

We Simply Care Ltd

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Inspection report

Office 3, Great Gilberts Farm
Bluegate Lane, Capel St. Mary
Ipswich
IP9 2JX

Tel: 01473311192

Website: www.wesimplycare.co.uk

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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

We Simply Care Ltd is a domiciliary care service providing personal care 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 there were 17 people receiving personal care support.

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

Risks to people were assessed and mitigated, which reduced the risks of avoidable harm. Care specialists received training in safeguarding and there were systems in place designed to reduce the risks of abuse happening. Where people required support with their medicines, this was done safely. Infection control processes protected people from the risks of cross infection. There were sufficient numbers of care specialists to cover the planned visits to people. Recruitment systems were safe.

People received care and support from care specialists who were trained and supported appropriately. Where people required support with their dietary needs and health, this was provided effectively. 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 cared for and supported by caring and compassionate care specialists. People's rights to independence, dignity and privacy were promoted and respected. People's views and choices were valued and used to plan their care. This included people's end of life decisions. People's care needs were assessed planned for and met.

There were robust systems in place to assess and monitor the service provided. People's views were sought relating to the service provided and these were used to drive improvement. There was a complaints procedure in place.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 21/09/2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on a new service.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

We Simply Care 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 Care Act 2014.

Inspection team

This inspection was undertaken by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. 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.

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 10 December 2019 and ended on 11 December 2019.

What we did before inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority. 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 two people who used the service and two relatives about their experience of the care

provided. We spoke with five members of staff including a director who is also the nominated individual, registered manager, administrator and two care workers. The care workers are referred to in the service as care specialists, this term will be used throughout the report. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two 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.

After the inspection

We received feedback from the local authority about the service.

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

- Care specialists received training in safeguarding people from abuse and understood their roles and responsibilities in reporting concerns.
- Care specialists received information about safeguarding in their handbook which was provided at induction. A care specialist showed us their identification badge, which included information on the back advising how to report an emergency and included the contact details for the local authority safeguarding team.

Assessing risk, safety monitoring and management

- People's care records demonstrated risks in people's daily living relating to the care they received was assessed and mitigated. This included risks associated with moving and handling and their home environment.
- We saw the service had contacted the local fire service to undertake fire safety visits where a risk was noted.
- Comments from people in recent satisfaction surveys demonstrated they felt safe with their care specialists. One stated, "They always lock my door," when they left their home.

Staffing and recruitment

- There were enough care specialists to ensure all planned visits to people were undertaken.
- People told us there had been no missed visits and if the care specialists were running late they were told. One person's relative said, "They turn up on time, infrequently they have let us know if they are held up. Usually have a sheet with the time."
- Recruitment of care specialists included appropriate checks to ensure they were of good character and suitable to work in this type of service.

Using medicines safely

- Records demonstrated people received their medicines when they needed them. Checks on the medicine's administration records reduced the risks of people not receiving their medicines.
- Where people required support with their medicines, this was documented and guidance for care specialists included what support was to be provided and the types of medicines people received.
- Care specialists had received training in medicines administration and their competency was checked when observed in their usual work practice in spot checks.
- Comments made in the service's satisfaction surveys from people who used the service about the service received included, "They [care specialists] always make sure I have my medicine correctly," and, "When my

medication here changed they [care specialists] contacted my GP to make sure everything was correct."

Preventing and controlling infection

- Care specialists had received training in infection control and food hygiene, which advised them of their responsibilities in providing care which reduces the risks of cross infection.
- The service supplied care specialists with personal protection equipment (PPE) such as disposable gloves and aprons. We saw a care specialist collect PPE during our inspection visit.

Learning lessons when things go wrong

- There were systems in place to learn from incidents. This included reminding staff of their responsibilities in meetings.
- The director told us about an incident when care specialists had noted a discrepancy in a person's delivered medicines. They had acted to ensure the person's safety and with their permission supported the person in this area to reduce future risks.

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

- Before people started using the service their specific needs were assessed by a member of the senior team. This was done with the input from the people using the service and their representatives, such as family and other professionals involved in their care, where appropriate.
- The assessments were used to ensure the service could meet people's diverse needs and to complete care plans which guided care specialists how to meet people's assessed needs.

Staff support: induction, training, skills and experience

- One person's relative told us how they felt the care specialists had the skills to meet their family member's needs, "We are delighted, staff clearly show very caring attitude to [family member] in more ways than one." This was confirmed by comments made in the service's recent satisfaction surveys which included, "They have a positive attitude," and, "It's a good service with capable and friendly people."
- There were systems to provide care specialists with training to meet people's needs, and the opportunity to undertake qualifications relevant to their role. Care specialists were provided with training in people's diverse needs and conditions. This included dementia, and diabetes.
- Newly employed care specialists received an induction which included training, assessed shadowing of more experienced colleagues and working on the Care Certificate. This is a set of induction standards that care staff should be working to.
- Care specialists received one to one supervision meetings. These provided care specialists the opportunity to discuss their work, receive feedback and identify any training needs.

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

- Some people required support with their dietary and hydration needs. This was documented in their care records and provided guidance for care specialists on how to meet these needs.

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

- The director told us how they worked well with other professionals involved in people's care, including community nurses and occupational therapists.
- Where care specialists had concerns about people's wellbeing, action was taken including contacting health care professionals, with people's consent, or advising their relatives of these concerns, who could arrange appointments on the person's behalf.
- People's care records included information about people's health care needs and specific conditions, such as dementia, and how these affected their daily living.

- People's records included a hospital passport, which documented people's individual needs and how they communicated. These could be provided to hospital staff if a person required hospital admission to ensure they received consistent care.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People's capacity to make decisions was identified in care records. If people required support in making decisions from other authorised people, this was documented.
- Care specialists had access to the service's MCA policy and a link to a website for self-directed learning. The director told us there were plans to have more in depth training. A care specialist told us they had covered the importance of gaining people's consent in their training.
- People's daily records demonstrated people's consent was sought before care specialists supported them. One person said, "They always ask for my consent, definitely."

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 told us the care specialists who supported them were caring and respectful. One person said their care specialists were, "So Kind." Another person commented, "They are all kind, understanding and helpful, all excellent really...well it is about how they all are very cheerful, and nothing is too much trouble." One person's relative said the care specialists were, "Always respectful."
- All staff spoken with, including the management team and care specialists, spoke about people in a caring and compassionate manner. They clearly knew the people they cared for well.

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

- People were central to the care they received. Records demonstrated their views and choices were listened to and used to plan the care they received. This included their preferred form of address and the care specialist's gender.
- One person said, "They always ask what they can do and if there is anything else I need. I have the folder [care plan] here with all the information." They confirmed their care plan included how they said they had wanted to be cared for. One person's relative commented, "They listen to what we want and act."

Respecting and promoting people's privacy, dignity and independence

- People's care records included guidance for care specialists on respecting people's dignity, independence and privacy. The records included the areas of their care people could attend to independently and where they required support.
- Care specialists were observed in their usual work duties as part of the provider's quality monitoring processes. During these spot checks members of the management team checked people's independence, dignity and privacy was promoted and respected.
- The director told us how they had successfully supported a person in improving their independence and requirements for support. This was confirmed in feedback we had received from a social care professional.
- One person said, "They give me my independence, they help, not push and pull."
- One person's relative told us how their family member was supported with their personal care needs and the care specialists, "Reassures [family member] ... respects privacy."

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 told us they were happy with the care they received which met their individual needs. One person said since they had been using the service, "It was beyond my dreams...they are wonderful and fantastic. They really could not be better." People told us they had their care plans in their home and these reflected the care and support they required.
- People's care records demonstrated that their specific needs and preferences were assessed, planned for and met. This included care plans for the care people required with their conditions, such as diabetes. When people required support to access social activities and accessing services in the community, this was identified in their care records.
- People's care needs were kept under review and their care records were updated when changes were needed. People were included in reviews, as were their representatives including relatives, where appropriate.
- Care specialists and the director spoken with had a good knowledge of people's individual needs.
- People said they were satisfied with the person-centred care they received in the service's recent satisfaction survey. One stated, "The care I receive from the carers now is the best I have had."

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 care records identified how people communicated and guided care specialists in the best ways to communicate effectively with them.
- Documentation, such as the complaints procedure could be made available in other format, such as larger print, if requested. The complaints procedure and equality, diversity and inclusion information were in easy read formats.

Improving care quality in response to complaints or concerns

- There was a complaints procedure which explained what people could expect if they raised a complaint with the service. People and relatives told us they knew how to raise a complaint but have never had to. One person in the service's recent satisfaction surveys said, "Although I have no concerns I know if I have any concerns I can contact them."
- There had been no complaints about the care provided to people received since the service had been

registered. Discussions with the director demonstrated that any concerns would be addressed quickly to reduce the risks of people not being happy with their care.

End of life care and support

- The director told us about the people who were and had been receiving palliative care. They worked closely with other professionals involved in the person's care to ensure they were receiving the end of life care they needed.
- There was a specialist in this area who was doing more enhanced training. Care specialists received the policy of supporting people at the end of their lives and dealing with death. The director spoke with care specialists to test their understanding and was confident they knew how to support people.
- A care specialist who was supporting a person who required end of life care explained the support they were providing. This demonstrated they understood their role in providing people with comfort and appropriate care.
- We saw a letter sent to the service from a person's relative which complimented the service on the end of care they provided to their family member. The letter included information how the care specialists had respected the person's wishes and provided comfort and care.

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

- People and relatives we spoke with were complimentary about the service they received and how the service was led. One person said, "Give them the top score, they are the best I have had." One person's relative commented, "Thank you for the opportunity to say how good they are. They are truthfully exceptional." One person said in the service's recent satisfaction surveys, "I have met [director] a few times, they are extremely helpful, and they ensure I have the care I need."
- People who used the service were central to the service provision. They were consulted about their care needs and their views were valued.
- Care specialists told us that the service was good place to work and they were highly complementary about the director. One care specialist said, "The team is awesome, we all gel and have the same thing in mind, care." Another said they felt they could speak with the director at any time if they needed guidance or support.

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 director understood their roles and responsibilities relating to the duty of candour and there was a process in place.

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

- The director had a good understanding of what was happening in the service and the care and support needs of people using the service. The director was extremely passionate about providing people with high quality care at all times. This passion was shared by the care specialists we spoke with.
- The registered manager was stepping down from their role but was still working in the service. The director told us they were in the process of notifying us of this and registering for the role of registered manager themselves.
- The director had a system to monitor and assess the service provided to people. This assisted them to identify any shortfalls and address them. The director undertook care visits. This supported them to receive comments from people, work alongside care specialists and identify if improvements were needed.
- Care specialists were observed by a member of the management team, in their usual work, in 'spot checks', this assisted the director to identify if improvements were needed.
- The service had a comprehensive range of policies and procedures, based in legislation and best practice

guidance.

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

- People were asked for their views about the service they received, this included in reviews of their care and satisfaction questionnaires. We saw the results from recent questionnaires which had been completed by people who used the service, these were all positive.
- The director told us if they received any comments which required addressing, they would act on this immediately to improve people's experiences. They told us where one person had requested to be supported to go to bed later, this was done.
- There were plans for the administrator to take on completing reviews with people. The director said this would support people to speak freely, and impartial as they were not the one who delivered the care.
- Care specialists attended meetings where they received feedback and discussed any changes in people's needs and in the requirements of their role.

Continuous learning and improving care

- The director told us they had good working relationships with training providers. They kept up to date with required training and had recently attended mental health first aid training.
- The director had a plan of continuous improvement, this included securing a larger office space for training. They had recently purchased a four by four vehicle to transport care specialists to people's visits in the case of bad weather.
- Care specialists chose an area they were particularly interested in, such as stroke awareness and dementia. They undertook specific training in their subject and shared their learning with their colleagues. A care specialist told us they could also be involved in developing people's care packages if they had a specific condition.

Working in partnership with others

- The director told us they had good relationships with other professionals involved in people's care, this included the commissioners of the service. This was confirmed by a commissioner.
- The director had worked with the local authority commissioners and had been accredited to provide services for their customers.
- The director was working to develop community contacts. They shared an example of how they had approached some domiciliary care companies to share ideas and good practice, but this had not been accepted.