

Simply Caring

Simply Caring

Inspection report

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04 December 2018

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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

This comprehensive inspection took place on 23, 27 November and 04 December 2018. 72 hours' notice was given as we needed to be sure the registered manager would be available when we visited the agency offices. This time also enabled the registered manager to arrange home visits. This allowed us to hear about people's and relatives experiences of the service.

Simply Caring is a domiciliary care agency. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care. Simply Caring is registered to provide personal care to younger and older adults who may be living with dementia, have sensory impairments, and / or physical disabilities. It provides personal care to 33 people living in their own houses and flats in the community. Additional services which are not regulated by the Commission were also provided, for example support with housework, companionship services and support to remain active.

At the last inspection in May 2016, the service was rated Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated as Good:

The service had a registered manager. 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 service was well-led with person-centred values and a vision to provide high quality compassionate care. The provider and registered manager were open and approachable. The registered manager listened to feedback and reflected on how the service could be further improved. The service worked across organisations to ensure effective care, support and treatment.

People were protected from harm and discrimination. People's human rights were protected because the code of practice in relation to the Mental Capacity Act 2005 (MCA) was understood and followed. People's nutritional needs were met because staff followed people's support plans to make sure people were eating and drinking enough and potential risks were known.

People were supported by staff who were kind and caring. All staff demonstrated respect for people through their conversations and interactions. Staff listened to people and gave them time to support their emotional needs. People were supported by a consistent staff group who knew them well. People's privacy and dignity was promoted. As far as possible, people were actively involved in making simple choices and decisions

about how they wanted to live their lives. People, and those who mattered to them were involved in decisions about their care. People were supported by compassionate staff in their final days.

People were protected from abuse because staff understood what action to take if they were concerned someone was being abused or mistreated. People felt safe with the staff providing their care. Risks associated with people's care and their living environment were effectively managed to ensure their freedom was promoted. People's independence was encouraged and staff helped people feel valued by engaging in everyday tasks where they were able to.

The provider and management team wanted to ensure the right staff were employed, so recruitment practices were safe and ensured that robust staff checks had been undertaken. Staff underwent an induction, and there was ongoing training to meet people's needs effectively. People were cared for by a consistent staff team they knew and trusted. People's medicines were managed safely.

People were encouraged to live healthy lives, and their overall well being was promoted. People were supported to access health care professionals to maintain their health and wellbeing.

Safe infection control practices were followed. Staff had access to personal protective equipment and had received training in minimising cross infection.

Policies and procedures were in place if people had a concern or complaint. Feedback was gathered from people to continue to improve the service. Complaints and incidents were reflected upon to ensure ongoing improvement. The registered manager / provider promoted the ethos of honesty and admitted when things had gone wrong. The service kept abreast of changes to maintain quality care.

Staff adapted their communication methods dependent upon people's needs, for example simple questions and information was given to people with cognitive difficulties.

People received care which was responsive to their needs. People and their relatives were encouraged to be part of the care planning process and to attend or contribute to care reviews where possible. This helped to ensure the care being provided met people's individual needs. However, care plans required further developing to include more detail on people's preferences and routines.

People were treated equally and fairly and some staff had received training in equality and diversity. The management team were also considering how this area could be further developed across policies, assessments and care plans.

We recommend care plans are developed further to reflect people's diverse needs, care, routine and preferences.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Simply Caring

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on the 23, 27 November and 04 December 2018 and was announced. The provider was given 72 hours' notice because the location provides care in people's homes and we needed to be sure that the registered manager would be in. The inspection was carried out by one adult social care inspector.

Prior to the inspection we reviewed the records held on the service. This included the Provider Information Return (PIR) which is a form that asks the provider to give some key information about the service, what the service does well, and improvements they plan to make. We also reviewed notifications and previous reports. Notifications are specific events registered people have to tell us about by law.

During our inspection we met with five people who used the service, two relatives and three friends of people. We met three staff, the provider and the registered manager. Following the inspection we spoke with one relative, received professional feedback from two people and reviewed the information from 11 comment cards staff sent us.

We looked at four care records which related to people's individual care needs. We viewed three staff recruitment and induction files, the staff training information, and records associated with the management of the service. This included policies and procedures, people and staff feedback, staff meeting minutes and the complaints process. Following the inspection, we asked the registered manager for further information on end of life care which was supplied promptly.

Is the service safe?

Our findings

The service continued to provide safe care. People and relatives said the service was safe.

The systems, process and practices at Simply Caring enabled people to remain safe. People were kept safe by staff who understood how to identify the signs of abuse and what action they would need to take if they witnessed or suspected that someone was being mistreated, bullied or harassed. This included an understanding of which external agencies they would need to alert. There was an up to date safeguarding policy in place located at the office which staff were aware of. These policies and regular feedback from people using the service, helped protect people from discrimination. Staff confirmed that they had undergone training in this area, knew how to safeguard people and care for their property, finances and belongings. Staff all confirmed they would not hesitate to raise concerns.

Some staff supported people to buy their shopping and go on outings. Where staff were handling people's money, clear processes were in place and receipts of expenditure kept. Lessons had been learned from past experience in this area, and policies and processes had been made more robust to safeguard staff and people.

People were supported by staff that were safely recruited. Records showed that the necessary checks were undertaken prior to an applicant commencing their employment, to help ensure the right staff were employed to keep vulnerable people safe. The registered manager told us staff values were very important during the recruitment process and said, "We look at the skills staff can bring to home care – people skills, communication skills, training, that they are personable people".

People were kept safe by sufficient numbers of staff which meant there was adequate cover for sickness and unforeseen events. There was a flexible, stable staff team; this helped to provide continuity for people and meant if people had appointments there was flexibility with the times of visits. As far as possible, staff told us they worked as a team to meet people's needs so people were supported by staff they knew. People confirmed home visits were never missed and they were notified if staff were running behind schedule. One person said, "They are always on time, if they are held up they will give me a ring and say they are running late." The registered manager told us a new, "live" care planning system ensured any missed visits were quickly noticed. They shared, "When monitoring missed visits that have occurred, we spotted a trend in there being issues surrounding communication. To remedy this, we now provide staff rotas to them in a variety of ways. Initially, we would provide them with a paper copy of their main rota and then if we have any leave or sickness cover we would ring staff and ask them to do extra. To improve on this and reduce missed calls we now provide them with their permanent written rota in paper form, email it to them too as a backup, and then any relief/cover work is also provided this way, as well as a follow-up phone call to avoid any communication errors."

People told us they had information about the staff who would be visiting so they knew which staff to expect on days. We also heard staff explaining to people with cognitive needs who to expect at their next visit.

Staff were protected whilst lone working, for example when staff joined the organisation they were informed of what action they should take to ensure their safety. Lone working guidance was in place and an out of hour's service to support staff safety.

People were supported by staff who managed risk effectively. Staff informed inspectors when a person's health had declined, people's doctors were contacted, equipment arranged, environmental hazards considered, and the staff visiting schedule considered. Several examples were given by people and the registered manager, of the service working flexibly when people had been unwell and needed increased support. The new care planning tool was also accessible to health care professionals for example, the ambulance staff so they were able to see current information about people in an emergency.

Staff understood the importance of a person's choice, regardless of disability, to take everyday risks and to keep people safe but not be intrusive when they monitored them in their home. Staff balanced actively supporting people's decisions so they had as much control and independence as possible whilst ensuring their safety at all times. One person told us, "I am an independent person, if I can do something, I will do it and they are very patient."

People had documentation in place relating to the management of risks associated with their care. The risk assessments were detailed and provided staff with specific information on all areas where risks had been identified. This included environmental risks within the person's home, as well as risks in relation to their care and support needs.

People were safely supported with their medicines if they required, and had care plans in place which detailed the medicine they were prescribed and the role staff were required to take. Staff who were responsible for administering medicines received training and had their ongoing competency checked to ensure they followed the provider's medicine policy. Staff confirmed they understood the importance of safe administration and management of medicines.

People were protected from the risk of infection. People told us staff took the necessary precautions when undertaking personal care for example wearing protective clothing.

People were kept safe by staff who understood what action to take in the event of an incident and followed internal procedures for reporting and documenting these. Any incidents or near misses were discussed at regular staff meetings to prevent a re occurrence. Contingency plans were in place for bad weather. For example, in the snow the previous winter, the service had been nominated as a "snow hero" and received a letter from Devon and Cornwall police thanking the service for going "above and beyond" in the extreme weather.

Is the service effective?

Our findings

The service provided effective care.

People were supported by staff that were trained to meet their needs. Staff underwent training on essential subjects such as moving and handling, food hygiene, infection control and safeguarding as well as training that was specific to the people they supported, for example dementia care. All staff confirmed the training was good. Training and updates were delivered by the registered manager, and external training providers as required. All staff confirmed training was robust and worthwhile. People confirmed they felt staff had the knowledge and skills to care for them well.

When staff joined the organisation, they received an induction which incorporated the care certificate standards. The care certificate was a recommendation from the 'Cavendish Review' to help improve the consistency of training of health care assistants and support workers in a social care setting. Staff also shadowed more experienced members of the team as part of the induction. People confirmed staff had shadowed more experienced staff until they were competent. Staff new to the organisation confirmed they found the induction met their needs.

Staff were supported by ongoing informal and formal face-to-face supervision, spot checks, competency checks and an annual appraisal. Staff were invited to come into the office regularly and staff and the registered manager confirmed an "open door" policy. Open discussions provided staff the opportunity to highlight areas of good practice, identify where support was needed and raise ideas on how the service could improve. We saw staff meeting minutes contained discussions about people's needs and care.

Healthcare professionals confirmed good outcomes for people. People's health and social care was coordinated with external professionals to ensure they got the support they needed. People were protected by staff that made prompt referrals to relevant healthcare services when changes to health or wellbeing had been identified. Staff knew people well and monitored people's health on a daily basis. Changes in people's health were communicated to staff via an App on their mobile phones so all staff were aware. If staff noted a change they would discuss this with the individual and with consent, seek appropriate professional advice and support.

The registered manager and staff understood their responsibilities in relation to the legislative framework, The Mental Capacity Act 2005 (MCA). The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 people lack mental capacity to take decisions, any made on their behalf must be in their best interests and the least restrictive option available.

The registered manager told us most of the people they currently cared for had the ability to make their own decisions. Staff however were knowledgeable about how they would support people who had difficulty in making decisions for themselves if people's needs changed. All staff gave people opportunities to help them

make choices and decisions for themselves wherever possible, for example what people wanted to wear or eat on a particular day. Consent forms were in place for care and support. People told us they felt in control of their care. Some people had other people in place with the legal authority to make decisions on their behalf. Where this was the case, the service liaised closely with the relevant parties.

People's nutritional needs were met where this was part of their agreed care. Care plans described if people required help, support or prompting with eating and drinking, so staff were informed about what action they needed to take. Staff knew who required their food and fluid intake to be monitored and when they needed to encourage people to eat and drink.

Simply Caring used technology advances such as the "Passsystem" (a digital care management system). This was a care planning tool and staff had an App on their phones to record information so care was always up to date. The service was looking at other options such as tablet computers to enhance care planning and visits to enable "real time" recording of information which the office would be able to see instantly. The registered manager shared how this had improved people's service telling us, "The introduction of the PASSsystem as a whole has had a large impact on our efficiency and the care we deliver. Saving time on paperwork has freed up more care delivery time. The medicine sheets (MARs) and care notes are all in real time, resulting in fewer errors occurring. The feedback from carers has seen a massive improvement, as all details, issues, concerns or incidents are logged then and there, resulting in issues being picked up on straight away and resolved much quicker. From a data protection point of view, having all the information on an APP that is secure on staff phones has protected Service Users further, no more paper care plans required for the staff."

Is the service caring?

Our findings

The service remained caring.

The registered manager told us the caring nature of staff was monitored closely through spot checks, feedback and supervision with staff. Positive feedback we received included, "All so caring, I wasn't well the other day and they called in twice to see if I was alright"; "All very good, every one of them – I depend on these girls a lot"; "They are just like friends; we have a good chat and share advice"; "They are all very caring. They make my bed, take my rubbish out, have a cup of tea and show me their photos; it all brightens my morning."

People and relatives all told us staff were kind and caring and feedback forms we looked at also confirmed this. People we visited at home told us, "They are very kind to me – one brought their rescue dog into town to meet me, they go out of their way"; "They (the service) score way over 10/10 – always happy and breezy." One relative told us, "We had an early appointment and aren't good in the mornings, one of the girls called to make sure we were up...if I have forgotten milk, they will pick some up for us." Another relative told us, "The service provided is excellent. I have a good rapport with the carers and the management team and know that I can rely on them, particularly when really needed - we have had several examples of them going above and beyond their contracted services. I know that if one of them comes across my father whilst out in [...] for example that they'll help if they perceive a problem. The carers have all developed a good rapport with my father - not easy at times given his reluctance to accept help. They tread the right line between dignity, respect, and compassion, and sometimes needing to get a thing done. They also show good judgement when they need to come to me for specific decisions or input. They're also proactive; [...] – the registered manager] takes feedback from the team and comes to me with suggestions as and when necessary. Bottom line is that without them helping my father to live independently (with advancing dementia) would be considerably more difficult. I also consider them friends."

Staff spoke of people in a caring, thoughtful way. One staff shared how they helped people feel they mattered, "We sit, listen and talk to people and have a conversation; always use their chosen name, talk about their families, ask what they have been doing, listen to their life stories and remember these discussions so we can bring them up again." A professional shared, "The first thing I noticed is how much the staff really care about the individuals they support, always doing that extra bit to help."

Staff told us how much they loved their jobs and the people they cared for. Staff maintained people's privacy and dignity when supporting them with personal care sharing examples of closing people's curtains, covering them with towels / dressing gowns and giving privacy when people wished. For example, if people wanted to use the bathroom alone. People and relatives commented, "I am very private and thought it would be awkward being naked but they are all so respectful" and, "They are all respectful, we like them all." Confidentiality, the Data Protection Act 1998 and personal boundaries were understood and respected by staff.

Staff ensured people were supported and cared for as they would their own family. One staff member

shared how they had seen people out in the rain and dressed inappropriately for the weather and taken them home. Staff rotas were organised around people's needs and arranged so staff had time to listen to people, provide information and involve people in their care. If people were unwell during a visit, either staff would stay or staff from the office would come and support people. Relatives confirmed when their loved one had been unwell, staff acted promptly and kept them informed.

The values of the organisation ensured the staff team were compassionate, respectful and empathetic and this was evidenced through our conversations with staff and people's descriptions of the care they received. People, where possible, received their care from the same staff member or group of staff members. This suited people and they told us they appreciated not having to repeat information. It supported relationships to be developed with people so they felt they mattered.

People's social interests and preferences were known by staff. People confirmed they were supported to stay as independent as possible, for example staff would support them to wash areas of their body they were able to independently, but assist them with areas they could not reach. Staff worked at people's own pace to enable them to remain independent and care as much for themselves as possible.

People's care plans detailed family and friends who were important to them. This helped staff to be knowledgeable about people's family dynamics and enable them to be involved as they wished. People and their relatives were encouraged to be involved in all aspects of care and shared that staff were observant. Regular reviews with people and those that mattered to them were in place. No one we met had a care plan presented in an accessible format; however, care reflected people's diverse needs and social situations.

Is the service responsive?

Our findings

The service continued to provide responsive care to meet people's needs.

The registered manager / provider's referrals usually came through the local authority system. The service undertook their own holistic assessment of people's strengths and needs. Care plans were then developed based upon people's physical, mental, emotional and social needs. If people had protected characteristics under the Equality Act 2010, the registered manager assured us the provider's policies reflected people be treated equally and fairly. This assessment process also helped to identify when staff required further training before they were able to support people. If people were coming home from hospital, the service ensured all the necessary equipment was also in place to support a safe transition.

People had support plans in place which detailed the support required on each visit. People's care records were reviewed with them regularly and where appropriate, those who mattered to them. People confirmed they reflected their needs.

We found however, that assessments and care plans would benefit from greater detail about how people liked their care and their personal routines. Staff were consistent and knew people well, but care records lacked detail on how to support people if they were anxious or had cognitive difficulties which impacted on their behaviour at times. People who had sensory needs, hearing difficulties or protected characteristics under the Equality Act 2010 would also benefit from further information in their support plans and information in other formats, as required. The Accessible Information Standard (AIS) aims to make sure people who have a disability, impairment or sensory loss get information they can access and understand. The registered manager agreed to look at this as a priority.

We recommend care plans are developed further to reflect people's diverse needs, care, routine and preferences.

Staff shared examples of personalised care they provided, for example staff knew what people liked for breakfast, how they liked their tea and their favourite toiletries for showering.

The registered manager told us staff were confident caring for people at the end of their life and some had undertaken training in this area with an external provider. Care planning at this time in a person's life considered the person's and families wishes and preferences. Staff worked with the district nurses, palliative care nurses and people's doctors to ensure people's care at this time was kept under regular review.

There was a system in place for receiving and investigating complaints. People we spoke with had no complaints and told us they found the office staff friendly, approachable and listened, "If there's anything wrong I tell them. If I phone the office with a problem there's always been a good response." Information about how to raise a complaint was in people's homes. People, who were able, told us they had no concerns or complaints and if they did were confident the registered manager would resolve these. We reviewed one concern which had been thoroughly recorded, investigated and reflected upon according to the provider's

policy. The registered manager was keen to share learning from any concerns received to prevent a reoccurrence. If people using the service or their families required the complaints policy in an accessible format, this would be arranged by the registered manager. The registered manager told us, "The complaints procedure has been updated and to improve open communication and the opportunity to raise concerns and issues. A much clearer relationship has been formed between myself and the service users and their relatives, this has really improved the free flow of concerns, information, complaints etc and has enabled us to improve the standard of care we deliver as a team."

Is the service well-led?

Our findings

Feedback from people, relatives and professionals was very positive. Everyone we spoke with found the service to be well organised and the management team to be approachable. Throughout the inspection period the provider and registered manager were available and supplied information promptly. People we met knew the provider and registered manager.

There was 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 the legal responsibility for meeting the requirements in the Health and social Care Act 2008 and associated Regulations about how the service is run.

Professional feedback included, "The manager is very organised, approachable and will help to support her staff to achieve their goals, and provide the best care possible. The manager is positive in encouraging staff to do as much training as they can, and working towards their level two and three qualifications in care"; "Organised, professional, great team work. A pleasure to work with Simply Caring" and, "Their staff have an open and friendly attitude and seem dedicated and professional to the task of providing care to people in their community. I believe they provide an excellent service, which befits their title 'Simply Caring' and so highly recommend them."

People and relatives told us the culture at the service was positive. There was a strong ethos of care and compassion despite the provider not having a formal set of values that underpinned the quality and care of the service. Staff had confidence in the leadership team telling us they were supportive and approachable. The provider / registered manager were open, transparent and person-centred. We were told by the registered manager the focus of the service was to ensure people came first and received good outcomes. The service was organised around people and flexible to their different needs. The service encouraged staff to provide quality care and support. We observed the staff role modelled the organisation's values and were caring, respectful and kind towards each other. Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care.

People and staff told us they knew who the staff in the office were and their different roles. The registered manager told us they were always available across the week and there was an on-call facility if staff required advice out of hours.

People's views were actively sought to ensure the service was run in the way they would like it to be. People and relatives were sent quality assurance questionnaires, the results of which were audited in order to drive continuous improvement of the service. Feedback we reviewed was positive.

Staff were given the opportunity to share feedback and ideas in staff meetings and in one to one meetings with the management team. Staff felt supported by the management team, respected and listened to, "any problems and we can ring in"; "The office and management staff are always supportive, listen to what we say, and we can all have a say at the team meetings or individually."

The registered manager worked in partnership with other agencies when required for example primary healthcare service, the local hospital, social workers and the local authority.

The providers and registered manager worked closely together to monitor the overall governance of the service. The registered manager / provider had a range of organisational policies and procedures which were available to staff at all times. Staff had access to these at the office and via the on-call system. The provider's whistleblowing policy supported staff to question practice and staff confirmed they had felt confident using this in the past. It defined how staff that raised concerns would be protected.

The registered manager / provider understood their responsibilities. They promoted the ethos of honesty and learned from mistakes, this reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment and apologise when something goes wrong.

The service was striving to continually improve to enhance the care and quality of the service. Inspection feedback for further improvement was listened to. For example, the registered manager intended to implement the Accessible Information Standard (AIS). Although people and staff were all treated equally and fairly, the registered manager planned to look at further promoting equality across the service for people and staff. One staff member told us when they had not felt fairly treated, prompt action was taken to address this.

Regular checks on all aspects of care delivery monitored service provision and ensured the service maintained a good standard of quality. CQC registration and regulation requirements were understood by the management team. The registered manager kept up to date with ongoing training, local forums and communicated changes to staff through staff meetings, and one to one staff supervisions. Updates on relevant health issues such as stroke awareness and sepsis were shared with staff so they were alert to the possible signs and acted quickly. People and staff felt involved and engaged, told us that they felt able to question practice, and feedback areas of improvement if required. Staff and team morale was good and maintained by good communication and keeping people at the heart of the service. One staff member told us, "We have an office meeting every month, can talk over concerns and learn from that"; "Suggestions are listened to and acted upon."