

Review of compliance

SSA Quality Care Limited SSA Quality Care	
Region:	South East
Location address:	7 Midshires Business Park Smeaton Close Aylesbury Buckinghamshire HP19 8HL
Type of service:	Domiciliary Care Agency
Date the review was completed:	04_2011
Overview of the service:	SSA Quality Care is Agency is a small Domiciliary Care agency based in Aylesbury, Bucks. The agency provides staff that visit service users on a daily basis or as frequently as their needs dictate. Services provided by the agency include the provision of personal care, meal preparation, shopping, bill paying, laundry and ironing and light domestic tasks.

Summary of our findings for the essential standards of quality and safety

What we found overall

We found that SSA Quality Care was meeting all the essential standards of quality and safety we reviewed but, to maintain this, we have suggested that some improvements are made.

The summary below describes why we carried out the review, what we found and any action required.

Why we carried out this review

We carried out this review because concerns were identified in relation to:

- Care and welfare of people who use services
- Safeguarding people who use services from abuse
- Safety, availability and suitability of equipment
- Requirements relating to workers
- Staffing
- Supporting workers

We carried out this review to check whether SSA Quality Care had made improvements in relation to:

- Care and welfare of people who use services
- Safeguarding people who use services from abuse
- Safety, availability and suitability of equipment
- Requirements relating to workers
- Staffing
- Supporting workers

How we carried out this review

We reviewed all the information we hold about this provider, surveyed people who use services, carried out a visit on 8th April 2011, talked to people who use services, talked to staff, checked the provider's records, and looked at records of people who use services.

What people told us

People and their relatives told us that they were happy with the care and support that they received.

They said someone from the agency had visited them before a package of care was drawn up to determine what care and support was required.

People told us that they felt safe receiving a service from this agency. They said that if they had any concerns they would speak to the manager.

People were positive about the staff who provided their care and support. They said that they were kind, caring and attentive to their needs.

People told us the staff always arrived to provide their care even during poor weather conditions. They said the care staff generally arrived on time and in instances where they were running late the office contacted them wherever possible to let them know. They told us that the care staff always did all the care detailed in their care plans before they left to go to their next visit.

They said the care was not rushed and that they were always treated with dignity and respect

What we found about the standards we reviewed and how well SSA Quality Care was meeting them

Outcome 4: People should get safe and appropriate care that meets their needs and supports their rights

Each person receiving care and support had an individual care plan detailing the care to be provided. Daily records of care were kept which documented the care and support given. However, there was some inconsistency in assessing and documenting any risks present in the delivery of people's care and support. Information within the care plans was difficult to access readily as they did not follow any order.

Overall, we found that SSA Quality Care was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

Outcome 7: People should be protected from abuse and staff should respect their human rights

Staff were knowledgeable about how to respond to any allegations or incidences of abuse, were provided with training and procedures were in place to manage any safeguarding incidences. However, any incidences had not been communicated to the commission appropriately. The recording of such incidences was poor and failed to indicate the outcome appropriately.

Overall we found that SSA Quality Care was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

Outcome 11: People should be safe from harm from unsafe or unsuitable equipment

People were not at risk from the use of unsuitable or unsafe equipment. Staff were provided with moving and handling training, appropriate referrals were made to obtain specialist equipment where required, and equipment had been serviced regularly to ensure it was suitable and safe to use.

Overall, we found SSA Quality Care was meeting this essential standard.

Outcome 12: People should be cared for by staff who are properly qualified and able to do their job

There was a recruitment process in place, designed to ensure that people who use the service were cared for by suitable staff. However, the recruitment process did not include taking precautions when accepting a portable CRB disclosure which could potentially place people using the service at risk.

Overall we found that SSA Quality Care was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

At the time of this visit there were sufficient numbers of staff to meet people's care and welfare needs.

Overall, we found SSA Quality Care was meeting this essential standard.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

People benefited from a team of staff who received training appropriate to their roles and who received supervisions and appraisals of their work.

Overall, we found SSA Quality Care was meeting this essential standard.

Action we have asked the service to take

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

What we found
for each essential standard of quality
and safety we reviewed

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*.

Outcome 4: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

There are minor concerns with outcome 4: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us
People and their relatives told us that they were happy with the care and support that they received.
They said someone from the agency had visited them before a package of care was drawn up to determine what care and support was required.
They said that the carers always provided all the care detailed in their care plans and stayed for the allotted time. They told us they found the carers knowledgeable and attentive to their needs.

Other evidence
The care plans we saw contained an assessment of people's needs. This information was used to inform the care plans. We saw some signed care plan agreements to show that people had been consulted with and their consent gained. Risk assessment had been undertaken in relation to the working environment to ensure the safety and welfare of the person receiving the care and the carers delivering the care.
It was evident in some people's care plans that any risks present, in relation to delivering their care, were being managed,. However, this was not being consistently assessed. One example was that in which one person's file informed

that they had had some episodes of choking on fluids. There was no risk assessment in place to address this or detailed plan as to how staff were to deal with such episodes. Another file informed us that the person had diabetes which was controlled by diet. There was no information in the file to inform staff of any signs and symptoms of low or high glucose or blood sugar, and how it was to be dealt with.

Files we looked at covered the help and care to be provided by the staff and the help that a persons relative/family member provided. However they were written in a very task orientated manner and did not include people's personal preferences. They did not reflect whether people had been consulted with around their likes and dislikes such as in relation to food. Instructions to staff included statements such as 'prepare and assist to feed her breakfast' but there was no indication as to what the individuals liked for their breakfasts. Similarly people's care plans instructed staff to 'prepare a drink' but there was no indication that peoples preferences had been discussed and taken into account.

Daily records were completed for each person detailing the care that had been provided. These were generally held in people's homes for four weeks at which point they were then transferred to the file held in the office

The daily records were generally signed by the carer who delivered the care and detailed their time of arrival and departure. These were also signed by the person receiving the care, where they were able to do so. Likewise staff time sheets detailed the times they were expected to deliver the care and they were to sign the actual start and end times. However there were a few instances in which some had not been signed by staff or the times documented on the daily records were different to those signed on the time sheet. The provider informed us that this had been an area that they had picked up on and it had been discussed in staff meetings. We viewed a copy of staff meeting minutes which clearly stated that it was essential for staff to document their actual start and end times accurately on the daily record notes and the timesheets.

We saw that information had been kept up to date and reviewed regularly as people's needs had changed.

Information within the care plans was difficult to access readily as they did not follow any order.

Our judgement

Each person receiving care and support had an individual care plan detailing the care to be provided. Daily records of care were kept which documented the care and support given. However, there was some inconsistency in assessing and documenting any risks present in the delivery of people's care and support. Information within the care plans was difficult to access readily as they did not follow any order.

Overall, we found that SSA Quality Care was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.



Outcome 7: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

- Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

There are minor concerns with outcome 7: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us
People told us that they felt safe receiving a service from this agency. They said that if they had any concerns they would speak to the manager.

Other evidence
The provider sent us a self assessment prior to this visit. They declared that they were not fully compliant in this outcome area and provided us with an action plan detailing the actions they would take to meet compliance and the date by which this would be completed. The provider acknowledged that they had not notified the Commission appropriately of any instances which had been reported to or investigated by the police. We were notified of one such incident but not within the timescale required. The action plan informed us that the provider would review the concerns log on a weekly basis and alert the Commission immediately of any incidences that required them to notify us.

A further area that they highlighted was that they were unable to demonstrate that people could be confident that staff would not take any person, (including children), or pets into their home without their permission and that of the managers. We were informed that whilst staff were aware of this policy it had not been made explicit to

people receiving care. The action plan informed us that this information would be added to the service user's guide and distributed to people by the end of March 2011.

All staff spoken with told us that there were policies and procedures in place for them to follow if they became aware of an incident or suspected an incidence of abuse. We saw policies in place which included a disclosure of abuse and bad practice policy, the local authorities safeguarding multi agency policy and a whistle blowing policy which was undated.

The staff we spoke to told us that they had been provided with safeguarding training when they first started with the agency and then this was regularly updated. We viewed the training matrix which detailed when training was provided and highlighted the dates that they were to be renewed. The matrix showed that ten of the twenty staff were due to receive an update training session which was scheduled for the end of the month.

Whilst the service made appropriate referrals to the local safeguarding team and police, they had not notified the commission of any such incidences as is required.

During our visit we saw that two referrals had been made to the local safeguarding team. One was in relation to some missing money and another in relation to physical abuse. We saw minutes of a safeguarding meeting in relation to one of these but there was no further documentation to inform of the outcome.

There had been one safeguarding referral made to the local authority verbally over the telephone during our visit. A notification was received for this incident.

Our judgement

Staff were knowledgeable about how to respond to any allegations or incidences of abuse, were provided with training and procedures were in place to manage any safeguarding incidences. However, any incidences had not been communicated to the commission appropriately. The recording of such incidences was poor and failed to indicate the outcome appropriately.

Overall we found that SSA Quality Care was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

Outcome 11: Safety, availability and suitability of equipment

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- Are not at risk of harm from unsafe or unsuitable equipment (medical and non-medical equipment, furnishings or fittings).
- Benefit from equipment that is comfortable and meets their needs.

What we found

Our judgement

The provider is compliant with outcome 11: Safety, availability and suitability of equipment

Our findings

What people who use the service experienced and told us
We were not able to speak to any people using the service about this outcome area.

Other evidence
Prior to visiting the service we received some information of concern in relation to the availability and safety of equipment for transferring and moving people. The providers self assessment sent to us prior to our visit informed us that in instances where people required any equipment they and their family members/advocates were consulted with. We were told that staff were provided with training so they knew how to use the equipment safely. The staff files we viewed showed that they had been provided with moving and handling training to ensure they had the knowledge and skills to assist people in a safe manner. We were informed that in instances where staff identified a problem with any equipment in a persons home, they would report the problem to their line manager. The manager would then make arrangements to ensure the equipment was repaired. We saw one such incident in the care plans that we looked at. The carer had called the office to report that the hoist was not working. The daily notes in the

care plan showed that as a result the individual had been washed and left in bed as the hoist had not been working. The engineers were contacted and went out the same day to repair it.

Where people's care required the assistance of two carers, we saw that this was clearly written in their care plans. We looked at worked rotas which clearly documented that two members of staff had been assigned to provide the care.

We saw documentation that showed where people required any specialist equipment; appropriate referrals had been made.

The manager told us that any specialist equipment used had been regularly checked to ensure it was safe to use. We were provided with a client equipment log which detailed the client's name and any specialist equipment they had. The log detailed the date the equipment had been installed, the last date that it had been serviced and the next date a service was due. It detailed who was responsible for the maintenance of the equipment, their contact details and the next scheduled date of servicing. All the equipment detailed had been serviced and none was outstanding.

Our judgement

People were not at risk from the use of unsuitable or unsafe equipment. Staff were provided with moving and handling training, appropriate referrals were made to obtain specialist equipment where required, and equipment had been serviced regularly to ensure it was suitable and safe to use.

Overall, we found SSA Quality Care was meeting this essential standard.

Outcome 12: Requirements relating to workers

What the outcome says

This is what people who use services should expect.

People who use services:

- Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

Our judgement

There are minor concerns with outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us
People were positive about the staff who provided their care and support. They said that they were kind, caring and attentive to their needs and how to help them.

Other evidence
During this visit we reviewed the recruitment process and viewed a sample of staff files. Each file contained a completed application form, a full employment history and two references. The records confirmed that generally staff did not work until a full and satisfactory Criminal Records Bureau (CRB) check had been received and they had completed an induction. However, there was one file which showed us that the provider had employed a member of staff with a portable CRB. A portable CRB is the re-use of a CRB disclosure obtained for a position in one organisation and later used for another position in a different organisation. There were no records to show that the provider had satisfied themselves that they had gained full and satisfactory information in relation to the portable CRB. We did not see any records to show that they had followed CRB Guidance and the CRB Code of Practice in relation to portability of CRB disclosures. The manager was not aware of the CRB guidance in relation to accepting a portable disclosure.

We received some information, before our visit, in which there was concerns in relation to providing appropriate training to new staff to prepare and provide them

with the skills to perform their jobs safely and appropriately.

The manager told us that all newly appointed staff were provided with an induction prior to working with clients alone, after which they worked alongside a qualified member of staff for a few days. This was verified to us by a newly appointed member of staff who visited the office during our visit and through documentation within the staff files that we viewed.

We spoke to two newly appointed members of staff and both told us they had attended a five day induction. They said it was very thorough and prepared them well for their roles. One said that they had been introduced to people before they provided them with their care. The other member of staff, who had just completed their induction, told us that he/she had been provided with their rota for the following week. And was to be working alongside an experienced carer for a few days to ensure that they were comfortable and confident in their role.

Our judgement

There was a recruitment process in place, designed to ensure that people who use the service were cared for by suitable staff. However, the recruitment process did not include taking precautions when accepting a portable CRB disclosure which could potentially place people using the service at risk.

Overall we found that SSA Quality Care was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

Outcome 13: Staffing

What the outcome says

This is what people who use services should expect.

People who use services:

- Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with outcome 13: Staffing

Our findings

What people who use the service experienced and told us
People told us the staff always arrived to provide their care even during poor weather conditions. They said the care staff generally arrived on time and in instances where they were running late the office contacted them wherever possible to let them know. They told us that the care staff always did all the care detailed in their care plans before they left to go to their next visit. They said the care was not rushed and that they were always treated with dignity and respect

Other evidence
Generally staff told us they had manageable workloads although there were a couple who said there was not enough time allowed for travelling. Records showed that staff stayed for the allocated time.
Some staff told us that they were introduced to people before they visited them on their own.
Where people require two staff to attend to their needs, the agency coupled staff together for this purpose, to ensure they provide consistency.

Our judgement
At the time of this visit there were sufficient numbers of staff to meet people’s care and welfare needs.

Overall, we found SSA Quality Care was meeting this essential standard.

Outcome 14: Supporting workers

What the outcome says

This is what people who use services should expect.

People who use services:

- Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with outcome 14: Supporting workers

Our findings

What people who use the service experienced and told us
People told us that the staff were kind, knowledgeable and caring. They said they felt the staff had the skills and experience to meet their needs.

Other evidence
We looked at staff files and saw that people had received a thorough induction before they provided any care. We spoke to two recently appointed staff who told us the induction was very thorough and was undertaken over five days. One told us that she shadowed more qualified staff until she felt competent to work alone and the other told us he was scheduled to shadow the following week as he had just completed his induction.

We looked at the training matrix and saw that that staff had received mandatory training which included moving and handling, food hygiene, health and safety, fire safety, first aid, safeguarding and medication training. Dates had been highlighted to flag up when an update of specific training was required. The majority of staff training was up to date but there were two instances where one carer's first aid training was out of date and another whose food hygiene training was also out of date. We were told that some updates were coming up for renewal and were being attended to.

Five members of staff had achieved the National Vocational Qualification in health and social care at level 2 with a further three currently training for the qualification.

Staff we spoke with spoke positively about the training provided by the agency. They said they receive supervision with their line manager on a regular basis and had an annual appraisal.

Our judgement

People benefited from a team of staff who received training appropriate to their roles and who received supervisions and appraisals of their work.

Overall, we found SSA Quality Care was meeting this essential standard.

Action we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Personal Care	9	4 Care and welfare of people who use services
	<p>Why we have concerns: Each person receiving care and support had an individual care plan detailing the care to be provided. Daily records of care were kept which documented the care and support given. However, there was some inconsistency in assessing and documenting any risks present in the delivery of people's care and support. information within the care plans was difficult to access readily as they did not follow any order.</p>	
Personal Care	11	7 Safeguarding people who use services from abuse
	<p>Why we have concerns: Staff were knowledgeable about how to respond to any allegations or incidences of abuse, were provided with training and procedures were in place to manage any safeguarding incidences. However, any incidences had not been communicated to the commission appropriately The recording of such incidences was poor and failed to indicate the outcome appropriately.</p>	
Personal Care	21	12 Requirements relating to workers

	<p>Why we have concerns:</p> <p>There was a recruitment process in place, designed to ensure that people who use the service were cared for by suitable staff. However, the recruitment process did not include taking precautions when accepting a portable CRB disclosure which could potentially place people using the service at risk.</p>
--	--

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

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 within 14 days of this report being received.

CQC should be informed in writing when these improvement actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Adult Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

Document purpose	Review of compliance report
Author	Care Quality Commission
Audience	The general public
Further copies from	03000 616161 / www.cqc.org.uk
Copyright	Copyright © (2010) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

Care Quality Commission

Website	www.cqc.org.uk
Telephone	03000 616161
Email address	enquiries@cqc.org.uk
Postal address	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA