Inspection Report

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

SSA Quality Care

7 Midshires Business Park, Smeaton Close, Aylesbury, HP19 8HL

Tel: 01296678589

Date of Inspection: 25 January 2013

Date of Publication: February 2013

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
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ 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'.

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 25 January 2013, talked with people who use the service and talked with staff.

What people told us and what we found

People told us that someone from the service had visited and assessed their needs before they received a package of care and support.

We found people's needs were assessed and their care and support was planned and delivered in line with their care plan. We saw that potential areas of risk had been identified in each person's care plan. Any risks in delivering the care and support had been discussed with people and measures had been put in place to minimise such risks. People's care plans and risk assessment were kept updated to make sure the information was still accurate for their situations.

Newly appointed staff were provided with an induction programme and shadowed experienced care workers until they felt comfortable and were competent in undertaking their role alone.

The service had a system in place to ensure people were protected against the risk of abuse. Staff we spoke with understood their duty of care and responsibilities in relation to safeguarding people from harm. People told us they felt safe with the staff who entered their homes to provide them with support and knew who to speak to if they had any concerns.

People said that they were satisfied with the standard of care and support provided and felt the staff understood their needs They said staff treated them as individuals, respected their views and choices and confirmed they were treated with respect and their dignity maintained.

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 views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment.

We looked at records relating to care and saw people's decisions relating to their care and support needs had been discussed with them and with family members or other representatives. This indicated people had been involved in the care planning process. This meant people were able to participate in making decisions relating to their care, and where they were unable to do so, representatives could act on their behalf. We were told that an independent advocate would be accessed to assist people in getting their voices heard if required. An advocate is an independent person who helps people who cannot make some or all of the decisions about their care, treatment and support.

People were encouraged to raise any concerns about the care they received or any changes in the way the service was delivered. This was gathered through speaking with people on a day to day basis, through their reviews of care and through the use of telephone surveys and questionnaires.

People told us the staff respected their dignity and always knocked on their doors and called out their name before entering their homes. They said the staff treated them as individuals and respected their views and choices.

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care was planned and delivered in line with their individual care plan.

We followed through the care and support which four people received from the agency. We saw each person had an assessment of their needs undertaken prior to receiving a service. These assessments were used to draw up an individual care plan.

We looked at the care and support that four people received. We found people's care plans addressed their particular needs, were detailed, reviewed and updated regularly, to meet their current needs. Any risks in delivering the care and support had been identified and the care plan detailed how these would be managed. These included risk assessments in relation to the working environment as well as assessments in relation to their individual care needs. Examples included pressure area care, moving and handling, the administration of medication. Where any risks to people's safety had been identified, control measures to minimise the risk had been documented. These ensured the safety and welfare of the person receiving the care and the carers supporting them.

Each care plan we viewed detailed the care and support required. These were very individualised and described what the person was able to do themselves and what they required support with. This ensured people were able to maintain their independence wherever possible.

Where people lacked the capacity to make informed decisions about some aspects of their care and support needs, best interest meetings were held. This included consulting with family and other agencies or professionals involved in their care and treatment.

We saw letters and appointments in people's care and support plans which showed that the service worked with health care providers to improve people's health and well being.

People told us they were happy with the service they received and on the whole knew which carers were coming to deliver the care, if there were any changes due to holidays or leave, the office or carers generally told them of the change. One family member told us their relative had complex needs and therefore continuity of care was very important for their relative. They told us their relative required the assistance of two carers who were

familiar with their complex needs. This person mentioned one occasion in which the carer had informed the office that they would be on leave and unable to visit on a specific date. The relative said on this occasion only one carer arrived although the office had known in advance. The relative said that since it was important that the carer was known to their relative they themselves chose to assist the carer on that occasion and raised their concerns with the office. They told us following this incident they have two main carers who undertake the tasks and a further one or two who undertake the occasional visit to cover for annual leave. They felt the carers were "very appropriate, respectful of their relatives needs and were very supportive with their emotional and psychological needs too." Another person told us "I am more than happy with the staff, everyone that I have had I've been really pleased with....anything that I ask them they would do...I have never had to complain." All those we spoke to said the carers delivered the care detailed in their care plans and said they always stayed for the agreed time.

Safeguarding people who use services from abuse ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who use the service were protected from the risk of abuse, because staff had a good understanding of safeguarding issues and how to respond to any allegations or incidences.

We saw policies and procedures in place to safeguard people from abuse including a staff whistle blowing policy. The policy and procedure was in accordance with local and government guidance. These procedures gave staff step by step guidance on what to do regarding concerns about incidents or allegations of abuse. We were told staff had received safeguarding training during their induction and saw documentation in four staff files which verified this. The staff we spoke with demonstrated and understood their duty of care and responsibilities in relation to safeguarding people from harm. They were familiar with the whistle blowing policy, and knew they were to report any allegations or incidents of abuse to the manager or deputy manager in the first instance. Staff were also aware they could report concerns to the local authority.

People said that they felt safe and the staff looked after them well. They knew who to speak to if they had any concerns.

Requirements relating to workers ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

There were effective recruitment and selection processes in place.

We looked at three new staff members' personnel files. We saw documentation to show a robust recruitment procedure was in place. For example, Criminal Records Bureau checks had been undertaken, references sought, and a working history and health declaration had been gained before they began working for the agency. This enabled the provider to assess their fitness to work with vulnerable adults and ensure only suitable staff worked with people who used the service. Staff we spoke with verified this. They told us they were provided with an induction programme and shadowed experienced care workers until they felt comfortable in undertaking their role alone. The induction programme included orientation to the service, familiarisation with the agency's key policies and procedures and attending training. The induction programme aimed to ensure staff had the knowledge and essential skills required to provide support and care safely to people using the service. Three new staff we spoke with said they felt the induction programme had been very useful and essential to their role. The training had included safeguarding, health and safety, medication awareness and manual handling. Staff told us during their shadowing, their practices were checked to ensure they were competent to undertake the role alone. We saw records in staff files to verify this. Examples included competency checks in the delivery of personal care, catheter care and completion of medication administration records and record keeping.

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 received.

Reasons for our judgement

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. People's views were gained through the use of telephone surveys, annual questionnaires and during their reviews of care. We saw documentation which showed people and their relatives were asked to complete an annual survey and telephone surveys were undertaken. These enabled them to comment on the care and support which was being provided. We noted the last questionnaire was undertaken in May 2012 and the outcome from the survey had been analysed. The analysis showed 18 people had responded in which 90 per cent percent felt their care needs and their agreed outcomes were met and 91 per cent were confident that the care staff were competent and properly trained to undertake their tasks. We saw the responses had been analysed and actions to make improvements had been undertaken. One example was the introduction of a call monitoring system to log the arrival and departure times of care staff. The manager informed us this had proved to be an effective tool in monitoring that care was being delivered at the agreed time and for the agreed length of time.

Another improvement was made in response to non-drivers applying to work as carers but being unable to take the post due to transport difficulties. The service employed a driver whose prime function is to transport the carers who do not have a car from client to client. This the manager told us has proved to be effective and enabled them to recruit suitable staff who otherwise could not have undertaken the role and met people's needs effectively.

We saw risk assessments relating to activities which staff were supporting people to undertake. There was evidence which showed risk assessments were reviewed as and when people's needs changed to promote their safety.

The provider took account of complaints and comments to improve the service. We noted the service maintained a record of complaints. There were three complaints recorded which had been investigated in line with the service's complaints policy and procedure. The provider said the service learnt from complaints and made changes wherever possible

to improve on the care provided.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk