

Simply Caring Limited

Simply Caring Limited - Meridian Centre

Inspection report

Meridian Business Centre
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Tel: 0161 345 2030

Date of inspection visit: 08/01/2015
Date of publication: 26/05/2015

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 

Overall summary

This inspection was carried out by a visit to the service office on 8th January 2015 and telephone contact was then made with staff and people who used the service following that visit.

We last inspected Simply Caring in August 2013. At that inspection we found that the service was meeting all the standards we assessed.

Simply Caring provides personal care to people in their own homes. People who used the service were funded by the local authority, the NHS and privately funded. At the time of our visit there were approximately 25 people using the service and 35 care staff were employed to deliver the service.

Simply Caring has a registered manager. A registered manager is a person who has registered with the Care

Summary of findings

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 also the owner of the service.

All the people who used the service who we spoke with spoke positively about the attitude and competence of the staff and the reliability and consistency of the service.

Staff who we spoke with told us they were appropriately trained and that support from the registered manager and other members of the management team was good.

There was a range of systems in place to monitor the quality of the service and people's satisfaction with it. These helped the service provider to ensure the quality of the service was maintained.

We contacted health and social care professionals who had contact with the service, to ascertain their views of the service provided by Simply Caring. None expressed any concerns.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People we spoke with told us they felt safe with the staff who visited them. Staff understood their responsibilities to maintain safe practices and report any concerns.

Appropriate assessments and management of risks were undertaken. Staff had access to personal protective equipment to minimise the risk of cross infection.

Good



Is the service effective?

The service was effective

People who used the service told us staff were competent. Staff had received training covering a variety of relevant topics which helped them to provide appropriate support to people who used the service.

Policies were in place in relation to the Mental Capacity Act 2005. The registered manager understood their responsibilities in connection with this act.

Staff had access to effective support and supervision.

Good



Is the service caring?

The service was caring.

All the people who used the service, who we asked, were overall positive about the attitude and approach of the staff who visited them. People were treated with respect.

People experienced a service that was reliable with a consistent staff team providing the visits.

Good



Is the service responsive?

The service was responsive.

All the people who used the service, who we asked told us that they believed they were listened to by individual staff members as well as the managers. People were involved in their assessment and care planning.

People could complain if they were not happy with any aspect of the service and were confident their complaint would be dealt with.

Good



Is the service well-led?

The service was well led.

The registered manager was also the owner of the service and was found by staff to be approachable and supportive.

There were effective systems to monitor the quality of the service provided.

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 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 the 8th January 2015. The provider was given 48 hours notice because the location provides a domiciliary care service and we needed to ensure the registered manager was available. People who used the service and staff were contacted by telephone after our visit to the office.

The inspection was carried out by one inspector.

To assist with our inspection we asked for information from some local health and social care professionals.

We looked at a sample of records which included three people's care plans, four staff personnel files, the staff training matrix (record), and a sample of quality monitoring records.

We talked with three people who used the service, two relatives of people who used the service, three members of staff, and the registered manager of the service.

Is the service safe?

Our findings

All the people who used the service, who we asked, told us they felt safe with the staff who visited them. One person said they would “trust [the staff] with my life” and another said “I do feel safe, [staff are] smashing, they have a laugh and a chat”.

Staff who we asked were confident that the service they provided was safe. They told us they had received safeguarding training. This was confirmed by the training matrix (record) which we saw at the service’s office. This showed that all but three staff had received specific training in dealing with concerns of abuse. The three who had not received specific training each held a National Vocational Qualification (NVQ II or III in care). Staff were aware of their responsibility to be vigilant and to report any concerns. Staff told us they were confident that members of the management team would respond to any concerns appropriately. Staff who we asked also understood their responsibility to whistleblow if necessary. One said if they were aware of poor practice they would follow concerns through as “if it needs sorting it needs sorting”.

We saw notes of a recent team meeting which had addressed safeguarding processes, health and safety, moving and handling, and whistleblowing. This is evidence that the service tries to ensure that these important safety issues are in the forefront of the staff’s minds.

We asked four social care workers, who had contact with the provider if they had any concerns about the service. None told us that they did.

The registered manager told us they followed rigorous recruitment procedures. We looked at three staff personnel files in connection with recruitment records. All had information from the Disclosure and Barring Service (DBS) or Criminal Records Bureau (CRB) and references from previous employers. There was evidence that full employment histories were obtained and gaps in employment were explained.

A health and social care professional who we contacted before the review said that they “found the overall service to be of an excellent standard”. They also told us “I have found their approach honest and open – if they are unable to provide a service [that can meet the person’s needs] they are honest enough to say.”

We looked at files relating to the assessment and care planning for three people who used the service. These all provided evidence that risk assessments relating to their home environment and issues such as moving and handling had been undertaken. There was also documentary evidence that these assessments had been regularly reviewed. Staff who we asked confirmed that the risk assessments were always undertaken before their first visit and were available for them to refer to. Staff also told us that they were appropriately trained to use specific equipment such as hoists. One person told us that training in the use of a hoist was specific to each hoist and “we can’t use a new one until shown how”. Staff also said they were instructed not to use any equipment which they believed to be faulty. Similarly they told us they were expected to report any ‘new’ risks relating to the person or their environment to the office for a reassessment.

Staff who we asked told us they were never expected to undertake any tasks which they did not feel competent to undertake. This included receiving training in the administration of medication if that was a part of their role with anyone they were supporting.

The registered manager told us that all staff were provided with personal protective equipment (PPE) such as disposable gloves and aprons, to minimise the risk of cross infection. People who used the service, who we asked, confirmed that staff always used PPE. Similarly staff who we asked told us that PPE was always provided for them. One person said “I have a car boot full!”

Is the service effective?

Our findings

All the people who used the service and relatives who we asked said they believed the staff were competent. One person said they were positive staff were competent and told us that all staff who visited their relative had appropriate training which included moving and handling and PEG feeding. They also told us, when asked what the best thing about the service was “I don't need to worry, because I am confident that everything is taken care of [when I am not there]”.

The registered manager told us they encouraged their staff to access appropriate training in excess of the minimum core training required. We saw training records which provided evidence that staff had access to a wide range of appropriate training. This included induction for new staff. Training records indicated that the majority of staff had successfully completed National Vocational Qualification (NVQ) training to at least level II.

When we asked staff about training, they all said training was encouraged, they had good access to it and were never expected to do anything they had not been trained for and felt competent to do. One member of staff told us “if there is anything we can't do we get someone else to come in”. We saw evidence in supervision notes that staff were able to request access to training in excess of core skills and competencies required by the service.

The registered manager told us they were aware of the Mental Capacity Act 2005 (MCA) implications for their staff and people who used the service. We saw evidence that five staff had received specific training in the MCA. The MCA sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. Staff who we asked said that they only undertook tasks to which the person using the service consented. They told us that if a person who used the service refused to let them in, or otherwise withdrew their consent, they would report that to the office. Senior staff would then reassess to establish if other professional input was required.

We saw on staff personnel files that there were records of supervision sessions and appraisals having been done. Staff who we asked confirmed that they had regular one to one supervision sessions. Staff also told us that they could contact a member of the management team at any time in between more structured supervision sessions. One person told us they could “just ring them [managers] ... they are always there to help me”. Another staff member said they could “contact [the office] at any time” and another said they “could discuss anything” with their manager.

Is the service caring?

Our findings

Everyone who used the service, who we asked, was positive about the attitude of the staff who visited them. Comments from people who used the service and their relatives included: “we get on like friends”; “the women who come in, we have a laugh”; “the girls are fantastic”; “[staff are] the best” and “they are kind to me”.

People also commented on good communication with staff while they were in their house. One person said “I’d feel awkward if we were not talking” and added “they make my day”. A relative also made a point of telling us “they speak to her [relative] while doing things”. Another person using the service told us that staff always made a point of asking if she was “OK”.

The registered manager told us they tried to maintain the service so that care staff visited the same people whenever possible. People who used the service, who we asked said they had regular carers who they got to know. One said “[I have] regular carers – you get to know them, know their faces”. One relative told us the service was “spot on, 99% keep to the girls who know her”. Another relative said they experienced a high level of continuity with the morning visits, but less so with others.

Staff also told us that the service tried to maintain consistency with who they visited. One member of staff said they had “more or less the same round and [the service] try to keep it like that”.

Discussion with members of the management team indicated that it was a strong ethos of the service that people should be treated with respect and have their dignity maintained. When we asked staff what the best thing about the service was, several mentioned treating people respectfully. One said the best thing was “the girls [staff], and treating people with respect”. Another told us the best thing was “the girls [staff] are absolutely fantastic and they care so much above and beyond”. Another member of staff told us “at the end of the day you would want to treat people as you would want to be treated yourself” and said that the office manager “goes on about it [respecting people] all the time”. Another member of staff confirmed the expectation that people are treated with respect and added “one of my bug bears is not to patronise people”.

Is the service responsive?

Our findings

People who used the service, who we asked, were positive about it. Comments included: “very good, brilliant” and “I get the same workers and if they are going to be late they let me know”. We asked people what was the best thing about the service and one response was “they are regular and never let me down”.

The service is relatively small with, at the time of our visit, 35 care workers supporting 25 people. The service could be requested by individuals as well as the local authority and the NHS. The registered manager did not accept referrals unless they were confident that the service had the resources to meet the person’s needs. This was confirmed by a health and social care professional with whom we had contact.

There was a clear organisational structure within which people understood their roles and responsibilities.

The registered manager was also the owner of the service and had been providing care to people in their own homes for several years. Staff who we asked said the manager was approachable and supportive. One member of staff said “I’m very happy with the office staff. Not uncomfortable saying what I want to say - they take it on board with no malice or hard feelings”.

The registered manager used a variety of quality monitoring and quality assurance ‘tools’ to help ensure that people who used the service were happy with it. These included periodic telephone contact and visits to people who used the service.

We saw evidence on the sample of files we looked at that these checks had been carried out and ‘signed off’ by the registered manager. There was also an annual questionnaire sent to people and staff were subject to spot checks. We saw that returned questionnaires were checked to ensure people were experiencing the service positively, or if any action needed to be taken to improve the service.

The registered manager told us that the records of visits were returned to the office monthly and checked to make sure the duties identified in the care plan were being carried out.

All the people we spoke with confirmed they were contacted by the service to make sure everything was working well. One person said “the office staff come out to see me” another said “the girls [staff] from the office come in” and another told us the manager had visited them and was “very good”.

Staff were also subject to spot checks from a manager. We saw records of these on staff personnel files. Also staff who we asked confirmed that the spot checks were carried out.

Is the service well-led?

Our findings

People who used the service, who we asked, were positive about it. Comments included: “very good, brilliant” and “I get the same workers and if they are going to be late they let me know”. We asked people what was the best thing about the service and one response was “they are regular and never let me down”.

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