

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

Satellite Consortium Limited

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We inspected the following standards to check that action had been taken to meet them. 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	✗	Action needed
Supporting workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Satellite Consortium Limited
Registered Manager	Mrs. Elizabeth Ramlal
Overview of the service	Satellite Consortium is a domiciliary care agency that specialises in providing culturally specific care and support to people from ethnic minority backgrounds in the London Borough of Haringey.
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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
What we have told the provider to do	5
More information about the provider	5
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	7
Safeguarding people who use services from abuse	8
Supporting workers	9
Assessing and monitoring the quality of service provision	11
Information primarily for the provider:	
Action we have told the provider to take	13
About CQC Inspections	14
How we define our judgements	15
Glossary of terms we use in this report	17
Contact us	19

Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Satellite Consortium Limited had taken action to meet the following essential standards:

- Respecting and involving people who use services
- Care and welfare of people who use services
- Safeguarding people who use services from abuse
- Supporting workers
- Assessing and monitoring the quality of service provision

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 7 June 2013 and 12 June 2013, 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 sent to us by other authorities.

What people told us and what we found

We spoke with five people who were receiving care from the agency or their relatives. Some of them were very happy with the care they had been receiving. However, other people told us they felt the quality and skills of the carers was variable. The following are examples of some of the comments we received:

"We've been using them for a long time and have not had any problems at all."
"Sometimes there is a lack of communication. Messages don't always get shared."
"Some of the carers are very good. Others are less good."
"We've had no complaints."

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

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

People who use the service were not protected from the risk of abuse because the provider did not have up-to-date policies and procedures in place to identify the possibility of abuse and prevent abuse from happening.

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

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

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 02 August 2013, 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

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

People's privacy, dignity and independence were respected. We spoke with five people or their relatives about the care they were receiving. We asked them if the staff were polite and were respectful to them when they visited. Most told us they felt the staff were very polite. For example, one person told us "I can say what I like. They are very polite." When we spoke with staff they explained to us the ways in which they would try and promote the dignity of people using the service. For example, staff explained how they would speak to people and explain what they were going to do before doing it.

People expressed their views and were involved in making decisions about their care and treatment. We asked people if they felt involved in decisions about their care. They told us they did feel involved. For example, one person told us that "They [the agency] involved me in the care plan." Another person using the service explained to us how they had been able to choose which carer they were supported by. We looked at the care plans for six people using the service and saw evidence that initial assessments were undertaken prior to care being delivered. At this time, people using the service were able to express their opinions about the care they wished to receive.

When we spoke to the manager they explained that prior to a care worker working with someone they would visit them. When we spoke to staff they confirmed that they would usually visit someone before delivering care to them.

People who use the service were given appropriate information and support regarding their care or treatment. Satellite Consortium had a service user guide that provided people with information on the service and who to contact should they have any concerns.

People's diversity, values and human rights were respected. Satellite Consortium was established with the goal of matching people using the service to carers from a similar cultural or linguistic background. When we spoke with people they told us they valued having people from the same background as the staff understood their individual needs better.

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

We spoke with five people using the service or their relatives. In general they were positive about the care they were receiving. They told us that most of the carers were good, although some were less skilful than others. One person told us "They [the carer] have a good knowledge of [their relative's] needs." Another person told us "X and X [their carers] are excellent. When they are not here the others are not as good."

We looked at the personal files for six people using the service. There was evidence that people's needs had been assessed and that plans had been put in place to meet their needs. We saw evidence of staff identifying when someone's needs had changed and requesting a reassessment to ensure their needs were being met, for example whether they required a hoist to assist them moving someone.

We spoke with ten members of care staff and asked them about how they met the needs of people using the service. Staff were able to explain the needs of the people and what their responsibilities were to meet these needs. We saw evidence that staff had recorded the care they were giving in daily record sheets.

When we spoke to people using the service or their relatives we asked them if carers came when they said they would. The provider may find it useful to note that some of the people using the service told us that carers do not always turn up at the time they are meant to and that when this happens they are not always informed of the delay. For example one person told us "Sometimes the carers turn up at different times, which is a problem as they both need to be here."

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

Our judgement

The provider was not meeting this standard.

People who use the service were not protected from the risk of abuse, because the provider had not taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

There was no up to date policy in place and staff were not all aware of their responsibilities in identifying and reporting concerns they had.

The provider was failing to meet regulation 11(1)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

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

People who use the service were not protected from the risk of abuse because the provider had not yet taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. When we visited the provider we asked to see the policy for the Protection of Vulnerable Adults. The manager told us they were currently in the process of rewriting the policy to ensure it was appropriate. At the time of our inspection there was not a clear and up-to-date policy and procedure in place and available for staff to use.

When we looked at the training records for staff we saw that seven out of 38 staff had not received training on protection of vulnerable adults. We spoke with ten members of care staff and asked them about their understanding of what constituted abuse. Half were not able to explain the ways in which people could be abused and how they would respond to abuse. This meant that staff may not respond appropriately if they were confronted with any potential abuse.

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 five people using the service or their relatives. Most told us that the staff were good. However, some people did suggest that the quality of the staff could be variable, especially when they did not get their usual carer. The following are examples of some of the comments we received:

"The staff are excellent."

"Some staff are better than others. Some are excellent. Some lack the skills and capacity."

"The training of the staff is not good enough."

When we visited on 12 March 2013 we found that people were not cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard. This was because the provider was unable to provide us with evidence that all staff had suitable support to undertake their roles and were having regular supervisions with managers. We had raised concerns about this at previous inspections. We undertook enforcement action and issued a warning notice to the provider. In response the provider wrote to us and told us the action they were planning to undertake to ensure they were compliant with the regulation. They told us that all staff would have appraisals and that regular supervision sessions would be undertaken.

At this inspection we found that the provider was meeting the regulation. When we arrived the provider was able to show us a list of all the staff and the dates on which they had received an appraisal. Since we had last visited, all staff had received an appraisal. The provider also had a plan for when staff were going to undertake supervision with their manager. We saw that supervision sessions had been undertaken with staff.

We spoke with 13 members of staff, including the managers. Most of them told us that they felt they were well supported in their roles. They told us that they had regular supervisions and felt that the managers were available if they needed support. For example, more than half told us they would get an instant response if they phoned their manager. However, the provider may find it useful to note that some carers told us they felt that other carers did not have the necessary skills to undertake the role.

We asked staff about the training they had undertaken. Most told us they had good

access to training. When people using the service had required the use of equipment for moving, for example a hoist, they told us they had received training prior to using this. On the day we visited the agency staff were undertaking a day training session on moving and handling.

We looked at the personal files for six members of staff. These showed evidence that staff had received supervision and appraisal. There was evidence that staff had received training. The provider also had a training log. This showed that courses had been undertaken in manual handling, food hygiene, first aid, safeguarding, health and safety and fire safety.

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 a system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

At our inspections of 20 May 2011 and 2 July 2012 we found that Satellite Consortium Limited was not able to demonstrate that it was routinely assessing and managing risks to the safety of people who used services. This was because there was insufficient evidence that the provider had a system in place to ensure that monitoring visits were conducted to the homes of people using the service. These were needed to ensure that staff were delivering safe and appropriate care. During the inspection of 8 and 12 March 2013 we looked at the provider's records of announced monitoring visits and unannounced spot check visits to the homes of people who were using the service and found that that these were still not taking place. We undertook enforcement action and issued a warning notice to the provider. In response the provider wrote to us and told us the action they were planning to undertake to ensure they were compliant with the regulation. They told us that spot checks would be undertaken for all the people using the service.

When we visited this time we saw evidence of spot checks on staff at the homes of all of the people who were using the service. The provider had a new spot check form, which included sections on the quality of note keeping, customer satisfaction, and quality of care. Where any concerns were identified during a visit, we saw evidence that managers held further supervision to support staff.

We spoke with ten carers. They told us that they had received unannounced monitoring visits whilst they were visiting people. Most said they had found these visits to be helpful.

We asked people using the service or their relatives if they felt the managers were monitoring the service and were available if they had concerns. Most people told us they felt they were. We received the following comments:

"They [the managers] have come and visited me."

"We can phone them at any time of day. They do routine inspections."

"They are responsive. When I raised a concern they sorted it."

"They usually send around a questionnaire for us to fill in."

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. The provider had circulated

service user questionnaires in the spring of 2013. We saw the responses to these and the initial analysis the provider had undertaken of them.

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 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse How the regulation was not being met: People who use the service were not protected from the risk of abuse, because the provider had not taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The provider was failing to meet regulation 11(1)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

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 02 August 2013.

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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