

Simplified Staffing Limited

Simplified Staffing Limited Highland House

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

About the service

Simplified Staffing Limited Highland House is a domiciliary care agency providing personal care and support to 31 people living in their own homes at the time of the inspection.

All 31 people using the service were receiving personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

The agency was safe for people to use and staff to work in. People were able to live safely and enjoy their lives through the support they received. This was because risks to people were assessed and monitored. The agency reported, investigated and recorded accidents and incidents and safeguarding concerns. There were appropriate numbers of staff available to meet people's needs. People's medicine was safely administered by trained staff.

People said they had not encountered discrimination by the agency and their equality and diversity needs were met. The staff were well-trained, supervised, and appraised. People and their relatives praised the way staff provided care that met their needs. People said staff spoke to them in a clear way and at a pace that they could understand and explained things to them including their choices. Relatives said that staff patiently repeated information, to people with dementia, as many times as was required for them to understand.

Staff encouraged people to discuss their health care needs and these were shared with appropriate community-based health care professionals; with people's permission. The agency had a well-developed professionals' network, which enabled seamless joined up working between services based on people's needs, wishes and best interests. This included any required transitioning to different services if people's needs changed. Staff protected people from nutrition and hydration risks, and people were encouraged to choose healthy and balanced diets that also met their likes, dislikes and preferences.

People and their relatives told us they liked the way staff provided care and support for them. Staff attention to small details made all the difference. Staff acknowledged and respected people's privacy, dignity and confidentiality. People were encouraged and supported to be independent and do things for themselves, to promote their self-worth and improve their quality of life. Staff cared about the people they provided a service for and the way they provided it.

People had their needs assessed, reviewed and received person-centred care. They were given choices, supported to follow their routines, interests and hobbies and social isolation was minimised. People were given enough information to make their own decisions and end of life wishes were identified, if appropriate. Complaints were recorded and investigated.

The agency culture was open, honest and positive with a transparent management and leadership style. The vision and values were clearly defined, understood by staff and followed. Areas of responsibility and accountability were identified, with staff happy to take responsibility on the ground and report any concerns they may have in a timely manner. The agency reviewed service quality and made changes to improve the care and support people received. Audits were carried out and records kept up to date. Registration requirements were met.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered on 14 December 2018 and this is the first inspection.

Why we inspected

This was a planned inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Simplified Staffing Limited Highland House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity began on 7 November 2019 and ended on 11 December 2019. We visited the office location on 8 November 2019.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections. We also checked notifications made to us by the provider, safeguarding alerts raised regarding people living at the home and information we held on our database about the service and provider. We used all of this information to plan our inspection.

During the inspection-

We spoke in person with the registered manager and two field supervisors. We contacted eight people and their relatives, six staff and three health care professionals, to get their experience and views about the care provided. We looked at the personal care and support plans for three people and three staff files.

After the inspection

We requested additional evidence to be sent to us after our inspection. This included a training matrix, and audits. We received the information which was used as part of our inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives said they felt safe using the service. One person said, "I feel safe using them [Agency]."
- Staff received training that enabled them to identify abuse and the action to take if required.
- Staff knew how to raise a safeguarding alert and when this was necessary. There was no current safeguarding activity. The provider had a safeguarding policy and procedure that was available to staff.
- Staff supported people to keep safe and specific concerns about people were recorded in their files.

Assessing risk, safety monitoring and management

- People's risk assessments meant they could take acceptable risks and enjoy their lives safely. This included relevant aspects of their health, activities and daily living. Risk assessments were regularly reviewed and updated as people's needs changed.
- Staff understood people's routines, preferences and identified situations where people may be at risk and acted to minimise those risks.
- People who displayed behaviours that others may find challenging, had clear records of incidents and plans in place to reduce these incidences. Records showed that action was taken, and specialist professionals contacted for advice if they occurred.
- Any equipment used to support people was regularly serviced and maintained.

Staffing and recruitment

- The provider had a staff recruitment process and records demonstrated that it was followed. The process contained scenario-based interview questions to identify prospective staff skills, experience and knowledge. References were taken up and Disclosure and Barring service (DBS) security checks carried out prior to staff starting in post. There was also a six-month probationary period with a review.
- There were enough staff employed to meet people's needs flexibly. This was demonstrated by what people told us and the rota.

Preventing and controlling infection

- Staff were trained in infection control, food hygiene and people said this was reflected in their work practices.
- Staff were provided with personal protective equipment (PPE) when supporting people, including gloves and aprons and were aware of washing their hands using recognised techniques.

Learning lessons when things go wrong

- The service kept accident and incident records and there was a whistle-blowing procedure that staff were happy to use. Any incidents were analysed to look at ways of preventing them from happening again.
- Using medicines safely
- Medicine was safely administered, and medicine records were fully completed and up to date. Staff were trained to administer medicine and this training was regularly assessed and updated. As appropriate, people were encouraged and supported to self-medicate.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- The staff induction and mandatory training was of a good quality and enabled staff to support people and meet their needs appropriately. A staff member told us, "We receive good training." People and their relatives said staff were competent, professional and performed their duties well.
- The induction was comprehensive and based on the Skills for Care 'Common induction standards'. These form part of the Care Certificate which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social sectors. Staff also received a handbook.
- The agency provided training to reflect the diverse needs of people receiving a service. Staff training included moving and handling, basic life support, oral hygiene, safeguarding, medication, health and safety and mental capacity. There was also specialised training focussed specifically on people's individual needs with guidance and plans. These included diabetes, dementia, catheter bag management and nutrition and hydration.
- Established team members were shadowed by inexperienced staff, as part of their induction. This gave them knowledge of people, their routines, preferences and surroundings. It meant people felt relaxed and comfortable receiving care and support and relatives had trust in the staff providing support for their loved ones.
- The training matrix identified when mandatory training required updating.
- Staff were trained in de-escalation techniques to appropriately deal with situations where people may display behaviour that others could interpret as challenging. People had personal behavioural plans if required.
- The agency's aim was to encourage internal promotion and career progression once it was fully established.
- Staff received quarterly supervision and would receive a yearly performance review once in post for a year. There were regular staff meetings.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager explained that before a new person received a service, the commissioning local authority would be expected to provide assessment information and further information was also requested from any previous agencies. The agency, person and relatives carried out a need's assessment. The speed of the assessment was carried out at a pace that suited the person and their needs.
- People's assessments covered their physical, mental and social needs and their care, treatment and support was delivered in line with legislation, standards and evidence-based guidance. This included the National Institute for Care and Excellence (NICE) and other expert professional bodies, to achieve effective outcomes.

- The agency provided easy to understand written information for people and their families.
- One person said, "They do what I need done." A relative told us, "They always turn up on time or let me know if there is a problem, I can relax knowing they will come."

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to eat and drink enough and maintain a balanced diet. They were assisted with eating, if required and staff monitored food and fluid intake.
- People's care plans included health, nutrition and diet information with health care action plans. These included nutritional assessments that were regularly updated and there were fluid charts, as required.
- If people needed support with their diet, staff observed and recorded the type of meals people received and encouraged a healthy diet to ensure people were eating properly.
- Whilst encouraging healthy eating, staff made sure people still ate meals they enjoyed.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported to maintain their health as staff had good working relationships with external healthcare services and professionals; such as district nurses, speech and language and physio therapists.

Ensuring consent to care and treatment in line with law and guidance

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff we spoke with understood their responsibilities regarding the MCA.
- People signed consent to care, to keep relevant information about them and to share where appropriate with other healthcare services.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us they enjoyed the company of the staff who provided them with care and this relaxed them. One person said, "Yes she [staff] is very good, very pleasant towards me." Another person told us, "She [staff] is great, lovely."
- Staff received equality and diversity training that enabled them to treat people equally and fairly whilst recognizing and respecting their differences. This was reflected in people's assessments and care plans. People said staff treated them as adults, did not talk down to them and they were treated respectfully.

People felt respected and relatives said staff treated people with kindness, dignity and respect.

- Staff were committed to the care they provided and people they provided it for. One person said, "They have not let me down." A staff member said, "I have 19 years' experience of working in care and I like it here [the agency] a lot."
- Staff were also trained to respect people's rights and treated them with dignity and respect.

Supporting people to express their views and be involved in making decisions about their care

- People's care plans recorded that they and their relatives were involved in the decision-making process about the care and support they would receive.
- People and their relatives received regular questionnaires to determine if they were receiving the care and support they needed.

Respecting and promoting people's privacy, dignity and independence

- Relatives said staff knowledge of people meant they were able to understand what words and gestures meant if people had difficulty communicating. This meant they could support people appropriately, without compromising their dignity, for example if they needed the toilet and they had visitors. They were also aware this was someone's home and they must act accordingly.
- The agency had a confidentiality policy and procedure that staff understood and followed. Confidentiality was included in induction and on-going training and contained in the staff handbook. Staff were required to sign that they had read and understood the code of conduct and confidentiality policy.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were able to make decisions about their care and how staff delivered it. Relatives said staff made sure people understood what they were saying, the choices they had and that they understood people's responses. One person said, "I decided what I needed."
- After receiving a referral, a member of the management team, trained in risk assessment and care and support planning met with the person and their relatives to discuss their care needs with them. This included what they would like to gain from the services provided and their desired outcomes. From this assessment a person-centred care and support plan was agreed with them and their relatives as appropriate.
- People said staff met their needs and wishes, in a timely manner and way they were comfortable with and enjoyed.
- People's assessments and their care plans reflected their cultural, and religious needs and their sexuality.
- People's care plans and staff daily notes recorded their decisions and the tasks they required support with. They also highlighted areas where staff could encourage people to be independent.
- People had their care and support needs reviewed a minimum of six monthly with them and there was a yearly local authority review. People's care plans were updated to meet their changing needs with new objectives set. People were supported to take ownership of their care plans and contributed to them as much or as little as they wished.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The AIS was being followed by the organisation and staff, with easy to understand information available to people.
- The agency made sure people's communication needs were met by communicating with relatives and staff familiarising themselves with specific communication needs and what particular gestures, sounds and words might denote.
- There was an on-call response service in operation.

Improving care quality in response to complaints or concerns

- People said they had received a copy of the complaint's procedure. Relatives said they were aware of the complaints procedure and how to use it. There was a robust system for logging, recording, analysing and

investigating complaints, that was followed.

- Staff made themselves available to discuss any wishes or concerns people and their relatives might have. One person told us, "Whilst my regular person is very good, they have to have time off and sometimes there is confusion with the office about who is coming to replace them." A relative said, "The [registered] manager is friendly and lets us know if there is any problem with a call."

End of life care and support

- Whilst the service did not provide end of life care, staff had received end of life training and people were supported to stay in their own homes for as long as their needs could be met. This was with assistance from community based palliative care services, as required. People had end of life care plans, in place.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

- The agency had an open, honest and positive culture. People said this was due to the attitude and contribution made by the registered manager and staff who listened to them and met their needs. One person said, "The [registered] manager is very approachable." The registered manager conducted an open-door policy. A staff member said, "Very supportive."
- The agency's vision and values were clearly set out, staff understood them, and people said they were reflected in their working practices. They had been explained during induction training and revisited at staff meetings.
- There were clear lines of communication and specific areas of responsibility regarding record keeping. This promoted the agency's inclusive and empowering culture.
- There was a statement of purpose that was scheduled for review annually, that outlined the services provided by the agency so that people were clear what they could and could not expect from staff.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There were robust management reporting structures and an open-door policy.
- The registered manager attended local provider forums.
- Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.
- The provider was aware of their duty of candour responsibilities.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements Continuous learning and improving care

- The agency assessed and looked for areas of improvement, to continue to improve the quality of services to people, by working with voluntary and statutory partners, to meet local needs and priorities.
- There were governance policies and procedures that included finance, business plan, statement of purpose, and health and safety. This ensured areas of risk and development, of the agency, were reviewed.
- The agency used technology such as smart phones to improve the efficiency and quality of care provided. Templates and assessment tools were reviewed, developed and integrated into the IT system.
- The agency and organisation's quality assurance systems were robust and contained performance indicators that identified how the service was performing, any areas that required improvement and areas

where the service was accomplishing or exceeding targets. This encompassed all aspects of the CQC five key questions and based upon key lines of enquiry (KLOE).

- Monitoring and quality assurance systems included care plans, direct observations, communication books, medicine administration records, needs assessments and reviews.
- The agency used feedback from other organisations such as district nurses and GPs to ensure the support provided was what people needed. This was with their consent. They worked with hospital discharge teams so that vulnerable people who did not have relatives close by would not return to an empty house and food and drink were in place.
- The agency sign posted people towards other organisations that may be able to meet people's needs if necessary.
- Regular confidential and non-confidential feedback was obtained from staff, relatives and people using the service.
- Audits were carried out by the registered manager, and the field supervisors. All audits were up to date. There was also an audit action plan.
- The registered manager and field supervisors regularly conducted a series of spot checks.
- Data was used to update and improve services provided.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Working in partnership with others

- The agency belonged to a number of networks and partnerships where best practice was shared including, the local authority provider forum.
- The agency built close links with community-based health services, such as district nurses, physiotherapists, occupational therapists, GPs and other health care professionals. This was underpinned by a policy of relevant information being shared with appropriate services within the community or elsewhere.
- The agency provided the opportunity for people and their relatives to give their views about the service, via telephone interviews, visits to people, and feedback questionnaires and surveys. There were also relatives and staff surveys. The agency used the feedback information to re-shape the services provided so people's needs could be better met.