

SimplyHelpingSeniors 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

About the service

SimplyHelpingSeniors Limited provides care and support to people living in their own homes. 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 18 people were receiving personal care.

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

People told us they felt safe whilst being supported by staff and family members were confident their relatives were well-looked after. Risks to people's health and well-being had been assessed and staff had access to information and guidance about how to manage these and keep people safe from harm. Staff had received safeguarding training and knew how to identify and respond to incidents of concern.

The registered manager followed safe recruitment and completed appropriate safety checks on new applicants to ensure they were suitable to work for the service. People and family members told us staff were mostly on-time but would contact them to let them know if they were going to be late which offered them reassurance. Staff told us they were given enough time to complete all tasks required whilst still being able to chat with people and their family members.

Staff had received training in relation to infection prevention and control and received regular updates, particularly in relation to COVID-19. People and family members told us staff wore the correct PPE during visits. The registered manager ensured staff had access to enough supplies of PPE. Staff carried out regular COVID-19 testing in line with current guidance.

People's care and support needs had been assessed and staff were provided with information and guidance about how to meet people's needs effectively. Staff received training relevant to their role and the needs of people they supported. People and family members felt confident staff knew what they were doing and had the right skills and knowledge to carry out their role.

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 and family members spoke positively about the staff and the relationships that had been developed. Staff took time to get to know people and it was evident they knew them and their families well. Family members told us staff often offered to help them with additional tasks which they appreciated.

People received care that was person-centred and based on their wishes and preferences; people and family members were involved in the planning process. Care plans contained information about people's life histories and what was important to them to allow staff to get to know them before providing support.

Where required, people were supported to access the community.

The service was not supporting anyone with end-of-life care at the time of our inspection, however they received positive feedback from family members of people who had previously received this level of care. The service had one staff member dedicated to 'night sits' with people in receipt of end-of-life care. This helped offer comfort and reassurance to people and their family members.

The registered manager was passionate about maintaining a service that was 'personal' and encouraged a 'family' feeling with regular offers of support to everyone involved in the service. People, family members and staff all provided positive feedback about the registered managers caring and supportive nature and desire to ensure people received good care from the right staff. Regular checks were completed on the safety and quality of the service in order to promote continuous improvements to people's care.

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 18 October 2019 and this is the first inspection.

Why we inspected

This inspection was carried out in line with CQC inspection guidance for newly registered services.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

This service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

This service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

This service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

This service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

This service was well-led.

Details are in our well-led findings below.

SimplyHelpingSeniors 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 Care Act 2014.

Inspection team

This inspection was completed by one inspector.

Service and service type

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

Notice of inspection

We gave the service 24 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 16 November 2021 and ended on 23 November 2021. We visited the office location on 17 November 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and six family members about their experience of the care provided. We spoke with five members of staff including the registered manager/provider and deputy manager.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems were in place to safeguard people from the risk of abuse.
- Staff received safeguarding training and knew how to identify and respond to any concerns of abuse.
- Safeguarding records were maintained and incidents of concern were investigated and reported to relevant professionals.
- Accidents and incidents were recorded and reviewed by the registered manager to look at ways to prevent them from occurring in the future.

Assessing risk, safety monitoring and management

- Risks to people's health, safety and well-being were managed safely.
- Staff had access to information and guidance about people's identified risks and how best to support them safely.
- Where people required support with their mobility, detailed plans were in place to guide staff on how to use equipment safely. One family member told us, "[Relative] has some mobility equipment. She tells me they [staff] are patient and make her feel safe when using it."
- People told us they felt safe with staff and family members were assured their loved ones were well looked after. Comments included; "Absolutely 100% safe, no concerns at all" and "[Relative] is definitely safe which is especially important as he uses a hoist. They [staff] use it exactly right."

Using medicines safely

- Medicines were managed safely by staff who had received relevant training and had their competency levels regularly checked.
- Where people needed staff to support them with their medication, this was clearly recorded in their care plan with detailed guidance about what level of support they needed.
- Care plans contained a full list of people's prescribed medicines, what they were for and any risks associated with them not being taken as prescribed.
- The service used electronic medicine administration records (eMARs). This system meant staff could not log out of people's calls until prescribed medicines had been recorded as administered.

Staffing and recruitment

- Safe recruitment processes were in place. A range of pre-employment checks and assessments were completed to ensure new applicants were suitable to work for the service.
- People and family members told us staff mostly arrived on time and stayed for the full duration. They told us they would receive a call if staff were going to be late. Comments included; "Yes they [staff] turn up on

time, there's no problems with that" and "They [staff] mostly turn up on time but we understand if the last call has run over and they always call us to let us know."

- Staff told us they received a rota in advance and felt the calls allocated were achievable and they never felt rushed. They told us they were given enough time to complete all the required tasks and travel between calls.

Preventing and controlling infection

- Systems were in place to control and prevent the spread of infection; particularly in response to COVID-19.
- Staff received training in infection prevention and control (IPC) and the safe use of PPE. They were provided with regular updates and changes to IPC guidance.
- Staff told us they were provided with enough supplies of PPE and people and family members confirmed staff always wore the correct equipment when providing care.
- Records showed that staff accessed regular COVID-19 testing in line with current guidance.

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

- People's needs were assessed, and care delivered, in line with current best practice.
- Plans were in place that provided detailed information and guidance about people's needs and how to support them in a way they preferred.
- People's oral health was considered as part of the assessment process and plans in place to ensure their oral needs were met by staff.
- People and family members told us they were included in the assessment process. Comments included; "Yes, we were part of the planning process. They [manager] took on board what we felt [relative] needed" and "They [manager] chatted with me and asked what I needed help with."
- Where people needed support with their meals, this was clearly recorded including what level of support was needed.
- Risks associated with people's food and drink intake were considered and relevant guidance in place for staff to support them safely.

Staff support: induction, training, skills and experience

- Newly recruited staff received an induction that gave them the skills and knowledge they needed to support people. Staff continued to receive training relevant to their role and specific to people's individual needs.
- People and family members were confident that staff knew what they were doing and had the right skills and knowledge to carry out their role. One family member told us, "They [staff] know exactly what they are doing. [Registered manager] has got it right; she emphasises training."
- Staff told us they were supported to access additional qualifications to assist them in their role and any future development plans.
- Staff told us they received regular supervision meetings which gave them the opportunity to discuss any concerns or development needs.

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

- People were supported to access health care appointments when needed.
- Any advice or guidance given by health care professionals following appointments was passed to staff in a timely manner to ensure people's current needs were met.

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.

The service was not currently supporting anyone with authorisations in place to deprive them of their liberty.

- Consent for care was obtained in line with the principles of the MCA 2005.
- People's capacity to make specific decisions about their care was considered as part of the assessment process and outcomes clearly recorded in their care plans.
- Staff ensured people were given choice and control over decisions about their day-to-day care.

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 were treated well and given the support they needed and wanted by consistent staff who knew them well.
- Staff spent time with people and their family members to get to know them and build positive relationships. One family member told us, "They [staff] are always chatty and talk about their days and have good conversations with him [relative]. He enjoys their company."
- People and family members spoke positively about how staff interacted and treated people. Comments included; "Five staff. They [staff] are very good" and "I am so pleased with them [staff]. They are very engaging with [relative]. She is heard of hearing and they always address her to her face."
- Family members told us staff were keen to offer them support in addition to their relatives. One family member told us, "They [staff] are absolutely great. Nothing is too much trouble for them. They always ask if I need anything doing after they have finished with him [relative]."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect and ensured personal care was provided in a way that made people feel comfortable. One person told us, "They [staff] never make me feel uncomfortable."
- The registered manager and staff respected people's wishes and preferences in relation to receiving personal care from male or female staff. One family member told us, "Staff respect that mum doesn't like male staff to be hands on; they just helps with the manual handling tasks."
- People were supported to be maintain their independence and care plans reflected people's wishes in relation to this.

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

- People were given the opportunity to express their views and be involved in the decisions made about their care.
- Office staff and managers made regular calls and visits to people to discuss their care and get their feedback. One person told us, "I hear from [manager] quite a lot. She will ring or call round to see how things are going."
- Where appropriate, family members were included in reviews and conversations about people's care. One family member told us, "We get contact from [manager] and [manager] all of the time. We see [manager] once a week."

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; 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 received care that was person-centred and based on their individual needs, wishes and preferences. One person told us, "They [staff] always listen to me and what I need."
- Most care plans contained detailed information about people's life histories and who was important to them to allow staff to get to know people before supporting them. We discussed the importance of this being consistent across all care plans.
- Care plans contained information about how people may present depending on how they felt. This ensured staff provided people with the right level of support at each visit.
- People were supported to access the community and maintain social links where needed.

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.

- People's communication needs were considered as part of the assessment process.
- Care plans contained information and guidance about people's communication needs. Where required, alternative methods of communication were used by staff to ensure people received the right care and support.
- The registered manager ensured information was available in alternative formats in line with AIS.

Improving care quality in response to complaints or concerns

- People and family members had access to information about how to make a complaint should they need to. We were told; "I would ring the office but I haven't ever needed to make a complaint. The office sort out any little niggles we may have" and "We've never needed to make a complaint but I would call [manager] and it would be sorted."
- A record of complaints was kept by the registered manager. Those recorded had been dealt with appropriately and improvements made to people's care.

End of life care and support

- The service was not supporting anyone with end-of-life care at the time of our inspection.
- The service had received positive feedback from family members of people previously supported with end-of-life care. One family member said, "The support and help provided to me and my mother whilst she

was receiving palliative care was invaluable. I shall be forever grateful for the day [registered manager] came in to my life. Her agency and their care gave me much needed peace of mind that, on a day-to-day basis, my mother was being looked after."

- The service had recognised the importance of extending their support to family members after a person's death and were looking at ways to do 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.

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

- The registered manager, who was also the provider, promoted a culture that was person-centred, open and inclusive. This was evidenced through feedback from people, family members and staff.
- People and family members spoke positively about the registered manager and the service they received from staff. Comments included; "SimplyHelpingSeniors really stepped up. I really pleased with the communication and the care [relative] receives" and "This is a good service. Staff are very good. [registered manager] is going down the right track. [Registered manager's] attitude to care - she is just a caring person"
- The registered manager ensured reasonable adjustments were made for staff who required specific support to carry out their role.

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

- The registered manager was supported by a deputy manager and team of office staff with clearly defined roles.
- People and family members told us they felt the service was well-managed and described the registered manager as knowledgeable and experienced. Comments included; "She [registered manager] is really quite knowledgeable. She realises how hard things are. She is straight talking but very accommodating. If there's a problem she leave me feeling like something will get done" and "We have confidence in [registered manager], she has the enthusiasm to do well."
- Staff spoke positively about the registered manager and their experience of working for the service. Comments included; "It's like coming home. Working for [registered manager] is like coming home after a long day. Nothing is too much trouble for her" and "I'm loving it. Never worked with a nicer manager, you can tell she loves her job. [Registered manager] and [deputy manager] are just brilliant. I feel well-supported."
- The registered manager recognised and acknowledged staffs' hard work and celebrated this through 'employee of the month' and other incentives.
- Regular checks were completed on various aspects of the service to make sure people continued to receive safe, effective, good quality care.

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

- The registered manager engaged with people, family members and staff on a regular basis to ensure they

received relevant information about the service.

- Staff told us meetings were held and regular updates were received through e-mails and other messaging formats. They felt listened to and engaged with at all times. One staff member told us, "I have suggested to [registered manager] that we offer bereavement support to families. She has taken this on board and we are going to chat about it."
- Feedback from people and family members was gathered through surveys and regular calls/visits.
- People and family members told us they felt confident speaking openly with the registered manager. One family member told us, "We can say what we want and feel comfortable doing so. It's a personal connect with [registered manager]."
- The service worked in partnership with external organisations in order to promote positive outcomes for people using the service.

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 responsibility to be honest with people when things went wrong.
- The registered manager had reported notifiable events where required to the CQC and maintained records of actions which had been taken. This was to help ensure changes made were effective.