments and resulting support plans clearly explaining how their support was to be provided.

People's medicines were administered safely to people by staff.

### Is the service effective?

Good ●

The service was effective.

There were systems in place to support staff. This included on-going training, staff supervision, appraisals and spot checks.

The service worked in accordance with the Mental Capacity Act 2005.

Staff monitored and supported people as required regarding their nutrition and fluid needs.

The service communicated effectively and worked with other professionals to provide support to people using the service.

### Is the service caring?

Good ●

The service was caring.

The manager and senior team were motivated to provide a service which took into account people's individual needs and their wishes.

People told us they were treated with kindness and respect.

The service provided a small consistent team of staff to support people to meet their assessed care needs.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People's care needs were assessed and the support provided by the service was clearly documented.

A complaints procedure was in place and details of how to make a complaint had been provided to people who used the service.

### **Is the service well-led?**

**Good** ●

The service was well-led.

The service had provided an action plan from our last inspection which identified, planned and implemented necessary improvements.

The service had a statement of purpose which had been developed in line with the needs of the people using the service.

There were clear lines of accountability within the service management team and staff were knowledgeable regarding their job roles and responsibilities.

Systems were in place monitor the quality of the service which included audits of people's care.

# Simply Together 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.

The inspection took place on 03 and 08 August 2016 and was announced.

The inspection team consisted of one inspector.

Before our inspection we reviewed the information we held about the service, which included safeguarding alerts and statutory notifications which related to the service. Statutory notifications include information about important events which the provider is required to send us by law.

We focused on speaking with people who used the service, their relatives, speaking with staff and professionals. We spoke with twelve people who used the service and four relatives.

We spoke with nine people who used the service and four relatives. We also spoke with the Director of care for the service, manager, three care co-ordinators and five care staff members.

We looked at six people's care records and medicine records, staffing rotas and records which related to how the service monitored staffing levels and the quality of the service. We also looked at information which related to the management of the service such as health and safety records, quality monitoring audits and records of complaints.

# Is the service safe?

## Our findings

At our last inspection of August and September 2015, we found that there were problems with the way the service provided safe care and treatment to people and also with staff training. At this inspection we found the provider had reflected upon those difficulties and action had been taken and this had significantly improved.

All of the people we spoke with and their relatives told us they felt safe when the staff provided support to them in their home. One person told us, "The staff talk with me and always read my care plan before helping me." A relative told us, "The staff listen to me and check the care plan."

A relative told us, "I do become concerned when staff change, but this does not happen very often and the manager talks to us about what staff will come in the future."

The manager explained how the staffing rota was compiled. They explained the aim was for the staff to work in small teams in geographical areas so that they could provide each person using the service with a small number of regular staff. This meant the people using the service and staff would get to know each other and they could build up a rapport. One of the managers explained to us how they comprised a rota for the staff in order that they could regularly work with the same people. They also explained how they worked as a team with the manager and care staff to consider when the service received referrals if they had the capacity regarding staff and location to meet the person's needs. We saw from the rota, records and the care plans in people's homes that they were usually supported by the same staff which contributed to support being consistent. Staff we spoke with told us the small staff teams worked well and this view was supported by the people and their relatives we spoke with. We saw in the risk assessments in people's support plans, the person's needs and how they were to be met were clearly documented. One person told us, "The staff talk with me and review my needs." A relative told us, "My relative's needs have changed significantly in a short time and the staff have worked closely with us and the GP to take account of everything."

We spoke with the manager about how risks were assessed for people who used the service. We saw assessments were undertaken to assess risks to people and for the staff who supported them. These included health and safety risks within a person's home and risks relating to people's health and support needs. The risk assessments included information about what action needed to be taken to minimise the risk of harm occurring. We saw that members of the management team had carried out the risk assessment and it was in place prior to the service providing support. The manager explained to us the importance of the management team being available to review the risks by talking regularly with the people using the service and staff and then to take account of any changes.

The manager informed us that care was being provided in geographical areas and there were sufficient numbers of staff to provide the support to people in their own home. They explained that great care was taken not to overextend the service by ensuring that there were enough staff employed to provide care before new people were assessed. We saw that the manager had worked with the senior team to build up effective arrangements to cover planned staff absence such as annual leave and also unplanned such as staff sickness. All of the management staff were trained and would cover staff shortfalls should they arise so

that people still received the care as determined in their care plan. One person we spoke with told us, "Things have improved in the last year, the staff are not late and I have the same small team of people come to me."

The manager informed us they had not had any missed calls to people. If staff were running late due to unforeseen circumstances, such as dealing with an emergency, the staff member would contact the office staff. The manager further explained that staff had been trained to stay with a person if they were unwell or in need of additional assistance and to inform the office staff of the situation. If this meant they were unable to continue as planned to provide care to the next person, the office staff would make new arrangements and contact all involved.

A member of the senior management team explained to us that all staff had a mobile telephone provided by the service which meant they could keep in regular contact. Part of the staff training was to show them how to use the phone to swipe across an identification tag on the persons care plan when they entered and when they left the persons home. This meant that the office staff were aware of the staffs position and could contact them if they were ever concerned for them. We saw from watching the live computer records at the service location how this system worked.

There were systems in place to minimise the risk of abuse and the staff we spoke with were aware of their responsibilities to report abuse to relevant agencies. The service had a policy and procedure for safeguarding people. Staff were able to tell us about the different types of abuse and the actions they would take if they witnessed an alleged incident. A member of staff told us, "The training about supporting people and safeguarding was very good and clear about what we should do."

The manager informed us about staff recruitment and we saw the procedure that was used. This showed safe recruitment checks were completed to ensure staff were suitable to work with vulnerable people. Senior staff told us that new staff did not have to be experienced in care, as they were looking for the right attributes and would then train staff displaying those accordingly.

We saw that staff had completed an application form with a detailed employment record, references had been sought and Disclosure and Barring Service (DBS) checks had been carried out prior to new members of staff starting work. DBS checks consist of a check on people's criminal record and a check to see if they have been placed on a list of people who are barred from working with vulnerable adults. Photographs were available for identification purposes and interview forms had been completed. The manager also explained how they had compiled interview questions for the work required of successful applicants to provide care in people's homes. A member of staff told us, "At my interview they asked lots of questions, which I was pleased about, as it gave the opportunity to talk about all the aspects of the job."

We saw that the service supported people with their medicines and when administered a record was made in the person's support plan appropriately. People we spoke with told us they were happy with the support they received with their medicines and if administered by the staff, these were given on time. A person told us, "This is main thing that I need help with, I can do most things myself but I do need help now with the tablets." A relative told us, "It is a great comfort knowing that [my relative's] medicine is being given, as they had become forgetful."

Staff told us they had received medicine training and had their competency assessed to ensure they had the skills and knowledge to support people safely with their medicines. There was a policy and procedure in place for the safe administration of medicines.



# Is the service effective?

## Our findings

At our last inspection of August and September 2015, we found that there were problems with the way the service provided effective care. At this inspection we found the provider had reflected upon those difficulties and action had been taken and this had significantly improved.

We looked at people's care plans to see if information about their needs and how they were to be met had been recorded. We also spoke with people and relatives to obtain their views. One person told us, "I am very pleased with the staff they know me and what to do." Another person told us, "They help me to get up in the morning and I am not rushed." A relative told us, "The staff have the details they require and one call a week is 'time specific' so that my relative is ready to go." The service works on attending to the call visit half an hour either side of an allocated time for the staff to arrive and provide care. Sometimes the care has to be provided at a specific time and hence the service staff and person using the service will call this a time specific call. The staff in this case were knowledgeable about the need for the care to be time specific and the significant problems this would cause if they were late.

The manager explained the induction program to us for new staff, which was confirmed by the staff we spoke with. A member of staff told us about the induction, "We spend a week at the headquarters, learning all sorts of things. But it does not stop there we then work with other staff putting things into practice and then agree with the manager when we are ready to work on our own." They told us they did not mind working alone but most days worked with another member of staff for one visit where the person required the support of two staff. They told us they also enjoyed seeing and working with another member of staff.

We saw there was an induction checklist and staff worked through the subjects covered during their probation period and each was signed off the manager when it was agreed they were confident in that area. Another member of staff told us, "The induction training tells you what to do in emergencies as well as what you are required to do each time such as writing in the notes."

We looked at the training and support programme for the staff and saw this included subjects such as; moving and handling, infection control and food hygiene. Staff told us they were also provided with additional training as required to support people with specific needs and conditions that people might be experiencing such as dementia.

The management team supervised the staff. A member of staff informed us, "I have supervision at the office and also spot checks." They explained that this was when a member of the management team came out to see them working in somebody's home with the person's permission. They further told us that the spot check was very helpful as it gave them the opportunity to talk about the support provided at the time. One of the managers explained to us that the spot checks as well as supporting the staff gives us the opportunity to see and understand if there are any particular problems.

All staff of the staff we spoke with told us they were supported by the senior staff and had an annual appraisal which was organised well in advance of the appraisal meeting.

The staff had received training regarding The Mental Capacity Act (2005) (MCA). This act provides a legislative framework to protect people who are assessed as not able to make their own decisions, particularly about their health care, welfare or finances. One of the senior staff explained to us about how the service had worked with people and their relatives with regard to best interest meetings, with the local authority and that, if required, advocates would be involved. They explained to us how the service focussed upon working with people's consent and then referred back to (MCA) for guidance.

The people we spoke with told us they were fully involved in the assessment process to identify how the service could support them in their own home. One person told us, "I have a copy of my care plan which I signed and also when they come to see me and it is reviewed."

One person told us, "I rely upon the staff and my relative for my meals. The staff are kind and understanding, they know my diet and they talk with me about choices not just about food but also about drink as well." We looked at how staff supported people with their nutrition. This included food preparation and also monitoring people's dietary intake if there were concerns around a person not eating sufficiently. One of the senior team explained to us that any concerns identified would be discussed with the person and, if appropriate, brought to the attention of relatives or the local authority who placed the care package with the service and, when necessary, the GP was contacted for advice.

We saw that at the assessment stage information had been collected about other professionals involved in the person's care. We saw that in the support plan there was a place for other professionals to record information and this was referenced appropriately in other parts of the plan so that the staff were aware of any changes and what to do.

People's care was subject to regular review with them, relatives and external health professionals as appropriate. A relative told us about a meeting with a number of health professional and the resulting actions taken by the staff including the service which had supported the person's choice to remain in their own home. We saw in one care plan that a number of professionals visited regularly and the senior member of staff from the service was engaged with the person to co-ordinate visits and ensure the care plan was kept up to date. We also noted that a person's needs had dramatically changed in a short period of time and the service had worked with them, relatives and other professionals for additional equipment to be supplied to the persons home to assist with their care. The service had worked closely with staff of the local authority to review and agree changes to the care package in consultation with the family and person themselves.

# Is the service caring?

## Our findings

At our last inspection of August and September 2015, we found that there were problems with the way the service provided dignity and respect to people using the service. At this inspection we found the provider had reflected upon those difficulties and action had been taken and this had significantly improved.

All of the staff we spoke with could clearly make themselves understood to us and some staff explained that English was their second language. The service had put in place support structures to assist staff develop their written and spoken English. It had also been expressed to the staff to converse in the persons home only in English and to work with the people using the service to clearly communicate. One person told us, "We get along fine [member of staff], there are a few words they have not understood, so they tell me and I have explained another way. We have a laugh and joke and I only have to explain once, the important thing is they are kind and understanding."

People were positive about the support they received, which was empathic and understanding. One person told us, "I am happy with all of the staff that come to see me regularly and also the staff at the office are helpful." A relative told us, "No problems at all now, I am pleased we stuck with them."

Staff received training to ensure that they understood how to respect people's privacy, dignity and rights and people told us that staff put this training into practice. One person told us about the staff, "Nothing is too much trouble they are courteous and polite." Another told us, "What I like about them is the staff are on time and always have a smile, does brightened up your day."

All of the people using the service that we spoke with told us that they felt comfortable to have staff in their homes. People told us that staff were respectful when supporting them with personal care and that they acted in accordance with their wishes and preferences. A person told us, "I like a lady to come and give me the care, do not really want a man and they do respect that."

The Manager told us that the service tried to provide continuity of care which helped staff to develop relationships with the people that they supported. They said the benefit of this was that it enabled staff to respond to changes in people's needs and to act upon them. They also explained the previous manager who joined the service shortly after our last inspection had spent a great deal of time making new routes for the staff to use which reduced the travel time for them and also meant they worked with a smaller number of people. This had further helped with the development of relationships. These new arrangements which the manager intended to continue were confirmed to us by both people using the service and the staff themselves. One person told us, "It is nice to have the same people coming who you know."

The support plans showed that people had been involved in making decisions about the support that they received. A relative told us, "I was fully involved with explaining what my relatives needs help with. The staff wrote it all down for us and this made up the care plan."

The support was delivered in a way that took account of people's individual needs and maximised their

independence. We saw how one person had been supported by staff to pursue other services so that they could have additional equipment alterations to their home in order to provide better access to their garden. A member of staff told us, "Things have improved and I do not have to rush between visits."

People and their relatives said that they were provided with information about the service to help them understand what support they could expect from the service before staff began supporting them. We saw that a contract of support had been drawn up for each person which was individualised with the support required. A person told us, "Never had care before like this so was not quite sure what to expect. But they did explain things well and all was left in writing so my family could see and understand. We thought that was caring and dignified that they took the time and trouble to visit and write everything down for me."

## Is the service responsive?

### Our findings

At our last inspection of August and September 2015, we found that there were problems with the way the service recorded and responded to complaints. At this inspection we found the provider had reflected upon those difficulties and action had been taken and this had significantly improved.

All of the people we spoke with told us that an assessment of their needs was carried out by a member of the management staff before a service was offered to them. One person told us, "Everything happened so quickly and suddenly to carry on you need help in your own home. But they were sensitive and here quickly to see if they could help. We went into quite a lot of detail of what I needed and how they would help and it has worked out alright."

The manager explained the assessment process used which would determine if the service could meet the person's needs and in turn a support plan would be written. A relative told us, "It was quite a lengthy process the assessment, but no getting round that and good that the time was taken to cover the points."

All the people we spoke with told us they had a support plan. We saw that plans we viewed in peoples homes were the same as the copies in the office. One of the senior staff explained to us the importance of keeping each up to date and how the service achieved this important goal. In each person's file there was an assessment to identify people's support needs. Risk assessments and care plans outlined how these were going to be met. Following the commencement of a care package the management team carried out visits to people to determine that everything was working well.

The support files were clearly organised and included a section for staff to record information about each visit regarding the support provided. The individual plan also contained details about the person, their needs, goals, risk assessments, emergency contacts and medicines, plus a relevant history and personal preferences. We saw how the plan related to the daily records which had been completed for each visit made by the care staff.

Our observations and feedback from people who used the service and relatives showed that the staff knew people well and staff respected people's choices, preferences and decisions about their support needs. We heard staff offering a person a choice regarding which drink they wanted at that time. The member of staff told us, "Tea is the usual choice at this time but sometimes the person prefers coffee, so that is why I always ask."

The aims and objectives of the service were person centred, defined and known by the staff. These were around supporting people in their own home to improve or maintain their independence. This was evidenced through our observations and talking with staff. Staff told us they supported people to make their own decisions. A staff member told us, "This is all about quality of life, the person has lived here for a long time and they wish to continue to do so. It is rewarding to know that, with the family, we are helping that to happen."

People were actively encouraged to give their views and raise concerns or complaints about the service. People were given a service user book when they started using the service and we saw this provided information on how to raise a complaint. A staff member told us, "If a person made a complaint to me? I could try to sort things out. I would record it and pass the information to the office." The manager informed us they were working upon the one complaint they had with regard to the service policy and procedure. They considered this was because the service was run to support people well and the staff and management team worked hard to resolve any matters at the time. They informed us this was all about communication and constantly checking that people were satisfied that everything had been done that was required after each visit.

The manager explained to us the complaints process for recording and responding and how they were working to resolve one complaint at the time of our inspection.

People we spoke with said they would talk to the staff or ring the office if they had a problem. A relative told us, "I know the owner, manager and director and I know I could just go in anytime or ring them if I had any problems and they would help us."

All the staff we spoke with said they would make people aware that they could make a written or verbal complaint and would support them if they needed assistance. We saw there was a clear complaints policy and procedure and we were aware of a number of compliments that had been made about the service. These had been kept together in a book. A relative had written to the service staff to compliment them upon the support they provided to their relative. They described the service as amazing in the way in which it had provided support in a sensitive and caring manner.

## Is the service well-led?

### Our findings

At our last inspection of August and September 2015, we found that there were problems with the way the service good governance. At this inspection we found the provider had reflected upon those difficulties and action had been taken and this had significantly improved.

The service had a statement of purpose and there was a manager in post. The manager was supported by the provider, through regular visits to the service and being available as necessary by telephone.

We received positive feedback about the current and previous manager's leadership. Staff told us the manager was approachable, had an 'open door' policy and was very supportive. Staff told us that all the management at the service were approachable and helpful. We saw there were clear lines of accountability within the management team for listening to the staff and information regarding who reported to whom. A member of staff said, "I enjoy working here, because I feel I am supported by the senior staff, you can ring them and they will advise or come and help." The manager told us that they took time to delegate staff to people using the service in an attempt to find people that would naturally get along together. They also considered that grouping staff together into small geographical groups was working well with regard to staff being able to support and cover for each other.

The manager considered that spot checks were an important aspect of staff support. The purpose of them was to monitor staff practice and provide support to them with any difficulties they encountered, as well as to see how the person was and if they were content with their care.

A member of staff told us, "There are now regular 'spot checks' since this manager and the previous manager came into post and this is very helpful." A spot check is when a senior person visits unannounced to the staff while gaining the person's permission for them to check the staff arrive on time and carry out the designated support as per the support plan. The staff member told us that the regular supervision had improved with regard to frequency and content, plus the training had also been extended. We saw the service was maintaining records of spot checks. For each question, such as was the person wearing an ID badge, as well as yes or no, there was also space to document the conversation between the staff member and manager. The management team saw this as a learning opportunity for all and comments made would be checked during the next spot check to see what progress had been made. A member of the senior team explained how they would work with the manager to continue to organise and carry out staff yearly appraisals.

The service had a whistleblowing policy, which was available to all staff. Staff told us they would report a concern and had confidence in how the situation would be investigated. All of the staff informed us that they received support through training, supervision and annual appraisals. Staff told us they thought communication was very good and one staff member reported, "I think it is good that there is always a manager available." The manager explained to us that the senior staff took it in turns to provide a 24-hour on-call support service which staff could use at any time.

There were systems and processes in place to monitor the service and to identify and drive improvements forward. The management team held meetings to plan, operate and monitor the service regularly and in turn information was given to the staff team usually by use of the technology of the mobile phone. The management also arranged regular audits to consult with the people using the service, their relatives and also members of staff. We saw that information received had been acted upon and was being used to plan and develop the service.

Members of staff told us that they liked the way that they were now consulted about their working hours and days off. They explained that this meant that for the vast amount of their working time they were with a small number of people who used the service and hence they got to know each other well. They were content to support other people but this very rarely happened, as staff were rarely sick and the managers worked with staff to arrange holidays so that there were enough of the regular staff to provide support to each person. Staff also informed that the service had listened to their views about transport and were happy with the new arrangements regarding the fleet of cars available. They had confidence that because of these changes and having reliable vehicles they would not be able to arrive on time.

There were on-going reviews of the support provided by the service to make sure that it was to people's satisfaction. People using the service confirmed that these 'face to face' checks and reviews were undertaken and they felt involved and able to make comments. A relative told us, "I took part in the review and although there were no changes, it was good to have the discussion and gives you confidence that should things change in the future, we have a system set up to take account of things."

The manager considered this face to face contact a strength of the service that enabled them to respond quickly to any change of circumstance. After the review of the support required the service worked quickly to implement the agreed changes. The senior staff told they saw their role as supporting the staff working with people by splitting their time between arranging and planning with the manager in the office while also being able to go out and support the staff providing the direct care.