

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

SSA Quality Care

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We inspected the following standards in response to concerns that standards weren't being met. This is what we found:

Requirements relating to workers

✘ Action needed

Supporting workers

✔ Met this standard

Details about this location

Registered Provider	SSA Quality Care Limited
Registered Manager	Mr Stephen Twigg
Overview of the service	SSA Quality Care provides a domiciliary care service to people in their own homes. They do not provide a service for children.
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

We carried out this inspection in response to concerns that one or more of the essential standards of quality and safety were not being met.

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 15 July 2014 and talked with staff.

What people told us and what we found

A single inspector carried out this inspection. The focus of the inspection was to follow up on concerns raised with the Care Quality Commission that some staff had recently been recruited from abroad and were unable to speak English. These concerns also alleged that staff had not had appropriate checks undertaken before they began work and had not received any training to undertake their roles safely.

We visited the service's office to check the records, systems and processes to ensure there was a robust recruitment and selection process in place and people were cared for, or supported by, suitably qualified, skilled and experienced staff. We gathered evidence against the outcomes we inspected to help answer one of our five key questions; Is the service safe?

Below is a summary of what we found. If you want to see the evidence supporting our summary please read our full report.

Is the service safe?

We looked at the personnel files of six staff recruited from abroad. We saw appropriate checks had been undertaken before staff began work. Each staff file contained a recent photograph, proof of identity, Disclosure and Barring checks (DBS) and references. Each staff member had completed an application form, which included a health questionnaire and a summary of previous experiences and qualifications. However, the provider had not gained a written explanation of any gaps in employment where this was evident.

Where English was not staffs' first spoken language, we saw written English tests had been sought and an initial interview had been undertaken over the Internet using a software application known as Skype. This was to ensure their language skills were appropriate to meet the needs of people using the service.

We saw documentation to show staff had been provided with an induction. The induction consisted of five days training which covered the organisation's mandatory subjects. This was then followed by shadowing more experienced carers until staff were competent and felt comfortable and confident to undertake their role alone. We saw documentation to

show staffs competencies had been checked and assessed to ensure they provided the care and support safely and in line with the organisations procedures before they worked alone. This ensured people were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

We viewed the organisations staff training matrix which showed all staff were provided with regular refresher courses to ensure their skills and knowledge were kept up to date. We also noted staff were provided with the opportunity to undertake the national vocational qualification in Health and Social Care. This showed staff were provided with the opportunity to obtain further qualifications appropriate to the work they perform.

We looked at a selection of staff files and saw documentation within them which showed they were provided with regular supervisions which included observing their practice and an annual appraisal where they could discuss their work, any area of concern and any developmental needs. This showed staff were supported in their roles and provided with training opportunities to add to their personal development.

These findings demonstrated to us that the service was generally safe but the failure to gain a written explanation of any gaps in employment did not ensure a robust recruitment procedure was in place to protect people using the service.

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

What we have told the provider to do

We have asked the provider to send us a report by 10 September 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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

Requirements relating to workers

✘ Action needed

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was not meeting this standard.

Recruitment and selection processes were in place but the provider had failed to gain a written explanation of any gaps in employment where this was evident. People were cared for, or supported by, suitably qualified, skilled and experienced staff.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We looked at the recruitment files for six staff. We saw appropriate checks had been undertaken before staff began work. Each staff file contained a recent photograph, proof of identity, Disclosure and Barring checks (DBS) and references. Where English was not the staffs' first spoken language, written English tests had been sought and an initial interview on Skype had been undertaken to ensure their language skills were appropriate to meet the needs of people using the service. Each had completed an application form, which included a health questionnaire and a summary of previous experiences and qualifications. However, the provider had not gained a written explanation of any gaps in employment where this was evident. A copy of their job description had been signed and dated by them. This showed that all applicants had been given equal job opportunities.

There were recruitment and selection processes in place but the provider had failed to gain a written explanation of any gaps in employment where this was evident. Staff were provided with a five day induction to provide them with the training and skills to undertake their roles competently and safely. This meant people could be confident staff were appropriately qualified to provide the care and support.

The provider informed us all newly appointed staff were initially provided with an induction. The induction included five days training, provided by an outside company, which covered the organisation's mandatory subjects. This was then followed by shadowing more experienced carers until staff were competent and felt comfortable and confident to undertake their role alone. We saw documented evidence to show staff had attended a five day training programme and their practice had been monitored to ensure they delivered care and support safely and in line with the organisation's policies and procedures. This ensured people who used the service were safe and their needs were

met by staff who were fit and appropriately qualified to undertake the job.

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

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard. The provider told us newly appointed staff completed an induction programme which provided them with the skills and knowledge to undertake their role safely. This included a five day training programme, provided by an outside company, which covered the organisation's mandatory subjects. This was followed by a period of shadowing experienced carers until the carer was confident and competent to undertake their role. We saw documentation to show staff had received training and their competencies had been checked and assessed to ensure they provided the care and support safely and in line with the organisations procedures before they worked alone. This ensured people were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

We looked at the personnel files of six staff and saw documentation which confirmed new staff were provided with a five day training programme before they began shadowing experienced carers. The training programme covered the organisations mandatory subjects. This included moving and handling, food safety, nutrition and hydration, first aid, health and safety, medication awareness, infection prevention and control, safeguarding, mental capacity act 2005 and deprivation of liberty safeguards.

We viewed the organisations staff training matrix which showed all staff were provided with regular refresher courses to ensure their skills and knowledge were kept up to date. Staff were also provided with the opportunity to undertake the national vocational qualification in Health and Social Care. We noted nine staff had gained their NVQ at level 2 or above and a further there were currently undertaking the NVQ at level three. This showed staff were provided with the opportunity to obtain further qualifications appropriate to the work they perform.

We saw documentation within staff files which showed they were provided with regular supervisions and an annual appraisal where they could discuss their work, any area of concern and any developmental needs. Similarly staff meetings were held which enabled the staff to meet as a team and discuss any important changes to the service provision, any concerns and any planned training. We saw minutes of the meetings which were kept

in the office. This showed staff were supported in their roles and provided with training opportunities to add to their personal development.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Personal care	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers
	How the regulation was not being met: Recruitment and selection processes were in place but the provider had failed to gain a written explanation of any gaps in employment. Regulation 21(b)

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 10 September 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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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