

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

Sally and Sarah

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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
Cleanliness and infection control	✓	Met this standard
Supporting workers	✓	Met this standard
Complaints	✓	Met this standard
Records	✓	Met this standard

Details about this location

Registered Provider	Sally and Sarah
Registered Manager	Mrs. Sarah McLain
Overview of the service	Sally and Sarah is a domiciliary care agency providing personal care to people in their own homes. The majority of current clients pay privately for their care and support.
Type of service	Domiciliary care service
Regulated activity	Personal care

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
More information about the provider	4
Our judgements for each standard inspected:	
Care and welfare of people who use services	5
Cleanliness and infection control	7
Supporting workers	8
Complaints	10
Records	11
About CQC Inspections	12
How we define our judgements	13
Glossary of terms we use in this report	15
Contact us	17

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 24 January 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

We found that people experienced care, treatment and support that met their needs and protected their rights. Care and support was provided to people by staff who were supported to deliver care and treatment safely and to an appropriate standard. We also found that people were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

We found that people were protected from the risk of infection because appropriate guidance had been followed.

We found that there was an effective complaints system available. People were aware of the ways they could make a complaint and procedures were in place to ensure that complaints were responded to appropriately.

One person we spoke told us, "The care and support she receives really does go beyond any expectations that we had."

Another person told us, "I am always involved in my care planning, they are great."

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

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.

We found that people experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

During our inspection we looked at the personal care records of three people who used the service. We found that the individual care records were comprehensive and addressed areas of health (both physical and mental), communication, emotional and social needs. We saw evidence that two sets of care records had been reviewed on a regular basis to ensure that they accurately reflected people's needs. On the day of the inspection the third set of records were being reviewed by management.

We spoke with five members of staff about care and support provided to people who used the service. The staff we spoke with were able to demonstrate a good understanding of the needs of people who used the service and were able to provide examples of people's support needs.

One member of staff told us that they only supported six clients they said, "This gives me, and them, familiarity which is really important."

Another member of staff told us, "I support only one person who has specific needs. It is great because due to their needs this continuity really helps, not just me but family as well."

We spoke with four people who used the service, and where appropriate sought the views of their relatives. They each spoke positively about the level of care and support they received from the carers. They told us, "They (the carers) are superb, very professional at all times, completely attentive and responsive to her needs, really, really caring", "They allow me complete peace of mind that she is being well looked after", and, "They show us a lot of common decency, they are very respectful."

People told us that they received continuity with their care and support from the same team of carers. They said that if carers were running late they were always informed of the changes. People told us that when carers were delivering personal care they were very respectful. They told us that carers closed doors to give them privacy and also

supported them to be as independent as possible.

When we asked if people felt the staff were able to meet their needs one person said, "Absolutely, I do not think that there is anything they could improve on, they are just fantastic." Another person told us that they felt that the service provided care and support which exceeded all of their expectations.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

We found that people were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

We saw that the provider had developed an internal policy on Infection Control based on the National Health Service (NHS) best practice and guidance.

We spoke with five members of staff about the methods they used to minimise and prevent the risk of infection, when they were delivering care and support in people's homes.

Each member of staff we spoke with told us that they had been provided with a uniform and a bag containing various pieces of personal, protective (PPE) and clothing when they joined the service. They told us that the bag contained disposable aprons and gloves, hand wash, and also two non disposable aprons, one which was used for cooking tasks and the second used when undertaking non intimate care tasks.

Staff also told us that disposable PPE was readily available in each clients home, and that the non disposable aprons were also available and were specific to each persons home.

Staff told us that they had attended infection control and food hygiene training as part of their induction programme. We looked at four sets of staff training records and saw that this training was certificated and were core modules of the induction programme.

When we spoke with people who used the service and their relatives, we were told, "When the girls arrive they always wash their hands and pop on the aprons." One person told us that they had disposable gloves and aprons available in their home for the carers to use, but that the carers always seemed to carry their own supply with them.

People told us that they had never had any concerns about cleanliness or infection control whilst they used the service.

This meant that the provider had developed and implemented effective systems to reduce the risk and spread of infection.

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.

We found that 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 looked at four sets of employee records. We found that each member of staff had carried out an eight module induction programme at the start of their employment. We saw evidence that these induction programmes were certificated and included modules on infection control, food hygiene, first aid, manual handling and adult protection.

We saw that the provider had developed an internal appraisal policy and a supervision policy. These policies detailed the frequency of appraisals and supervisions and informed staff of who they could approach for support in the workplace. We found that where appropriate staff had received annual appraisals and regular supervisions carried out by management. This showed that the provider was actively supporting staff and were monitoring the standards of care given.

The provider may find it useful to note that the supervision policy stated that all employees were informed of their nominated supervisor and that this could be found within their personnel files. However each of the four files we looked at did not contain this information.

We saw that supervision documentation detailed training requirements that would develop the skills of staff and that this was carried forward in planning training sessions. This showed that staff received appropriate professional development and were supported by the provider in obtaining this training development.

We spoke with five members of staff who all told us that they felt they had been provided with appropriate training to enable them to deliver care to people safely.

One member of staff told us, "They are really supportive here, 100%, you can tell them anything at all, issues / concerns and they will get back to you." Another member of staff told us, "They are great, they are always available at the other end of the telephone day or night, it is very reassuring."

Staff told us they had received training specific to the needs of some people who used the service. For example we saw certification that staff had attended training in dementia awareness and palliative care.

The staff we spoke with told us what training they has undertaken and when. We saw that some staff had undertaken development of their current qualifications such as continuing with NVQ developments. Staff were able to demonstrate a good understanding and knowledge of the training they had undertaken to meet the specific needs of people who used the service.

One member of staff said, "I am very supported here, more than anywhere else I have worked. It is a delightful place to work."

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

We found that there was an effective complaints system available. People were aware of the ways they could make a complaint and procedures were in place to ensure that complaints were responded to appropriately.

Reasons for our judgement

We reviewed the complaints policy and found that it was last reviewed in June 2011. The policy clearly defined the procedures for handling and investigating both verbal and written complaints, as well as identifying a key contact for the handling of complaints. The policy stated that all complaints are acknowledged within five working days, all complaints to be investigated within fourteen working days, and all complaints should be responded to in writing detailing the outcome of the investigation within twenty eight days of receipt. This showed that people who used the service understood the likely timescales involved in responding to, and resolving complaints.

The complaints policy also provided details of an independent body where complaints could be referred to if the complainant was not satisfied with the response. This showed that people who used the service were able to find out about the steps they could take if they were not satisfied with the outcome of the investigation.

We found that the service had received no complaints within the last twelve months.

We spoke with four people who used the service and where appropriate their relatives. Everyone we spoke with told us that a complaints leaflet was available within their records at home. We asked what action people would take if they needed to complain. Everyone we spoke with told us that they would speak to the managers of the service in the first instance.

One relative provided an example of where they had a query. They told us that they rang the office with their query and spoke with the manager who listened and looked into the query. They told us they received a call back that same afternoon and they were happy with the response provided.

This meant that the provider had developed an effective system for the handling, investigation and responding of complaints.

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

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

We looked at the care records of three people who used the service. We found that records showed evidence that the information contained within them had been subjected to regular review. This meant that people who used the service were protected from the risks of unsafe or inappropriate care and treatment because the provider had maintained accurate records about their care needs.

Management informed us that they were currently in the process of transferring paper records onto a new electronic system within the office and that this transition should be completed by the summer.

We spoke with four people who used the service and where appropriate spoke with their relatives. People told us that they understood what records were maintained in relation to the planning and delivery of their care. People also told us that their care records were subject to regular reviews and that the managers regularly popped into their homes for a chat about the care that they were receiving.

We also looked at the staff files of four employees. We found that all documentation retained was relevant to the management of the regulated activity and relevant to the employment of each individual. We spoke with five members of staff who told us they were aware of the records retained about them, and that they had no concerns over the storage of their confidential records.

We saw that all of the records detailed above were stored in a secure, accessible way that allowed for them to be located promptly without issue upon request.

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.

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