

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Sally and Sarah

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Staffing	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Sally and Sarah Care Limited
Registered Manager	Ms Sarah Mclain
Overview of the service	Sally and Sarah are a domiciliary care service that provide personal care to people living in their own homes.
Type of service	Domiciliary care service
Regulated activity	Personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 28 April 2014 and 6 May 2014, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

The inspection team was made up of one inspector. They visited the service, spoke with staff and people who used the service or their relatives. They answered our five questions; is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led?

Is the service caring?

People were supported by kind and attentive staff. Staff we spoke with demonstrated a good knowledge and understanding of the people they supported. People who used the service said, "They really are brilliant, I don't have a bad word to say about them" and "They are really pleasant, in fact they are super."

Is the service responsive to people's needs?

People's care and support needs had been assessed and care plans developed that detailed the care and support that people needed. People who used the service told us that they had been involved in the assessment process. They said, "They asked me what I needed, what I could do for myself and what I wanted support with. They were very good." Staff told us that the management team were responsive to changes in people's needs. They said, "When I told them I felt I needed additional support to ensure I delivered safe care I got it. They speak with the client and respond immediately and then carry out a reassessment as soon as possible". Another member of staff said, "It is not just a business to them, they really do care."

Is the service safe?

We saw that the service carried out a number of risk assessments to ensure the safety of people who used the service and staff. We saw that there were generic risk assessments considering potential hazards in the home environment. There were also person specific risk assessments such as pressure damage and skin integrity. Care records were up to date and captured the current needs of the people who used the service. Staff we spoke with told us that they had received appropriate training to enable them to deliver support

safely. People who used the service told us that they felt safe and comfortable with staff.

We saw that there was a consistent group of staff employed and deployed to deliver care and support. The management team oversaw the rota. People's needs were taken into account when making decisions about the numbers, qualifications, skills and experience required. This helped to ensure that people's needs were always met safely and effectively.

Is the service effective?

People who used the service told us that they were very happy with the service and that they had no concerns or issues. They told us, "I am very happy with them" and "Very happy, would not have kept them on as long as I have if I was dissatisfied."

We saw that the service had systems in place to monitor calls to ensure that no late or missed calls occurred. We spoke to people who used the service. These people told us that they had never experienced a late or missed call.

Is the service well led?

The service had mechanisms for identifying and addressing areas for improvement throughout the service. We saw that the management team had implemented changes to a number of systems, such as handover and medication auditing. People who used the service told us that they found all staff to be very approachable. One person said, "If I had any concerns, anything at all I would not hesitate to raise it with them."

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

We looked at care records of people who used the service. We found that records contained a document "Sally and Sarah Assessment". This included a profile of the individual, information about their early life, their likes and dislikes and information about important relationships and family members. This meant that people who used the service had their social and cultural diversities, values and beliefs respected and that staff understood how these beliefs may influence the care and support that they delivered.

We found that care records also contained a 'Service User Guide'. This guide contained information about the service, including contact details of the office, mobile numbers of the providers, details of the aims of the organisation and what people who used the service could expect. The guide also contained a section covering care planning. This outlined what the assessment process would consist of, ensuring that people could involve people acting in their best interest and be informed of how the assessment process worked. This showed that people who used the services, and others acting on their behalf, were involved in the initial planning of their care.

We spoke with three people who used the service. One person told us that they preferred to have a male carer to deliver their care and support needs. They told us that the service had respected that preference and that every call was carried out by the same male carer. All three people we spoke with told us that they found the carers to be pleasant and respectful. They told us care and support was delivered in a dignified and respectful manner.

We spoke with six members of staff who told us that they had a good understanding of the likes and dislikes of the people who used the service and that care and support was delivered with this information in mind. Staff who had been employed in the last six months told us that they had visited each person who used the service and had been formally introduced by management and seniors before carrying out any visits. One member of staff said, "I think that the introduction not only helped me but also the clients. It helped to identify myself to them and build up a rapport before delivering care. It also

gave them the opportunity to talk to me about what their care package was like." Another staff member said, "Clients know me now and are much happier to discuss their preferences with me."

We saw that staff had access to a number of policies and procedures covering 'Equality and Diversity', 'Privacy and Dignity' and 'Religion and Belief'. We found that each of these policies offered a comprehensive insight into different religious and cultural beliefs, to ensure that staff could deliver the care and support to people in a manner that was respectful and appropriate to each individual.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We spoke with the management team, six members of staff and three people who used the service and their relatives. The management team told us that before any care or support was delivered, home visits were arranged where an assessment of people's needs and wishes was undertaken to determine the level of support required. We found that this assessment was comprehensive and was tailored to ensure that the specific needs of individuals were captured.

Following on from the assessment individual care plans were developed. These care plans were comprehensive and provided staff with details of the level of support that people wanted to receive. These records captured the needs and preferences of people who used the service and demonstrated to us that the person was at the centre of the care planning. For example we saw people's preferences were documented within the records, i.e. 'X would like the carer to prepare lunch and leave it in the cool box. On a Friday please check if I want my evening meal prepared as I normally like to order a takeaway'. Another set of records detailed, 'Prepare breakfast of porridge with a cup of tea. Use blue top milk for my porridge and green top milk, only small amount, for my tea'. These records demonstrated that people had been involved in the planning of their care and had been given the opportunity to discuss what they wanted their support and assistance to look like on a day to day basis.

Each of the three people we spoke with told us that before any care or support was delivered the management team had visited their home, sometimes with a carer, and spoken to them about what they wanted their care package to look like. One person we spoke with told us that they had found the assessment process, "Very thorough" and another person said, "They asked me what I needed, what I could do for myself and what I wanted support with. They were very good."

In each of the sets of care records we found that risk assessments had been carried out to identify any potential risk or hazard and to ensure action was taken to minimise any risk to both people who used the service, visitors and staff. We saw that where people had poor mobility and subsequently at risk of falls, assessments had been carried out to ensure that people received the correct level of support from staff and that they had the correct

equipment available to them to promote their independence.

We saw that whilst there were generic risk assessments in place for potential hazards presented by the environment, falls and medication, there were also person specific risk assessments in place. For example, we saw that where people were at risk of skin damage specific risk assessments had been carried out and copies of professional guidance made available for reference.

The care records also provided information in relation to people's health (both physical and mental), communication, emotional and social needs. We saw evidence that care plans had been reviewed on a regular basis to ensure that they accurately reflected people's needs.

We spoke with staff about how they responded to the changing needs of the people who used the service. Staff told us that the management team were very responsive. One person said, "When I told them I felt I needed additional support to ensure I delivered safe care I got it. They speak with the client and respond immediately and then carry out a reassessment as soon as possible". Another member of staff said, "I find that I always have enough time to support and offer care at each of my calls, I am never clock watching because I am running out of time; the assessment process is effective."

We asked specific questions to both management and staff who worked for the service, about any training that they had received to enable them to respond to reasonably foreseeable emergencies. We found that all staff had completed first aid training and fire safety training.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

At the time of our inspection we found that the service was providing care and support to 17 people. This care and support was being delivered by 15 members of staff.

We spoke with the management team about staffing levels. They informed us that staffing was determined by the dependency needs of each individual. They demonstrated that call times and numbers of staff assigned to each call were determined following an assessment of the needs and wishes of the person who received the care and support.

From our discussions with staff and the management team we noted that staff had a good understanding of people's needs and had a good knowledge of people's methods of communication, personal background and support requirements. We saw that staff were matched to people based on the needs of the person using the service and the skills and experience of the carers. For example, we saw that people who were living with a dementia were supported by carers who had experience in caring for people living with a dementia and who had been trained in dementia awareness.

The service utilised an electronic system to plan and develop rotas. We spoke with six members of staff about staffing levels and they told us that they felt staffing levels were appropriate to meet the needs of the people who used the service. One member of staff said, "I have never known a call to be missed; on that note I think there are enough staff." Staff told us that they usually received their rota's one to two weeks in advance. They said that they felt this was sufficient time to allow amendments and arrange cover should changes need to be made.

We spoke with three people who used the service and their relatives. People told us that they were very happy with the staff that supported them. Each of the three people we spoke with told us that they had never experienced a late or missed call. One person told us, "Not got a bad word to say about them, my carer is 100%; punctual, respectful, just fantastic." Another person said, "The carers are very pleasant, very friendly and very respectful. I know I am in safe hands."

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We spoke with the management team about the support that was offered to staff employed by the service. They told us that when commencing employment all staff undertake an induction programme and mandatory training. All new members of staff enter a three month 'probationary period' where they have regular meetings with management to obtain support and raise any issues or concerns. Management told us that all staff receive an annual appraisal that is supported by quarterly supervisions throughout a 12 month period in line with company policy and procedure.

We looked at the files of six staff employed by the service, this included two people employed within the previous six months. We saw that these staff had all completed a certified induction programme at the beginning of their employment. We saw that the two members of staff most recently employed had been placed on a three month probation. Throughout these three months we saw evidence that they had regular meetings and contact with managers to discuss their role and responsibilities as well as any other issues that came to light, for example, any identified training needs. The registered manager informed us that throughout the three month probationary period these staff had also taken part in a 'buddy system'. The buddy system was designed to ensure that support workers could shadow more experienced members of staff and that these staff could provide new starters with extra support and ensure they had familiarised themselves with people who used the service before carrying out lone calls. One of these members of staff told us that they found their induction very thorough. They said, "I didn't have any concerns about what was ahead. All my training was brought up to date before I did a shift and I was given opportunity to meet clients. This gave us a chance to get to know each other before I began delivering their care."

From the records we looked at we could see staff had received supervisions in the last six months and that appraisals had been held within the last 12 months. We saw that appraisals gave staff the opportunity to discuss any concerns they had and discuss training requirements or development. This meant that staff received appropriate professional development.

We saw certification that staff had completed training in areas such as First Aid,

Medication, Fire Safety, Food Hygiene, Health and Safety, Safeguarding of Vulnerable Adults and Manual Handling. We spoke to the management team about ongoing training. They told us that they had, in the past, incurred some difficulty in finding training providers that were appropriate and suitable to meet the training needs for people delivering care in people's own homes. They informed us that new training providers had been approached and that this would go some way to ensure that training provided to all staff was consistent in nature.

We spoke with six members of staff about the support they received. Staff told us that they had no concerns about the level of support they received from the management of the service. One member of staff said, "I have no concerns at all, seniors and management are always contactable and are very responsive to any issues I have raised." Another member of staff said, "The managers, in fact the whole workforce, are very supportive and approachable. In my opinion this is one of the big, big strengths of the company."

Staff confirmed that they received supervisions and had appraisals. One member of staff said, "We have regular supervisions and receive annual appraisals; they are useful because it gives me an opportunity to express how I want my development to look like."

Staff told us that they were given opportunities to attend additional training that they felt would be beneficial to their role. One member of staff told us that they had recently attended training on dementia awareness that they had found really useful. Staff also told us that they were given opportunities to gain recognised professional qualifications, one member of staff said, "I recently completed Level 3 (NVQ); they funded it for me." Another member of staff told us that they had started out as a carer when the company had first began operating. They told us that they had now enrolled to complete a Level 5 Diploma in 'Leadership and Management' with the support of the Provider.

Staff informed us that they were supported to fulfil a manageable work live balance, including juggling child care responsibilities and carer roles.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

We looked at the quality assurance procedures that the provider had in place for assessing and monitoring the quality of the service that was provided.

We saw that the management team had recently implemented a new system to ensure people who used the service; their relatives or carers; and staff had a formal opportunity to discuss the effectiveness of the care and support being delivered. This included a 'carer to carer notes'. The staff we spoke with told us that the introduction of this had been positive. They told us that not only did staff utilise it to ensure information was handed over from one call to another, but that relatives and people who used the service also used it to communicate any concerns or queries with staff.

We spoke with three people who used the service. We asked them how they were enabled to provide feedback on the quality of the care and support that they received. They told us that although they had not been formally approached for feedback they would have no hesitation in speaking to staff or the management team if something was troubling them. They said, "They are available I know that, but I have never had to raise a concern, I think that says it all really."

We spoke with six members of staff. They told us that they attended regular staff meetings. They told us that these meetings normally had an agenda but that they were always given the opportunity to raise any concerns or issues that they may have. We saw that these meetings were minuted and were accessible to any staff who may not have attended the meetings. Staff also told us that the latest staff meeting was an open agenda to enable staff to raise any concerns, queries or issues that they might have.

This meant that the service had mechanisms to enable staff, people who used the service, or others acting on their behalf to feedback their views on the service provided.

We spoke to the management team about how they monitored the provision of the service and had some specific discussions around how the main office monitored and managed

staff when they were fulfilling their roles in the community. We were informed that the office maintained regular contact with the employees in line with their lone working policy. We were told that this included staff calling or sending messages to the on call senior or management team at the beginning and end of their shifts.

We spoke with six members of staff about the mechanisms the service had in place to ensure their safety when carrying out lone working. Staff told us that on the occasion that they did not contact the on call senior or management team following their rota calls then the management or senior would make calls to them to ensure that the call had been completed.

We were told by both staff and the management team that any changes to calls; such as carers running late or cancellation of calls would always be reported through to the on call or management team for actioning. From the rota's we reviewed we saw that no monitoring had been necessary as no late calls or missed calls had occurred.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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