

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: 12 July 2013

Date of Publication:
September 2013

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

| | | |
|--|---|-------------------|
| Care and welfare of people who use services | ✓ | Met this standard |
| Supporting workers | ✓ | Met this standard |
| Complaints | ✓ | Met this standard |
| Records | ✗ | Action needed |

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'.

| | Page |
|--|------|
| <hr/> | |
| 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 |
| <hr/> | |
| Our judgements for each standard inspected: | |
| Care and welfare of people who use services | 6 |
| Supporting workers | 8 |
| Complaints | 10 |
| Records | 11 |
| <hr/> | |
| Information primarily for the provider: | |
| Action we have told the provider to take | 13 |
| <hr/> | |
| About CQC Inspections | 14 |
| <hr/> | |
| How we define our judgements | 15 |
| <hr/> | |
| Glossary of terms we use in this report | 17 |
| <hr/> | |
| Contact us | 19 |

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 12 July 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 and talked with staff.

What people told us and what we found

People told us someone from the agency had visited them to discuss and assess their care and support needs before they received a package of care. This was to ensure both parties could be confident their needs could be met appropriately. They said they were involved in the care planning and review process and their views taken into consideration. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. However, records we viewed showed there was some inconsistency in relation to assessing risks and providing guidelines for staff to manage any such risks. Initial assessments of need were not always fully completed. Similarly the daily notes in which staff recorded the care and support given were very brief and impersonal.

Staff were provided with appropriate training to give them the knowledge and skills to undertake their roles competently. This included an induction where they worked alongside an experienced member of staff until they felt comfortable and were competent in undertaking their role alone. Staff we spoke with felt well supported and told us there was an open door policy, that they could approach the manager at any time if they had any concerns.

There was a complaints procedure in place to ensure people could raise any concerns they had. People told us they knew who to speak to if they had concerns.

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 17 September 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

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.

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

Reasons for our judgement

We followed through the care and support which two people received from the agency. People who used the service told us someone from the agency had visited them to assess their needs prior to them receiving a service. This ensured both parties were confident their needs could be met appropriately. We noted the assessor completed a pre-printed assessment form during the visit. This included their personal care needs, mobility, sight, hearing and communication needs, mental health and cognition, family involvement and any equipment used in the provision of care. We looked at two people's files and saw that one of these assessment forms were incomplete and did not provide a clear picture of the person's assessed needs. Whilst the assessment was not detailed to provide a good picture of their assessed needs, people's care plans were more detailed. They provided staff with details on what assistance was required, how their needs were to be met and what the person could do themselves.

Risk assessments had been undertaken in relation to the working environment. These ensured the safety and welfare of the person receiving the care and the carers supporting them. We also saw some risks in relation to people's mobility and moving and handling had been considered and guidelines were documented for staff to follow. This ensured people received care and support safely.

Each care plan contained information on the person's personal details including the names of other health and social care professionals such as the GP or district nurse. This ensured staff could contact other health professionals for advice if the need arose.

People told us decisions relating to their care and support needs had been discussed with them and with family members or 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 support.

On the whole people told us they were happy with the care and support they received. They told us they were involved in the reviews of care and relatives were kept informed of

any changes in their health and wellbeing. Most people felt the staff respected their privacy and dignity when providing them with personal care and respected their homes too. One person told us "the staff are good, very caring ladies and gentlemen they always respect our home and tidy up behind them." Another said "all in all we are very happy. The carers have always been thorough and friendly. We have no problems." However, there were concerns raised by two people, one of whom contacted us after our visit. These were in relation to the matching of their carers, the lack of respect by some and the inconsistency in the carers' knowledge and initiative. However, one told us they felt this was not the fault of the carers and said "I think most are trying their bestthe office need to match people better." Of the overall service they said "things are bumping along, it could be better but it could also be a whole lot worse."

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.

Staff were provided with supervision and training to enable them to deliver care and support to people safely and to an appropriate standard.

Reasons for our judgement

We spoke with five staff who all told us they felt well supported by the management team. They said there was always someone available if they had any problems. Comments included "they are very understanding and never put us under pressure." "The management team are marvellous, any problem and they sort it straight away."

Staff said they were provided with a good level of training to assist them in their roles. We looked at a sample of staff members' personnel files. These contained documentation which showed they were provided with appropriate training to give them the knowledge and skills to undertake their roles competently. The training included an induction at the point of employment. During the induction period they worked alongside an experienced member of staff until they felt comfortable and were competent in undertaking their role alone.

Staff told us the training was appropriate to the needs of people they provided care and support to. This included safeguarding of vulnerable, adults, mental capacity act and deprivation of liberty safeguards, manual handling, food hygiene, dementia and health and safety. They told us they were provided with refresher training when this became due. This ensured their knowledge and skills were kept up to date and encompassed changes within legislation.

Staff confirmed they were provided with regular supervision and found the manager supportive and approachable. They said their work was monitored through unannounced visits whilst they undertook visits. This was to ensure they provided the care and support in line with people's care plans and in a safe manner. Staff told us they were provided with individual one to one supervisions where they could discuss their work and any further training and developmental needs. Two staff told us they had been offered the opportunity to undertake palliative care training and another told us they were undertaking further training to gain a diploma level five in care. This showed the provider supported and encouraged staff to undertake further training opportunities to enable their personal development.

The provider informed us staff generally received an annual appraisal of their work but

they were behind on this and assured us they had begun addressing the shortfall. Of six staff files we viewed two were not yet due an appraisal, two were overdue, one had been undertaken in June 2012 and a further staff member had not been documented although the carer informed us they had recently received an annual appraisal.

Staff said they were provided with staff meetings where they could discuss any areas of concern. They told us staff meetings took place regularly. Minutes of the meetings were documented and copies were supplied to staff. We saw documented copies of the minutes held in the office. The last staff meeting was held on the day of our visit.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available and people were made aware of how to make a complaint.

Reasons for our judgement

We saw an effective complaints procedure was in place to ensure people could raise any concerns that they had. We were informed this could be provided in large print or other accessible formats to suit people's individual needs. The complaints procedure informed people how to make a complaint and the timescales in which they could expect their concerns to be addressed. It also provided people with alternative contacts if they felt their complaints had not been dealt with appropriately. People we spoke with told us they generally had no concerns about the service and if they did they would speak to the provider or carer. They said they were confident any concerns raised would be dealt with appropriately. Some people told us they would raise small concerns with their carers before they escalated into a formal complaint. The provider may wish to note we received information from two people, one prior to our visit and another after our visit in which they both said they had raised their concerns by telephone. Both told us they felt the manner in which they were responded to had been very rude and abrupt.

The provider informed us all complaints were logged and analysed as part of the quality monitoring process. This enabled them to see if there were any trends in the types of complaints and to make any necessary changes to improve outcomes for people who use the service. We looked at the complaints log and found they had been responded to according to the organisations policy and procedure. We had been made aware of one complaint prior to our visit. The provider may wish to note this had not been logged in the complaints book according to the organisations procedure. However, in discussion with the manager, we were able to ascertain that the concern had been logged in the person's individual records which had been archived following the closure of their care package. We were provided with evidence to substantiate this.

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was not meeting this standard.

Although people supported by the service received the care and support they needed, records held in the office did not always reflect this. This practice did not protect against the risk of inappropriate care because records about them were not always accurate.

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

Although people received the care and support they needed, records held in the office did not always reflect this. This practice did not protect against the risk of inappropriate care because records about them were not always accurate. We looked at two people's files and saw that one of these assessment forms were incomplete and did not provide a clear picture of the person's assessed needs. The assessment documented the person's personal care needs as 'wet room, shower care'. It did not inform as to whether the person was able to undertake their own personal care needs or what help they required assistance with and how. The section entitled mobility was left blank, although the care plan clearly showed the person had mobility problems and used a wheelchair. These omissions did not ensure a thorough assessment of their needs had been undertaken prior to the acceptance of a package of care. This had the potential to place people at risk of inappropriate care arising from a lack of detailed information gained at the outset.

Whilst we saw some risk assessments in relation to the working environment and moving and handling we did see some inconsistencies in relation to other areas of care. This had the potential of placing people's welfare and safety at risk. One individual's file informed us they had the ability to move their upper body and not their lower body and were cared for in bed. A carer, employed by the agency, informed us the person had a hospital bed and a pressure relieving mattress and staff checked the person's skin for any sign of pressure area damage. However, there was no documentation within the care plan to show that a skin viability assessment had been undertaken or guidelines in place in relation to pressure area care.

At each visit staff recorded a brief summary of the care and support they had provided to people in the daily notes. We noted these were very brief and were not personalised. The documentation in use contained a tick box with headings such as bath/strip wash, assist to bed, food and drink, medication and a box entitled other. Staff were expected to tick the relevant boxes and provide a report of the visit. The tick boxes were not always completed and the visit report very brief and did not detail the care provided in a personalised

manner. Instead they contained short statements such as 'wet bath given', 'dressings applied'. The provider told us this had been raised with staff and actions taken to address this. We saw minutes of a recent staff meeting to remind staff to ensure people's daily notes were more detailed and person centred.

There was an electronic monitoring system in place which recorded when staff arrived to provide the care and support and when they left. We noted inconsistencies in the dates recorded in the daily notes to those on the electronic monitoring system which suggested poor recording by staff. We also noted some visits had not been recorded in the daily notes and had not been logged on the electronic monitoring system to show they had been undertaken. However, most of the people we spoke with told us they had received their visits as agreed.

People's records and staff personnel files were stored securely to comply with the Data Protection Act 1998. Staff were aware of confidentiality and data protection since this had been covered during their induction.

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 20 HSCA 2008 (Regulated Activities) Regulations 2010 |
| | Records How the regulation was not being met: Although people supported by the service received the care and support they needed, records held in the office did not always reflect this. This practice did not protect against the risk of inappropriate care because records about them were not always accurate. Regulation 20(1)(a) |

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 17 September 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.

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

Copyright Copyright © (2011) 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.
