

Simply Joy Care Services Ltd

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Inspection report

355 Torquay Road
Paignton
TQ3 2BT

Date of inspection visit:
13 June 2023
14 June 2023

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26 June 2023

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

Simply Joy is a domiciliary care service supporting adults in the community who require personal care in the Paignton and Torbay areas. Not everyone who used the service received 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. At the time of our inspection there were 16 people using the service who received personal care.

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

People felt safe with staff and staff knew how to report safeguarding concerns. People told us their care was delivered as required and they had confidence in the staff that supported them. One relative told us, "My wife has been having care now for just 2 months, once a day. So far the carers have all been very good and she feels safe with them."

People received the support they required with their medicines. Staff were recruited safely and received appropriate induction, ongoing training and support from the provider. People had their care planned to their individual needs and where required risk assessments were in place to reduce known risks.

People were supported to eat and drink where needed and told us they received the required level of support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

People confirmed they were involved in choices and decisions regarding their care and support, including a choice of which staff would support them. People and their relatives told us the staff that supported them were caring and respected them as individuals. One member of staff commented, "I feel people should get the best care they deserve and you should always give them the best you can."

There was a process in place to respond to complaints. Care plans were person centred and reflected the needs of each person. Routines were discussed with people and they had been involved in completing their care planning. Staff supported people to make healthcare appointments where needed.

Staff told us they were happy in their jobs and were keen to make a positive difference in people's lives. There was positive feedback from people and staff about the service management. A number of methods were used to assess the quality and safety of the service people received.

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 with us on 17 January 2022 and this is their first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Is the service effective?

Good ●

The service was effective.

Is the service caring?

Good ●

The service was caring.

Is the service responsive?

Good ●

The service was responsive.

Is the service well-led?

Good ●

The service was well-led.

Simply Joy Care Services Ltd

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 Health and Social Care Act 2014.

Inspection team

The inspection was conducted by one inspector and an Expert by Experience with experience of care of older people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 13 June 2023 when we visited the location's office and ended on 14 June 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the Provider Information Return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the provider and reviewed a range of records including records relating to the care and support provided. We reviewed additional records which included staff files in relation to recruitment, and various audits/reports relating to the quality and safety of the service. We requested a variety of records were sent to us relating to staff training and regarding the management of the service.

After the inspection

After our visit we continued to seek feedback from people using the service, relatives and staff to obtain their views of the service provided to people. We also contacted 4 healthcare professionals and received feedback from 1 of them. We received feedback from 5 people using the service, 5 relatives and a further 5 staff members. We continued to seek clarification from the provider to validate evidence found.

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 of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's individual risks were identified. Care was planned based on people's individual needs and where required risk assessments were completed to keep people safe. For example, risk assessments had been carried out for moving and handling, falls and skin care.
- There was an electronic call monitoring system in place where staff were required to 'log in' to visits using a smart phone. This was a precaution to ensure visits were not missed. This system also identified when appointments were at risk of being late.
- Each person's care plan had an environmental risk assessment included which had been completed at their homes before the care staff attended. This supported staff to work in a safe environment.
- There were clear processes in place to report and learn from any accidents and incidents. Staff we spoke with were able to clearly explain reporting procedures for incidents, accidents or near misses.

Staffing and recruitment

- The current staffing levels deployed by the provider met the needs of the people using the service. People told us staff stayed the allotted time for their calls. If calls were running late people said they were informed of this.
- Comments we received from people included, "Usually they are on time but recently we have lots of traffic restrictive issues so carers can be late, but they always phone to let me know."
- Staffing rotas were planned in advance. Staff told us they had sufficient time between calls and the current rota system worked well.
- There were effective recruitment and selection processes in place. Pre-employment checks, which included references from previous employers and Disclosure and Barring Service (DBS) checks were completed. The DBS helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People at the service felt safe and there were appropriate policies and systems in place to ensure concerns were effectively reported and escalated.
- People's needs were safely managed. Safeguarding referrals had been appropriately made by the provider where required.
- People we spoke with felt safe with the staff that supported them. One comment we received was, "My wife has been having care now for just 2 months, once a day. So far the carers have all been very good and she feels safe with them."
- All of the staff could clearly describe what course of action they would take if they felt someone was at risk of harm or abuse. Staff were confident appropriate action would be taken by the provider.

Using medicines safely

- People received their medications safely. People received varying levels of staff support when taking their medicines. For example, from prompting through to administration.
- People said the support they received from the service met their medication needs. One relative commented, "They prompt mum to take her medication and record what she has taken." Another person said, "They have to cream my legs and areas of dry skin and always record what they have done."
- The provider had medicines policies in place. Staff received medication training with periodic updates and their competency was routinely assessed.
- There were governance systems in operation to help ensure medicines management was safe and met people's needs.

Preventing and controlling infection

- Staff had received training in infection control to ensure good hygiene practices were delivered during care and support. The provider had supporting policies in place.
- No concerns were raised in relation to infection control and staff practice. One person told us, "They [staff] do wash their hands on arrival and before leaving. They use disposable aprons and gloves and whilst some still wear masks and shoe covers others ask me if I want them to wear a mask or shoes covers."
- The provider supplied staff with masks, gloves and aprons to use when supporting people with their personal care. This helped to minimise the risk of infections spreading. Staff told us that PPE was always available to them.
- There were systems to ensure that staff compliance with PPE and infection control practice was monitored.

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

- Staff received a continual training package and had completed training courses to enable them to fulfil their role. The provider made additional training above that they considered mandatory available to staff.
- The completion of training was monitored by the registered manager using a matrix, and staff completed refresher training when needed. Staff spoke positively of the training and support provided.
- People generally felt staff had good skills, knowledge and experience. One person said, "They all seemed to be very well trained and suited to caring." Another said, "The carers are trained to meet my needs and new carers always shadow a more experienced one to begin with."
- Staff received an induction aligned to the national standards of the Care Certificate and there were systems to ensure regular supervisions and annual appraisals were completed.

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

- Care records documented when people required support with preparing food and drinks.
- Where needed, there was detailed nutrition and hydration information recorded for staff to follow which described the level of support required.
- People told us the support they received met their needs. One person said, "The carers do all my meals for me. They give me a choice and ask how I want it done." A family member told us, "They always ensure [person using the service] has plenty to drink and snacks available before they leave."
- Staff were able to explain the different levels of support they gave people. They also told us about how they were currently encouraging people to drink more fluids due to the very hot weather being experienced.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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.

- There was nobody subject to any deprivations on their liberty at the time of our inspection.
- The provider demonstrated they knew how to assess people's capacity if they lacked capacity to make certain decisions.
- Staff received training in the MCA and how it applied to their roles as part of the providers continual training programme.

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

- Assessments of people's needs were comprehensive, expected outcomes were identified and care and support was reviewed.
- Where required, the service carried out pre-assessments in partnership with the funding authority before they started a care package. This was to ensure people's needs could be fully met.

Supporting people to live healthier lives, access healthcare services and support

- People were supported by staff to access healthcare services and seek out support if they needed it.
- People required varying levels of assistance when it came to being supported to contact healthcare professionals. Some did this independently and other requested staff support. One person commented, "I usually know if I need a GP or not. If I'm able I will ring them myself but if not, depending on the situation, the carer will do it."
- There was information recorded in records to show staff had contacted other healthcare professionals on people's behalf when they felt unwell or required further advice and support.

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 spoke positively about the level of care and support they received from the service.
- The feedback we received from people and their relatives included, "If ever I am upset or fed up they help me. I now find it easier to talk to people about how I feel." Another said, "If either of us are depressed they treat us with kindness and compassion. If I am worried about [person using the service] they will make a cup of tea and sit for 10 minutes listening to me and seeing what further help they could provide for me if necessary. I always feel better once we have spoken."
- Staff were clearly passionate about the role and wanted to make a positive difference to the people they supported. One member of staff commented, "I feel people should get the best care they deserve and you should always give them the best you can."
- The service had received several compliments from people who had provided feedback on the care they or their relative had received.

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

- People told us they were always involved in making day to day decisions about their care and said they could speak to the staff team that supported them about this.
- Some of the feedback we received from people and their relatives included, "My husband's [medical condition] means he does not always manage to have a sensible chat, but the carers try hard to engage with him and they do all have a laugh with him. They always ask how I am and if I need anything."
- Staff told us how they actively encouraged people to make decisions to put them at the heart of the care and support they received. One staff member we spoke with said, "I ensure that people's needs are always met and they are doing things how they wish to live."
- People were encouraged to share their views through feedback systems operated by the provider as part of the service governance.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's independence and treated them with dignity and respect when helping them with daily living tasks.
- People and their relatives commented positively about how staff respected them and promoted privacy and dignity. One person said, "The carers are very respectful towards me." Another comment was, "Once they have helped me onto the toilet they leave me on my own to do what I need and come back to help me when I shout them."
- Staff gave examples how they maintained people's privacy and dignity when assisting with personal care.

One commented, "I ensure people's dignity is prioritised and do everything possible to make them feel at ease."

- People's support plans detailed the level of support people needed. This included, for example, in relation to their independence with mobility and personal care.

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.

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure in place which was made available to people and those representing them.
- People we spoke with knew how to raise matters with the service. One said, "I am frequently asked if everything is okay and they do listen, even to minor complaints." Another comment was, "We have never had to raise a complaint or concern with management but know what to do should the need ever arise."
- Whilst no formal complaints had been made, people and the relatives we spoke with told of concerns and issues they had raised with the provider and explained how they had been resolved.
- There was no current system in place to record these other concerns and issues being raised. We highlighted to the provider that an effective system could support a learning analysis so that any improvements or changes made could be shared with staff. They told us this would be addressed.

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

- Each person's care plan was written in a way which was meaningful for them and was personalised to reflect their individual needs and preferences.
- People felt their care was planned in a personalised way and reflected their needs. One relative said, "We were involved in discussions around what care my wife needed and these needs are covered in her plan." Another person said, "My care plan was discussed with me. I told them what I required and I feel I have what I need."
- There was attention to detail recorded within the care plans that reflected people's preferences and routines. For example, in one person's personal care records it read, "I would like care staff to wash my hair twice a week. I have an inflatable portable neck sink so this can be completed on my bed."
- Other personalised information was recorded with regard to people's likes, dislikes and their backgrounds, and what they liked to watch on TV or listen to on the radio.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to contact their relatives and friends if this was something they wanted to do.
- People told us staff supported them on appointments if they needed to. Staff also supported some people to access the local community or to travel to other parts of England to be involved in hobbies or sports important to them.

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.

- Any information people required to be made available in a format more accessible could be produced. The service user guide sent to people when they commenced a package of care explained how information will be made accessible for them where required.

End of life care and support

- People were supported at the end of their life and there were policies to support this.
- The provider advised us that at the time of inspection there was no person actively receiving end of life care. Should a person chose to remain at home for the end of their lives the service would work with other appropriate professionals to facilitate this.

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were systems in place to monitor the standard of care provided by the service.
- There were quality assurance processes in the form of telephone calls and feedback surveys which most people we spoke to said they had been involved in. In the community, senior staff undertook spot checks of care being delivered by staff in people's homes.
- Staff we spoke with confirmed that their performance was observed with people, with one telling us, "Spot checks are completed and they are a constructive part of our learning."
- We identified the service had notified CQC in line with regulatory requirements of most notifiable incidents. During the inspection we identified the provider had previously raised a safeguarding with the local authority but had not sent the required notification to CQC. The provider was now aware of their requirements relating to this.

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

- The registered manager was aware of their responsibilities around duty of candour legislation. Where required, correspondence had been sent to people acknowledging where an incident or event had fallen below the standard expected of the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- People confirmed they knew who the manager was and felt the service was well led.
- All of the feedback we received about the provider was positive. One person we spoke with said, "I think the service is very well run and the managers are approachable, kind and caring." Another said, "I think the agency is very well managed. The manager checks regularly to see if all is well and sometimes calls to do my husband's care. She is very helpful and will make suggestions that may help me manage better."
- People told us they felt involved in the care planning and reviews and that these happened regularly. We were told that when required, people had no issues being able to contact a member of staff or management by telephone.
- All of the people we spoke with were happy to stay with Simply Joy Care Services and said they would recommend to others. One comment received was, "I would definitely recommend this company. They are 100% better than our previous agency. Every single person we have had from Simply Joy has been very caring, in fact angels."

Continuous learning and improving care and working in partnership with others;

- The provider was committed to ongoing investment to achieve continual improvement. There was a business improvement plan in place to ensure continual progression, development and learning.
- There was an evolving business continuity plan in place that identified how the service would continue to operate in the event of an unforeseen incident.
- The service worked with other health and social care professionals to meet people's specific needs. This included, for example, social workers from the local authority.
- A healthcare professional we received feedback from told us they found the service had people's, "Best interests at heart."

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

- The provider had ensured people's views and opinions of the service and the support they received was captured.
- Staff confirmed they were kept up to date with things affecting the overall service through frequent conversations.
- Staff spoke positively about their employment at the service and told us the leadership and management was of a high standard. One staff member, when asked about their employment said, "Amazing, they couldn't be any more supportive and helpful." Another said, "They support me if needed and they are very understanding."
- All of the staff we spoke with told us they would recommend Simply Joy Care Services as a place to work.