

Simplex Healthcare Limited

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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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

About the service

Simplex Healthcare Limited is a domiciliary care agency providing personal care and support for people in their own homes. The agency provides care and support for people in Sittingbourne area of Kent. People receiving care and support were adults and elderly. At the time of our inspection, three people were receiving regulated activity of personal care.

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.

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

Relatives told us they were happy with the service provided by the agency care staff. A relative said "Yes, definitely, it's a really safe agency. They are happy and chatty carers."

Right 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 were supported by regular reliable staff who knew them and their needs well, which promoted continuity of care. A relative said, "Yes, and the new ones always shadow the regular ones." People made decisions about their care and these were documented in their care plan.

Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome. Staff supported people to play an active role in maintaining their own health and wellbeing.

Right Care:

People's equality and diverse needs were consistently promoted. Staff understood people's individual

needs and a multi-cultural workforce provided culturally appropriate care.

People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. People received care that supported their needs and aspirations, was focused on their quality of life, and followed best practice.

People received safe care and support from Simplex Healthcare Limited. The registered manager and staff knew what their responsibilities were in relation to keeping people safe from the risk of abuse. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Right Culture:

People were supported to maintain good health, were supported with their medicines and had accessed healthcare services when needed. Where assessed, staff prepared food and drink to meet people's dietary needs and requirements.

Staff were skilled in carrying out their role. The registered manager ensured staff were appropriately trained. A care staff said, "I have been in Health and Social Care work for about six years now. When I joined the agency, the registered manager sent me on mandatory courses to complete as a refresher."

Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views. Staff told us there was an open culture where they were kept informed about any changes to their role. Staff told us the registered manager was approachable and listened to their ideas and suggestions.

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 21 April 2021 and this is the 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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective 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.

Simplex Healthcare Limited

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 2008.

Inspection team

The inspection was carried out by two inspectors and an Expert by Experience. 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

Simplex Healthcare Limited 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. 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 started on 20 September 2022 and ended on 30 September 2022. We visited the location's office on 20 September 2022.

What we did before the inspection

We reviewed information we had received about the service since registration. This included details about

incidents the provider must notify us about, such as abuse or when a person dies. 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 three relatives, two care workers and the registered manager. We reviewed a range of records. This included three people's care records, risk assessments, daily records and health records. We also looked at four staff files including their recruitment, supervision and training records. We reviewed records relating to the management of the service, quality assurance records and a variety of policies and procedures implemented by the provider. We also looked at other records the provider kept, such as staff meetings minutes and surveys people completed to share their views.

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.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us they felt safe with the care staff. One relative said, "Yes, definitely, it's really safe with the agency. Staff are happy and chatty carers."
- The provider had safeguarding systems in place, including safeguarding and whistleblowing policies and procedures to safeguard people. Members of staff confirmed they had read these.
- Staff had received training on adult safeguarding and understood their responsibilities to record safety incidents, raise concerns and near misses, and to report them internally and externally, where appropriate. A member of staff said, "Safeguarding is looking after our clients, making sure they are safe from abuse/harm. If I suspect, I will report to my superior. If nothing was done, I will go higher or go CQC."
- Staff told us they felt confident in whistleblowing (telling someone) if they had any worries. A member of staff said, "Whistleblowing is reporting an issue you have concerns with and you want to take the matter further to a higher authority anonymously if you wish."
- The registered manager demonstrated their knowledge on how to report abuse to the local authority and CQC if required. There had been a safeguarding concern, which was duly reported and followed through with the local authority safeguarding team.

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

- People's care plans contained risk assessments linked to their support needs. These explained the actions staff should take to promote people's safety, while maintaining their independence and ensuring their needs were met. Risk assessments identified hazards, evaluated the risk and provided guidance for staff on the precautions to take. For example, one person had a detailed moving and handling risk assessment. It was detailed with the likelihood of falls and steps needed to mitigate risk of falls. Staff confirmed they were aware of these and followed the risk assessment.
- Potential environmental risks and hazards such as uneven surfaces, appliances, inadequate lighting or trailing wires within the person's home had been adequately identified in initial assessments and controlled.
- There had been detailed records of incidents such as near misses and falls in people's homes. The registered manager had kept records of these, and lessons were learnt from them. For example, one person had a fall and following the fall the registered manager carried out a reassessment of the person's needs. They implemented additional measures to support the person, which enabled staff to meet their needs safely.
- Policies and systems were in place to ensure that incidents were recorded and actioned including late or missed calls. The registered manager told us that these were analysed monthly.

Staffing and recruitment

- Relatives told us they had consistent staff providing their care and support. One relative said, "Mum has bonded with the carers, and she looks forward to them coming."
- People's needs, and hours of support, were individually assessed. Staffing rotas showed there were enough staff deployed to meet people's needs. Staff were given enough travel time between visits which enabled them to meet people's needs safely without rushing. One relative said, "Yes in fact they possibly spend over their time. Nothing is rushed."
- People and staff had access to an out of hours on call system manned by the registered manager.
- Staff were recruited safely, and checks were thoroughly completed. The provider maintained safe recruitment procedures that enabled them to check the suitability and fitness of staff to support people. This protected people from new staff being employed who may not be suitable to work with them. Disclosure and Barring Service (DBS) checks had been completed. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People who required support to manage their medicines received them safely. Relatives confirmed this and told us, "Yes they do the morning meds, and it's all ok.", "Yes, Mum gets very anxious about her tablets, and the carers help her take them in the morning. She has quite a lot for this and that!" and "They do all the meds and it's all okay."
- Staff had received medicines training. Yearly medicine administration competency checks were carried out.
- Each person had specific guidance for staff to follow, detailing the support that was required to take their medicines, such as prompting.
- Medicines administration records (MARs) were completed by staff each time medicines were given. There were no gaps or omissions which indicated people received their medicines as prescribed. These were audited by the registered manager regularly.
- The service had policies and procedures on the administration of medicines, which provided guidelines for staff. Medicines administration was an agenda topic at staff meetings.

Preventing and controlling infection

- There were effective systems in place to reduce the risk and spread of infection.
- Personal protective equipment such as gloves and aprons were used by staff to protect themselves and the person from the risk of infection. People we spoke with confirmed this.
- Staff were trained in infection control and understood their role and responsibility for maintaining high standards of cleanliness and hygiene.

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.

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

- The registered provider undertook an initial assessment with people before they started providing care and support. People and their relatives were fully involved in the assessment process. A relative said, "Yes, at the beginning, when she came out of hospital, we met with the registered manager and agreed the plan." Another relative said, "When the service first started, we discussed everything, wrote it all down and signed it and they've stuck by it."
- Care plans detailed people's individual needs and how staff could support them. This was alongside recognised guidance such as The National Institute for Health and Care Excellence (NICE) in relation to medicines.
- Records showed that the initial assessments had considered any additional provision that might need to be made to ensure that people's protected characteristics under the Equality Act 2010 were respected. This included, for example, if they have any cultural or religious beliefs or needs which needed to be considered when planning for their support.

Staff support: induction, training, skills and experience

- New staff received an induction when they started working at the service. Inductions covered introduction to the service as well as an overview of the tasks that each member of staff was required to complete as part of that role. For example, administering medicines. New staff initially worked alongside experienced staff.
- Staff had completed the appropriate training needed to enable them to deliver care safely and effectively. This included completing 'The Care Certificate' for new staff without experience. The 'Care Certificate' is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Care staff were offered the opportunity to complete a formal qualification during their employment. For example, the Qualifications and Credit Framework (QCF) in Health and Social Care, which is an accredited qualification for staff working in the care sector.
- Staff felt supported by the registered manager. Evidence showed that staff had monthly supervision meetings and annual appraisals with the registered manager. Supervision enabled staff to discuss their work and identify further training needs.

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

- Care plans included a nutrition and hydration risk assessment and guidance for staff on people's dietary requirements. For example, one person with diabetes had guidance developed for staff about what they should eat and should not eat.
- Staff demonstrated that they understood the importance of following set guidelines in place. They followed people's care plans which detailed the support they required with eating and drinking.

- Staff received training regarding fluid and nutrition, so they had the knowledge to support people to eat healthily.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff were not directly involved in people's healthcare needs. However, care plans showed that healthcare formed part of their initial assessments, which were taken into consideration before support started.
- Staff told us that they would report any concerns they have about the person's health to the relatives who would in turn take required action.
- People's care records included guidance for staff to follow. For example, on high blood pressure and anxiety. This included recommended guidance, which further enabled staff in understanding and meeting people's needs.

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 MCA 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 and whether any conditions relating to those authorisations were being met.

- People's capacity to consent to care and support had been assessed and recorded. For example, people had signed and consented to the care that was provided by the service.
- The registered manager and staff had MCA and DoLS training. They understood people had the right to make their own decisions about their care. When people might be unable to give consent, they knew the MCA process to be followed.
- Relatives confirmed to us that staff always asked for their consent before doing anything. One person said, "Yes, they always ask her."

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

- Relatives told us that staff were caring. One relative said, "Yes, Mum wouldn't tolerate anything less, she'd speak up." Another said, "I'd say very caring. They help with anything."
- Staff knew the people they were supporting well. One relative confirmed this and said, "Mum's got a bit of dementia now, and the carers pick that up quicker than I do."
- People's care records contained information about their background and preferences, and staff were knowledgeable about these. This enabled care staff to deliver care that meets people's needs.

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

- People wrote they were involved in their care. One person wrote, "They [Staff] are outstanding in all areas. Enough staff, we are involved in reviews, we feel safe and told if there will be a change of carer."
- Relatives were involved in the formulation, reviewing and the delivery of care. This was confirmed by relatives.
- Relatives wrote they were able to express their needs and received the care and support that they wanted for their loved ones in the way they preferred. A relative said, "They asked us about our religious needs. We told them we have none. They respected that."

Respecting and promoting people's privacy, dignity and independence

- People wrote they were respected by care staff. One person wrote, "Staff have the right knowledge, asked for consent, know about my health, know my likes and dislikes, treat with dignity and respect, staff take concerns seriously, managers open and honest."
- Relatives said, "Yes, always. They treated mum with dignity." And "Mum would have said if they were not! She's good at moaning! She's a bit stubborn and fussy!"
- Staff understood the importance of respecting people's individual rights and choices. A carer said, "I always ask them what the need and want. I allow them to make choices between things before I deliver care."
- Care plans included what people could do for themselves and when they needed support. For example, one person's care plan stated, '[X] can choose their clothes. Staff to support with putting this on only.' We saw in daily notes that staff adhered to this instruction in the care plan.

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

- Care plans were comprehensive, personalised to suit individual's need, placed people's views and needs at the centre. People's care plans were detailed and informed staff what the person's abilities were and support they required from staff. For example, a relative told us, "Mum's got a bit of dementia now, and the carers pick that up quicker than I do. They attend to her as an individual according to her needs."
- Each person had a designated care staff who covered all their daily needs. Staff were matched with each person they supported. A relative said, "Mum does have the choice, but she prefers the men. This was provided. It doesn't matter really."
- Detailed daily records of visits were kept by staff. Records included personal care given, well-being, concerns to note and fluids taken. These records ensured good communication between staff, benefitting the care of the person.
- Care plans were reviewed with people at least every six months but may be more frequent based on people's needs. This meant staff would have up to date information in the delivery of care.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager told us that they will make documents available to people they supported if required in different formats such as large print.
- People's communication needs had been assessed and staff knew how to communicate with people based on the assessment. The assessment asked people how they would like to be communicated with, such as verbally, in writing, in person or to be translated into another language. This gave people the choice of how to be communicated with.

Improving care quality in response to complaints or concerns

- Relatives told us they had no concerns. A relative said, "Absolutely, no complaints whatsoever."
- People knew who to contact if they were concerned about anything. One person said, "If I need to complain, I will go to the registered manager."
- The provider had a comprehensive complaints policy that included information about how to make a complaint and what people could expect to happen if they raised a concern.

- The policy included information about other organisations that could be approached if someone wished to raise a concern outside of the service such as the social services, local government ombudsman and the Care Quality Commission (CQC).

End of life care and support

- The service was not supporting anyone at the end of their life.
- The registered manager told us that they had in depth conversations with people and their relatives about end of life plans. Care plans contained these conversations and people's preferences for end of life care. This meant the service knew what people's wishes were in the event of them becoming ill suddenly.

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; 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

- Relatives told us the agency was a good company. A relative said, "Most definitely. I will recommend them." Another said, "Yes, they are a good little company. I certainly would."
- Simplex Healthcare was a small agency managed by the registered manager. The registered manager was always available to staff and people. A carer said, "He is very professional, polite, always readily available to people, relatives and staff. Very good with the clients. Very comfortable to work with."
- The registered manager understood the duty of candour. They were open and honest when things had gone wrong and were responsive to suggestions made at this inspection. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Staff told us that the management team encouraged a culture of openness and transparency. A member of staff said, "He is a lovely man. He is interested in keeping both clients and staff happy. Very accommodating, very lovely person and very passionate about the delivery of care."
- There was a positive focus on supporting staff to communicate and express their views. A member of staff said, "I can approach the manager, they are helpful."

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

- The registered manager had a robust system in place for monitoring the quality of the service.
- A range of quality audits, such as care plans, medicine, spot checks and staff files were in place and completed. When shortfalls were identified, an action plan was put in place. This was reviewed and signed off when completed by the registered manager. The registered manager understood the responsibilities of their registration.
- Registered bodies are required to notify CQC of specific incidents relating to the service. These notifications would tell us about any important events that had happened in the service. The registered manager told us they understood this requirement. The registered manager had notified CQC of important event that happened.
- It is a legal requirement that the latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. As this was the first inspection of the service since registration, we discussed this requirement with the registered manager, to ensure that the rating would be displayed in the office and on

the providers website.

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

- Relatives told us they were happy with engagement from the registered manager. A relative said, "Mum is happy. That's all I want." Another said, "I give them 10 out of 10. They are a very nice agency."
- Staff told us that they were able to share their ideas and felt listened to. A member of staff said, "Management is supportive, they are really helpful. I am happy with my job."
- Feedback was sought from people and their relatives during care reviews. People wrote, 'This is the first time I have needed care and from my experience my care package could not have been allocated to a better care provider. I have found all the 'operatives' very caring and attentive to my evolving needs.', 'I am 100% happy with the ladies who come.' and 'All good/outstanding.'

Continuous learning and improving care; Working in partnership with others

- The registered manager told us they kept up to date with best practice and developments. For example, they were registering with Skills for Care to gain additional support.
- Staff told us that they were kept well informed about the outcome of engagement with health and social care professionals that could result in a change to a person's care. The service demonstrated a commitment to sustained and improved care at all levels. Best practice guidance was shared amongst staff to help further in the deliverance of good care.
- The registered manager worked with people, their relatives and healthcare professionals to meet the person's needs. A relative confirmed this and said, "The manager comes here, and we talk with him about anything. We have no problem with the service."
- Quality assurance processes were in place to capture the views and experience of people using the service. The service placed emphasis on the perspective of people to help understand any quality issues and challenges.