

Simply Care Partners Liability Partnership LLP

Simply Care Partners

Liability Partnership LLP

Inspection report

Watertight Properties
22-24 Napier Road
South Croydon
Surrey
CR2 6HG

Date of inspection visit:
19 June 2018

Date of publication:
01 August 2018

Tel: 02086671399

Website: www.simplycarepartners.co.uk

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 19 June 2018. The last Care Quality Commission (CQC) comprehensive inspection of the service was carried out in February 2017. At that inspection we gave the service an overall rating of 'good'.

Simply Care Partners Liability Partnership LLP is a domiciliary care agency. It provides personal care to people living in their own home. At the time of our inspection twenty people were using the service. Not everyone using the service receives the regulated activity. CQC only inspects the service being received by people provided with 'personal care', that is help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

At this inspection we found some aspects of the service had deteriorated resulting in the overall rating for the service changing from 'good' to 'requires improvement.' The provider's recruitment arrangements had not been robustly maintained. The provider had not queried discrepancies or sought additional assurances about the information provided by new staff in support of their applications to work. This meant the provider did not have all the assurances they needed about staff's suitability to support people.

Staff supported people to take their prescribed medicines. Staff maintained written records each time medicines were administered. We noted this did not reflect current best practice issued by the National Institute for Clinical Excellence (NICE) to ensure a clear and accurate record was always maintained. The registered manager told us they would review their current medicines policy and procedure to ensure this reflected best practice.

The provider's systems for assessing and monitoring the quality of the service had not been entirely effective. The issues we identified above around staff recruitment checks and compliance with current best practice in relation to medicines indicated a lack of management oversight of these aspects of the service which could have an impact on the quality and safety of the support people received. The registered manager said they would be taking immediate action after this inspection to rectify the issues we found. The provider wrote to us after the inspection to advise they had updated the written record staff were required to complete so that this reflected current best practice

Notwithstanding the issues above we found checks of other aspects of the service were regularly undertaken to review quality and safety in these areas. These included checks of people's records, 'medicines observations checks' to review staff's competency in this area and unannounced spot checks to people's homes to observe staff's general working practices when undertaking their duties. Where any gaps or shortfalls were identified through these checks prompt action was taken to remedy these including supporting and encouraging staff to learn from mistakes.

There were enough staff to meet people's needs. People and their relatives were satisfied with the continuity, consistency and timeliness of support they received from staff during weekdays. However, they

had mixed experiences about the support provided by staff at weekends. The provider was already aware of these concerns and had used their learning from people's complaints to make required improvements. Feedback obtained by the provider from recent quality checks indicated that timeliness of visits appeared to have improved which was confirmed by a relative we spoke with. We will check at the next inspection of the service whether this improvement had been sustained and maintained.

People said they were safe when being supported by staff. Staff were well supported to take appropriate action to ensure people were protected if they suspected they were at risk of abuse. Staff had access to current information and guidance on how to minimise identified risks to people due to their specific needs. This helped to keep people safe from injury or harm.

People contributed to the planning of their care and support. Their care needs and specific preferences for how these should be met were set out in their personalised support plan. People said staff could meet their needs. Staff reflected the diversity of people using the service. This gave people more choice about who they received support from. Senior staff reviewed and updated people's care and support plans as their needs changed to ensure staff had up to date information about the support people required.

Staff received regular and relevant training and were well supported by the provider to help them meet people's needs. They followed good practice to ensure risks to people were minimised from poor hygiene and cleanliness when providing personal care and when preparing and handling food.

People said staff were caring, considerate and provided them with support that was dignified, respectful and which maintained their privacy always. Staff supported people to be as independent as they could be.

People were supported to eat and drink sufficient amounts to meet their needs. Staff documented the support provided to people which kept others involved in people's care up to date and informed. Staff monitored people's general health and wellbeing and when they had concerns about this they took prompt action so that support could be sought from the relevant healthcare professionals.

People were satisfied with the care and support they received. The provider sought people's and staff's views about the quality of care and support provided and how this could be improved. People knew how to make a complaint if needed and the provider had appropriate arrangements in place to deal with these.

The service had a registered manager in post. People and staff spoke positively about the registered manager and said they were accessible and supportive. The registered manager understood their registration responsibilities particularly with regards to submission of statutory notifications about key events that occurred at the service.

The provider worked in partnership with other agencies to develop and improve the delivery of care to people. They worked collaboratively with local authorities funding people's care so they were kept up to date and well informed about people's care and support needs. This helped to ensure people continued to receive the appropriate care and support they required.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) 2005. The registered manager was trained in the MCA and were aware of their responsibilities in relation to the Act. Records showed people's capacity to make decisions about aspects of their care was considered when planning their support.

At this inspection we found the provider in breach of legal requirements with regard to fit and proper

persons employed. You can see what action we told the provider to take with regard this breach at the back of the full version of the report.

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 had deteriorated to requires improvement. Recruitment checks were not robust enough to ensure only suitable staff were employed. People received their medicines as prescribed but medicines recording arrangements did not reflect current best practice.

Staff knew what action to take to protect people from abuse. Risks to people had been assessed and plans were in place that instructed staff on how to ensure these risks were minimised.

There were enough staff to meet people's needs. Staff followed good practice to reduce infection risks to people when providing personal care and when preparing and handling food.

Requires Improvement ●

Is the service effective?

The service remains good.

Good ●

Is the service caring?

The service remains good.

Good ●

Is the service responsive?

The service remains good.

Good ●

Is the service well-led?

The service had deteriorated to requires improvement. There was a lack of management oversight of staff recruitment checks and compliance with current best practice in relation to medicines.

Checks and audits of other aspects of the service helped the provider review quality and safety in these areas and make improvements.

The registered manager was accessible and supportive. People's and staff's views about the service were sought and used to review and improve the quality of service people experienced.

The provider used learning from complaints, events and

Requires Improvement ●

incidents to improve the service. They also worked in partnership with others to continuously improve the delivery of care to people.

Simply Care Partners Liability Partnership LLP

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 inspection was announced and took place on 19 June 2018. We gave the provider 48 hours' notice of the inspection because senior staff are sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that senior staff would be available to speak with us on the day of our inspection. The inspection team consisted of two inspectors.

Before the inspection we reviewed the information we held about the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also looked at statutory notifications submitted by the provider. Statutory notifications contain information providers are required to send us about significant events that take place within services.

At this inspection we visited the provider's main office. We spoke to the registered manager, the care coordinator and two care support workers. We looked at three people's care records and four staff records. We also looked at other records relating to the management of the service, including the service's policies and procedures.

After the inspection we spoke to six people using the service and three relatives of people using the service. We asked them for their feedback and experience of using the service.

Is the service safe?

Our findings

The provider's recruitment arrangements had not been robustly maintained to ensure only suitable staff were employed to support people. We looked at records for four staff employed at the service since our last inspection. These staff had completed a form or submitted a curriculum vitae (CV) in support of their application and provided proof of their identity and right to work in the UK. The provider had also undertaken criminal records checks on these staff. However, the employment reference taken up by the provider for one staff member did not match the referee put forward by the staff member on their application form. For three other staff the references taken up for them were typed on un-headed paper and unsigned. One of these references referred to a person that did not match the name of the staff member it was intended for. We also saw for two staff their previous work history had not been fully explored with them, specifically gaps in their employment histories and their reason for leaving previous roles. The provider had not queried the discrepancies in the information provided or sought additional assurances about the validity of the references provided.

These issues meant the provider's current recruitment arrangements did not provide them all the assurances they needed about staff's suitability to support people. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Where staff were responsible for this, they supported people to take their prescribed medicines. One person told us, "I get all my medicines on time." Staff had received training in medicines administration and maintained a written record each time medicines were administered which they signed and dated. However, we noted this did not reflect current best practice issued by the National Institute for Clinical Excellence (NICE) 'Managing medicines for adults receiving social care in the community' which recommends staff to record the actual medicines provided to the person to ensure a clear and accurate record is always maintained. The registered manager told us they would review NICE guidance and their medicines policy and procedure to ensure this reflected current best practice. The provider wrote to us after the inspection to advise they had updated the written record staff were required to complete so that this reflected current best practice. We will check at our next inspection of the service to see if this improvement was sustained and maintained.

People told us they were safe with the staff that supported them. One person said, "Yes, I feel very safe." Another person told us, "I feel very comfortable with my carer." The provider had arrangements in place to safeguard people from abuse. Staff had been provided training in how to safeguard adults at risk. The provider had a policy and procedure in place for staff to follow to report any concerns they had about people to the registered manager or to another appropriate authority such as the local council. Notices were clearly displayed around the provider's offices that prompted staff on what to do should they have a concern about a person they were supporting. Staff were clear about their responsibility to safeguard people. One staff member said, "It is the carer's duty to report." At the time of this inspection the registered manager told us the local authority were investigating a concern that had been raised about one person. The registered manager was cooperating with the local authority and responding as required to their enquiries and requests for information. The registered manager told us following the conclusion of this

enquiry they would review the outcome to identify any learning in terms of new, emerging or changing risks to people so that appropriate measures could be put in place to ensure their continuing safety.

People's records showed risks posed to them from their specific healthcare conditions and needs had been identified and guidance was in place for staff on how to manage these. For example, where people had problems with their mobility that made it difficult for them to move around, or in and out of chairs or bed, staff were provided with training and guidance on how to support people to do this safely. This information was current so staff had up to date information about the steps they should take to keep people safe.

At the time of this inspection there were sufficient numbers of staff to support people safely. We looked at the provider's electronic scheduling and call monitoring system which showed staff members had been assigned to each planned visit. People's specific needs had been considered when planning the support, they required so that suitably trained staff could be assigned to meet these. For example, where a person needed help to move and transfer in their home, two staff trained in moving and handling procedures attended, to ensure this was done safely.

Staff were supported to minimise risks to people that could arise from poor hygiene and cleanliness. They had received training in infection control and staff had access to supplies of personal protective equipment (PPE) to reduce the risk of spreading and contaminating people with infectious diseases. Staff had also received training in basic food hygiene so they were aware of the procedures that needed to be followed when preparing and storing food to reduce the risk of people acquiring foodborne illnesses.

Is the service effective?

Our findings

People's records showed that their needs had been assessed to determine the level of support they required and this was delivered in line with current legislation and standards. For example, people had been asked for their choices and decisions about when, how and from whom they received care and support. The provider used this information to develop support plans for each person so that staff had appropriate and relevant information about the care and support people required at each planned visit.

Staff received appropriate support from the provider to help them meet people's needs. Staff had received training in areas and topics specific to their roles. New staff completed a programme of induction before supporting people unsupervised. Senior staff undertook unannounced spot checks on staff to observe their working practices to ensure these met required standards. Feedback from these checks was given to staff at supervision meetings which enabled staff to reflect on their practice, discuss any issues or concerns they had and identify how they could improve in their role through further training and learning. One staff member told us supervision was helpful and useful and said "[Registered manager] asks about my clients and if there are any problems."

Where staff were responsible for this, people were supported to eat and drink sufficient amounts to meet their needs. One person said they could not eat without the support of staff and this was provided when they needed this. We saw from this person's records they had been identified as 'at risk' due to weight loss. Staff prompted the person to eat and drink enough at each visit. The person told us, "I had another agency but I was losing weight with them. I've put on weight with this one. I'm very happy." Records showed information had been obtained from people about their dietary needs and how they wished to be supported with these. Staff were aware of people's preferences for food and drink and ensured these were met. We saw a good example of this for one person who was supported to eat foods that were culturally specific to them. Staff documented how much people ate or drank which gave everyone involved in people's care and support important information about whether people were eating and drinking enough to meet their needs.

People were supported by staff to keep healthy and well. Staff recorded their observations about people's general health and well-being and shared this information with all involved in people's care and support. When staff had a concern about a person's health and wellbeing they reported this to the registered manager who ensured appropriate support was sought from others, such as the GP. We saw a good example of this for one person where a staff member had noted the person had a sore eye and reported this to the registered manager. The person's GP was notified and the person was quickly prescribed eye drops to treat the condition.

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. Any application to do so must be made to the Court of Protection.

We checked whether the service was continuing to work within the principles of the MCA. The registered manager had received appropriate training in the MCA and was aware of their duties and responsibilities in relation to the Act. People's records showed information had been obtained about their ability to make and consent to decisions about specific aspects of their care and support. There were processes in place where, if people lacked capacity to make specific decisions about their care and support, the service would involve people's relatives, representatives and others such as healthcare professionals, to ensure decisions would be made in people's best interests.

Is the service caring?

Our findings

People said staff were caring and provided support in a considerate way. One person said, "They're very good...the carers are lovely." Another person told us, "The carers are good...very nice to me." And another person told us, "[Staff member] is very sympathetic and very supportive."

Staff employed by the service reflected the diversity of people using the service. This gave people more choice about who they received support from so that they were more comfortable with this. For example, the provider employed both male and female staff members and staff from cultural backgrounds that reflected the diversity of people using the service. A staff member told us some of the people they supported shared the same cultural background as they did which made it easier to communicate and understand their specific needs and wishes.

The provider took steps to ensure that wherever possible people received support from the same staff to ensure continuity and consistency of support. People told us during weekdays they received support from staff they were familiar and comfortable with. One person said, "I like to have the same carer first thing in the morning which does happen." Another person told us, "The one I get during the week is very good." People said that support provided at the weekends was more likely to be from staff members they were less familiar with. Although most people were satisfied with the support they received from these staff members, one person told us, "If I get a new one I have to tell them how I want things done so that's why I would like the same ones [staff members] all the time." The registered manager was aware of the differences in the consistency and continuity of care some people experienced at the weekends and told us they were working to improve this by recruiting new staff. They said this would create additional capacity that would enable them to allocate staff more effectively over the full week so that people would receive regular support from the same core group of staff.

People said they were treated with dignity and respect and staff maintained their privacy. One person said, "They're very good...polite and respectful." Another person told us, "[Carers] do respect me." And another person said they felt listened to and respected by staff. People gave us examples of the various ways staff ensured their privacy and dignity particularly when being supported with aspects of their personal care. For example, people said they were asked for their permission before being provided with support, offered choice and given the time they needed to do things at their own pace. This demonstrated staff were sensitive to people's needs and discreet when providing care and support.

People were supported to be as independent as they could be. One person said, "I'm fairly independent and they let me get on with things so they tend to help me keep things tidy and clean." People's support plans set out their level of dependency and the specific support they needed with tasks they could not undertake without help, such as getting washed and dressed. Staff were encouraged to prompt people to do as much for themselves as they could to help them to retain control and independence over their lives.

Is the service responsive?

Our findings

People's records showed that they, and those involved in their care, contributed to the planning of their care and support package. This helped to ensure that people's decisions and choices were used to inform the care and support provided to them. In people's records there was current information about the support they needed from staff with their personal care needs, their dietary needs and their physical and psychological health needs, set out in support plans. These plans reflected people's preferences for how, when and from who they received support. People's care and support needs were reviewed regularly with them and the provider responded accordingly when changes were needed or requested. We saw a good example of this where the registered manager listened to feedback from a person and their relative about their planned early morning visit and changed this to a time that was more convenient and suitable for the person.

People told us they received the care and support planned for them and said staff were responsive to their needs. One person told us, "I get one visit a day... [staff member] is very good and I feel very much listened to." Another person said, "They're very good. They do the things I ask them to do." People and their relatives were generally satisfied with the timeliness of staff but one person and two relatives said that at weekends this could be mixed. One person said, "The weekends are hit and miss."

We discussed this with the registered manager who was aware of people's concerns around the timeliness of staff particularly at weekends. They told us they had taken a number of steps recently to improve this aspect of the service. This included introducing an electronic system in May 2018 to help them monitor the times staff were arriving at people's homes. Staff were now required to log in on arrival at people's homes via an automated telephone service. The registered manager said this would enable them to respond more quickly to any issues around staff's timeliness. We saw from minutes of recent staff meetings the registered manager had discussed the timeliness of visits and reiterated the need for staff to call office based staff when running late for a visit so that people could be kept informed. We noted feedback obtained by the provider from recent quality checks undertaken with people indicated that timeliness of visits appeared to have improved. A relative told us, "They have got better since the start." We will check at the next inspection of the service whether this improvement had been sustained and maintained.

People and their relatives said they were confident raising any issues or concerns and felt these would be resolved appropriately by the provider. The provider had maintained arrangements to deal with people's concerns or complaints if they were unhappy with any aspect of the support provided. People were provided appropriate information about what to do if they wished to make a complaint. This set out how people's complaints would be dealt with and by whom. Records showed when a concern or complaint had been received, the provider had investigated, provided appropriate feedback to the person making the complaint and offered an apology where this was appropriate, for example, when people experienced poor quality care and support from the service.

Is the service well-led?

Our findings

The provider's systems for assessing and monitoring the quality of the service had not been entirely effective in identifying issues or concerns that could have an impact on the quality and safety of the support people received. The issues we identified around the quality of staff recruitment checks indicated a lack of management oversight of this aspect of the service. The registered manager acknowledged that these checks had not been as thorough as they should have been to reduce the risk to people of being supported by unsuitable staff. The registered manager said they would be taking immediate action after this inspection to rectify the issues we found. We also found that best practice in relation to medicines had not been fully embedded at the service. This meant the provider was not doing all they should to ensure the safe management and administration of medicines. The registered manager was reviewing the service's medicines policy and procedure after our inspection to ensure this reflected best current guidance for how these should be managed appropriately and safely to reduce risks to people.

Notwithstanding the issues above we found checks of other aspects of the service were regularly undertaken to review quality and safety in these areas. For example, we saw people's care records were reviewed regularly and were current and accurate. This ensured people's support plans and associated risk assessments provided staff with up to date information about the support people required and how this should be provided in a safe and appropriate way. Senior staff undertook regular 'medicines observations checks' where this support was provided to people to review staff's competency in this area. We saw for one staff member when an issue had been identified about their competency this was promptly followed up by the registered manager. The staff member was provided extra training and support to help them improve their practice. Senior staff also undertook a rolling programme of unannounced spot checks to people's homes to observe staff's working practices when undertaking their duties. Where any gaps or shortfalls were identified through these checks prompt action was taken by the registered manager to remedy these including supporting and encouraging staff to learn from mistakes.

The service continued to have a registered manager in post. 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 aware of their registration responsibilities and submitted statutory notifications about key events that occurred at the service as required. This was important as we needed to check that the provider took appropriate action to ensure people's safety and welfare in these instances.

People and staff spoke positively about support provided by the registered manager. One person said, "The manager is good. She comes out and does calls...very hands on." A relative told us, "The manager told us to call her if we had problems." A staff member described the registered manager as, "kind, straightforward and very assertive" and told us they felt well supported and comfortable discussing any issues or concerns they had with them.

The provider sought people's and staff's views about the quality of the service and their suggestions for how

this could be improved. Unannounced spot checks on staff were used to ask people for their feedback and to identify areas where the service could be improved. Office based staff also undertook monthly telephone monitoring checks where people were called and asked for their views about the quality of care and support provided and for their suggestions for service improvements. Staff were provided opportunities to give their views about the quality of the service through individual supervision and regular staff team meetings. These arrangements helped the provider to gauge the level of satisfaction people and staff had with the service and to identify areas of the service that needed to improve based on their feedback.

The provider used learning from complaints, events and incidents to make improvements when these were required to enhance the quality of the service. For example, the provider undertook a review of the service in February 2018 following complaints and concerns raised with them about the timeliness and quality of visits. Based on feedback obtained from people and staff they took the decision to reduce the capacity of the service at that time to enable them to focus on addressing people's concerns to improve the quality of their experiences as well as supporting staff to maintain good and safe working practices with more manageable workloads. Steps taken by the provider to make improvements included actively recruiting new staff to increase capacity and resilience within the workforce. They had also introduced an electronic scheduling and call monitoring system to help them monitor and review the timeliness of staff when attending planned visits. And, they had updated the service's policies and procedures to ensure that there were clearly stated processes for staff to follow about communicating with office based staff in a timely manner.

The provider worked in partnership with other agencies to develop and improve the delivery of care to people. For example, staff worked collaboratively with local authorities funding people's care so they were kept up to date and well informed about people's care and support needs. This helped to ensure people continued to receive the appropriate care and support they required.

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	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had not ensured that persons employed for the purpose of carrying on of a regulated activity must be of good character and have the qualifications, competence, skills and experience which are necessary for the work to be performed. Regulation 19(1)(a) and Regulation 19(1)(b).</p> <p>Recruitment procedures had not been established and operated effectively to ensure that persons employed meet the conditions in - (a) paragraph (1). Regulation 19(2).</p>