Simply Carers Ltd

Simply Carers LTD

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
Simply Carers LTD is a domiciliary care agency that provides personal care to people in their own homes. At the time of our inspection there were 18 people using the service who had a variety of health needs, including dementia. 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
People and their relatives felt safe using the service. One relative told us, "Carers come in four times a day. I feel she is safe with the carers. I have met four of them and they are charming young ladies". People's risks were identified and assessed, and staff supported people to be as independent as possible. People received their medicines as prescribed.

People were supported by staff to access healthcare professionals and services. One person said, "Staff call four times a day. I feel very safe with the carers as I can't walk without my Zimmer frame. I can't get around on my own, but the physio came today … I hope I will be able to manage on my own and will no longer need care". People were encouraged by staff to eat a healthy diet and received support to do so. 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 kind and caring staff. One person said, "They are trained well enough to meet my needs. I think they are good and would recommend them to others". People were encouraged to be as independent as possible, and they were treated with dignity and respect.

Personalised care was provided and care plans reflected people's choices and preferences which staff followed. Information was provided in an accessible format if required and to suit people's communication needs. The provider had a complaints policy, a copy of which was given to everyone receiving a service.

The service was well led and the management team knew every person who received support. One person said, "There is nothing they need to improve about the care I am given". The system for monitoring the service to drive continuous improvement included obtaining feedback from people and their relatives, reviews of their care, and spot checks to observe staff delivering care to people in their own homes.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection
The service was registered with us on 20 January 2021 and this is the first inspection.

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.

Simply Carers LTD

Detailed findings

Background to this inspection

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

Inspection team
The inspection was undertaken by an inspector 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
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection
We gave the service 48 hours' notice of the inspection. 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 23 May 2022 and ended on 6 June 2022. We visited the location's office on 27 May 2022.

What we did before the inspection
We used the information the provider sent us in the provider information return (PIR). This is information

providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information we had received about the service, including statutory notifications. We used all this information to plan our inspection.

During the inspection
We spoke with five people and six relatives about their experience of the service. We spoke with the registered manager, the office administrator and two care staff.

We reviewed a range of records including four care plans. We looked at two staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Good

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
- People were protected from the risk of abuse and harm by staff who had completed safeguarding training.
- A relative said, "She has been having care for eight months now, three times a day. She is partially sighted, hearing impaired and walks with a frame. I do feel she is safe. I don't think she is at risk and am sure if there was an issue she would tell me".
- Staff supported people in line with the provider's policy on safeguarding. One staff member said, "According to the training, it's making sure everyone is protected from being abused. We try and give people their independence". Another staff member told us, "Safeguarding means if we suspect anything like abuse, could be a client's family, we report it to the office. They will pick it up and act as appropriate, but if it is an emergency, we can contact social services or the police".
- The registered manager demonstrated a clear understanding of when to notify CQC and the local safeguarding authority when suspected abuse had occurred.

Assessing risk, safety monitoring and management
- People's risks were identified and assessed safely.
- One person said, "All the carers who come to me have been very good and appear to know what to do, which is more than I do. I can't fault any of them. I used to fall, but that hasn't happened for a long time".
- Care plans included information about people's risks and guidance for staff on how to mitigate these risks. For example, one person was at risk of malnourishment, so care staff prepared their meals for them and charted how much they had eaten and drank. This enabled staff to take prompt action, for example, contacting a healthcare professional, if the person's appetite diminished or their fluid intake had deteriorated.
- Another person had sustained skin damage, and their care plan provided clear information to care staff about the support they required with washing the affected area and a daily change of underwear.

Staffing and recruitment
- There were sufficient staff to ensure people received the care they required. Staff told us they had time to spend with people and did not feel rushed.
- People gave mixed feedback about their care calls. A relative said, "Timing is an issue especially with lateness. They are regularly half-an-hour to an hour late. We asked them to ring us and let us know, but they don't as they say it makes them later having to stop and let us know. Their usual excuse is the previous client took them longer". One person told us, "They are usually here on time, but I never ring if they are late, as I know someone will turn up eventually".
- The registered manager was aware of some issues in connection with staff spending the time allocated

with people, and had implemented a new system to monitor when staff arrived and left people's homes. We will check at our next inspection that this has been embedded.
● Staff felt they had enough time to support people in line with their documented needs. One said, "Yes, there is enough time including travel time. If there is a change in any client's care, we let the office know and they can increase the time to care if need be".
● New staff were recruited safely. Records showed an application form was completed, two references obtained and potential new staff had their employment histories verified. Disclosure and Barring Service (DBS) checks were completed. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
● The registered manager explained the difficulties they had experienced in trying to recruit new staff. They said, "The aim is to expand the service, but at the moment, it is increasingly difficult to recruit. Since Covid, it has been a nightmare and we haven't taken on any new clients for a while".

Using medicines safely
● Staff had completed training to ensure people received their medicines as required.
● Relatives confirmed people received their medicines, although this may not be recorded or written down in records kept at people's homes. One relative said, "They do give her medication and there is provision for them to record it in the manual they left, but I have not read the notes to see what they have given to my [named family member]". One person said, "The carers have to give me my medication for pain relief and other medication mornings and evenings. My tablets come in a dossit box which my daughter checks regularly. They don't write up what I have been given and I don't recall ever having a chart for them to record medication on".
● A staff member said, "There are clients who have medicine and we are trained to administer from blister packs. We check the medicine and if any client refuses to take their medicine, we should not make them do it, we assist them, and let the office know about it. Some medicines are given by visiting nurses".
● The registered manager told us, "Yes, staff administer medicines occasionally and are competency assessed as part of induction training. There are checks as a minimum twice a year, but if we received a complaint, then we would do more spot checks".
● From November 2021, an electronic medication administration record (MAR) was implemented. People and their relatives were asked if they preferred to access the MAR electronically or to continue with paper records. Office staff had immediate oversight of the electronic system to ensure people received their medicines as prescribed.

Preventing and controlling infection
● People were protected from the risk of infection.
● Care staff were supplied with sufficient stocks of disposable masks, aprons and gloves, as well as gel to sanitise their hands.
● One person said, "They do wear masks, gloves and aprons, wash their hands on arrival, use paper towels and hand gel. They always leave my bathroom clean and tidy".
● Staff completed training on the use of personal protective equipment and infection control. One staff member explained, "We had training on infection prevention. We should ensure we protect clients from infections and wear PPE. We should ensure the environment where we work is tidy and when we prepare food. We change our gloves before making food, or changing the beds. The most important thing is to wear our PPE and wash our hands frequently, and we always wash our hands and change our PPE between calls".

Learning lessons when things go wrong
● Lessons were learned when things went wrong.
● Last year, a carer had recorded the wrong times of their call visit and had not stayed the allocated time.

The registered manager apologised to the person involved and a supervision meeting was organised with the carer, so the issue was discussed. Subsequently, the carer completed training on reporting and recording, as well as a refresher on safeguarding.

● A team meeting was organised and a new system was implemented, so care staff had to log-in and log-off when completing visits to people's homes. Staff in the office could then check people received their support visits at the correct times and that staff stayed for the allocated time.

Good

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

- People's care and support needs were assessed before they began to receive a service.
- The registered manager completed an assessment for people or received information via a referral from the commissioners who were seeking placement.
- Some people required support on a short-term basis before being reassessed by health or social care professionals.
- Information received from commissioners, or through individual assessment of people's needs and choices, formed the basis of care plans.

Staff support: induction, training, skills and experience

- Staff completed an induction programme and mandatory training based on their skills and experience. The induction period lasted for 12 weeks and included opportunities for staff to shadow experienced staff. Staff who were new to care could study for the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- One person said, "I can't fault the carers and they all have been trained to meet my needs. On one occasion a new carer shadowed my regular one, but only the once". A relative felt that some staff had not received training on a particular piece of equipment to help with transferring their loved one. Physiotherapists had been consulted and took photos of how the equipment should be used by care staff and this assisted them to use the equipment safely.
- Some people expressed concern about the standard of some carers' ability to speak or write English. The registered manager required some staff, who did not have English as their first language, to complete literacy tests so their competency in the language could be assessed. These tests had been completed successfully by relevant staff and copies were placed in their recruitment files.
- One staff member said, "I have done lots of training, on mental capacity, infection control, manual handling and food hygiene. Some is online training and some is face to face, like manual handling. I have worked in care before". A training matrix confirmed training that staff had completed.
- In addition to training, staff had supervision meetings with their line managers. One staff member explained, "I think it is every two or three months. They watch how we care for people. They also ask how we are doing and if there is anything to review". Records confirmed supervision meetings had taken place.

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

- Some people required staff to prepare their meals or assist them with eating, and staff had completed

food hygiene training.
● One person said, "Staff do my meals, some are microwaved and other times I have a sandwich and fresh fruit". A relative told us, "The carers always ask what she would like to eat. I do help her shop for ready meals and frozen food that carers can do for her. Staff always make her cups of tea and ensure she has snacks, usually a variety of biscuits and drinks for her to have in between their visits".
● People's dietary needs had been assessed and information for staff was included within care plans. For example, one person was assessed as being at risk of choking, so they required a pureed diet which their relative prepared for them.
● We asked staff how they supported people to eat and drink. One staff member explained, "It depends on what the clients require. I get to know what people want and, depending on that, it might mean cereals, adding milk, asking people whether they would like sandwiches, or soup to be microwaved".

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● The service worked with a variety of health and social care professionals, including commissioners, and when arrangements were needed to discharge a person from hospital and receive care in their own home. For example, a dietician was involved in advising on nutrition for one person who was at risk of malnourishment.
● People told us that staff would call the GP if they became unwell. One person said, "They will ring my daughter if I am not well, but I can ring my GP myself, although they will do it for me if I ask them". A relative told us, They always talk to me if Dad is unwell. On one occasion Dad fell when the carers were helping him and they called an ambulance. They stayed with him until they came. They did phone me to let me know he was okay".
● A staff member said, "We would call the office first if we had concerns or there are numbers in the client's home, like GP's contact details or district nurses. If it is an emergency, we would call 999 or 111".

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.
● Consent to care and support was gained lawfully.
● Staff completed MCA training as part of their induction. The registered manager told us, "We should not assume someone does not have capacity. We should always let someone make their own decisions, unless assessed otherwise. We should always respect people's wishes".
● Staff demonstrated their understanding of mental capacity. One said, "Mental capacity means that we start by thinking the individual can make their own decisions. We don't assume because of their sickness or age they don't have capacity, and we support people to make their own decisions. The time of day might make a difference, so we might ask someone when they're more relaxed. If they are capable of making a decision based on their choice, even if it is a bad one, we respect that".

Good

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 looked after by kind and caring staff who knew them well; their diverse needs were acknowledged and catered for.
- A relative told us, "I think they asked us about male or female staff in the beginning, but [named person] was unsure. She thinks she can do things herself, but can't. When male carers arrived, she was very unhappy as she didn't want men doing her personal care. I met with the manager and we sorted this out". One person said, "I have regular carers who I know".
- People were asked at their initial assessment about their particular care needs and preferences. One staff member said, "We have the care plans and we can read them, so we know what people need after their assessment. We ensure people's privacy and support their diversity". Another staff member told us, "I like caring for people and helping them to feel better. It gives me a sense of accomplishment that I'm doing something right".

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

- People were supported by staff to be involved in all aspects of their care.
- A relative said, "I was involved in the discussions for [named person] care needs and got what I felt was wanted". Another relative commented, "We were involved in [named person] care plan. She didn't want care but eventually she realised she needed help. They used to come at 8pm to put her to bed which she refused to do, so now they just get her ready for bed as she can put herself to bed".
- The registered manager said, "During the care planning stage, people have to be involved in all aspects. We try and make the care plan person-centred and include people's preferences; from the start to the finish, they are involved in the care planning. The carers will know what people like and dislike having read the care plan".
- A copy of each person's care plan was held in the person's home, as well as in the office, so carers could access these easily.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect and their independence was promoted.
- One person said, "She always makes sure the curtains are pulled before undertaking my personal care. I get my clothes all ready before they come in the bathroom and they cover my bottom, whilst doing my top. I like to wash myself where I can. Staff check for bed sores or any other skin issues and will cream my back, legs, etc., where the skin is very dry".
- A relative told us, "They really do protect his privacy and dignity by covering his bottom bits when washing his top. If he is on the toilet, they leave him in private, and do other things until he calls for them to help him

when he has finished".

● Care staff understood the need to treat people respectfully. One said, "If we get to a client's house for personal care to be done, we make sure the door is closed. Even a family member may not come in unless the person tells us otherwise. When people are bedbound, we make sure they are covered when we provide care. If the person is female, there will be two care staff [one male, one female], so the female carer can do the personal care".

● Another carer explained, "We allow people to do what they can for themselves. We ask them what they would like to do, say like washing their face. We respect them when some people say they can do things for themselves and not take their independence away from them".

Good

Is the service responsive?

Our findings

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

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

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

- People received personalised care that met their needs.
- A relative told us they had asked for female care staff, but male care staff had arrived on a couple of occasions. They contacted the office and raised their concerns. After this, only female care staff provided support, in line with the person's preferences.
- Another relative said, "When [named person] came out of hospital, a care package was set up. Since then I have discussed care with the managers of Simply Carers Ltd and asked for changes, as he was having carers four times a day and we only needed them once a day". These changes were made in line with the person's wishes.
- Care plans documented how people wished to be supported and recorded people's preferences and choices for staff to follow.

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.

- People's communication needs were met.
- At the time of the inspection, there was no-one who was unable to communicate verbally. For people who had a visual impairment, information could be provided in large print or other accessible format.
- A staff member said, "Some people might use signs, or point to different pictures to communicate. Or they might nod. We have no-one currently who cannot communicate with us".

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

- People were supported by staff to stay in touch with families and friends.
- The majority of people lived with a relative or had relatives who visited regularly.

Improving care quality in response to complaints or concerns

- Complaints were managed in line with the provider's policy.
- We reviewed five complaints and these were managed to the satisfaction of the complainant. For example, one complaint was in relation to care staff not staying the allotted time. Staff had been reminded

of the need to support people for the contracted time.

● People provided mixed feedback when asked if they had cause to raise any concerns. A relative said, "I have not had to raise any issues, but would know what to do if I had to". Another relative had complained about the state care staff had left their family member's home". They added, "The manager said he would sort it out and I know he spoke to the carers that day. I now see in the book when they put the washing out or when they have cleaned the bathroom".

End of life care and support

● Care staff completed training on end of life care as part of their induction.

● One carer explained, "People might need more support with mobility and their personal care. We make sure they are comfortable. People might have a reduced intake of food and fluid, and we would encourage people with this. They need more time to be cared for and we will always ask people what they want if they can talk with us".

● 'Do not attempt cardio-pulmonary resuscitation' (DNACPR) forms were kept on file. DNACPR is when it is considered inappropriate to try and resuscitate a person should they experience sudden cardiac arrest. Discussions about this decision were conducted with people, their relatives, healthcare professionals and staff.

Good

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

- People received personalised care that achieved good outcomes and promoted their independence. One carer told us, "It's individualised life care directed by the person".
- A relative told us, "I have found staff very pleasant when I have phoned to say that I am taking my sister out at a specific time of the day and for them not to send a carer until after that time". Another relative commented, "When [named person] first began to have care, I had to ring the office and I spoke to a lady as I was having difficulties. I really needed help and asked if the carers could come back to assist me. She was extremely kind and caring and got me help right away".
- The registered manager explained his understanding of duty of candour. He told us, "Transparency – if there has been an incident, I will notify CQC, speak with family members, speak with the adult social care team. It's learning from events and incidents, trying to change the way we care and reviewing care plans".
- The registered manager had a good understanding of their role and responsibilities with regard to regulatory requirements and compliance. They explained they accessed information on CQC's website and this kept them up to date with the latest information and guidance.
- Notifications that the provider was required to send to us by law had been received.

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

- People were fully engaged with care staff and the management team.
- One person said, "I will phone the manager if necessary and he knows me by name, but I don't know his name; he is easy to talk to. He's a nice fellow and said he would be seeing me at some time". A relative told us, "I have met the manager and the team supervisor. They are always pleasant and charming and I have no reason to think that if an issue arose, that they would not resolve it to our satisfaction".
- A second relative told us they did know the registered manager and would phone him if there were any problems. They added, "If he comes to see [named person] he asks for us to be there so he can discuss things. Because of her hearing problems, she can't always hear him or answer him and he looks to me if I am there to clarify things. He always looks at [named person] and uses her name at the start of the question".
- Staff felt supported in their roles. One carer said, Staff meetings are being held in the office or, if we aren't able to meet in the office, we can meet outside, close-by. We talk about staff welfare, work progress and any

new staff or changes to care. I think for now we are okay, but we do need more staff". Another carer told us, "I do feel supported, and I feel listened to".

Continuous learning and improving care

● People were complimentary about the management and care staff, and talked about the importance of good communication.

● People and their relatives had access to a friends and family app which provided real-time information about the care of people. The registered manager stated, "We would like for everyone to be able to see what we see with regards to monitoring logs and medication records and to feel confident that their family members are safe".

● Audits had been implemented to monitor the care people received and the service overall. Accidents and incidents were analysed to identify any possible patterns or trends.

● People and their relatives were asked for their feedback about the service, and surveys were presented in an accessible format. Four feedback surveys we reviewed contained positive comments. A relative had written, 'Can we possibly have [named carer] who came to us yesterday as Dad's regular care worker. He is very friendly and personable. He made Dad laugh and he encouraged Dad to eat his breakfast porridge. [Named carer] seems to have that extra something".

Working in partnership with others

● The service worked in partnership with a variety of health and social care professionals.

● Some people were referred to the service when they were discharged from hospital. In addition to the support they received from the carers, they also received input from occupational therapists, district nurses and GPs.

● The registered manager told us the service was a member of a professional body comprising care agencies. He attended monthly meetings with commissioners to discuss people's care and any potential new people who required support and care at home.