Inspection Report

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

Sally and Sarah

Sally and Sarah, 3 Innovation Court, Yarm Road, Stockton On Tees, TS18 3DA

Tel: 01642608070

Date of Inspection: 30 October 2013

Date of Publication: December 2013

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ 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

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 announced 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 30 October 2013, talked with people who use the service and talked with carers and / or family members. We talked with staff.

What people told us and what we found

We found that people who used the service had care plans which had been discussed with them and where appropriate their relatives. People consented to the care and support that they received and if they were unable to do so, their relatives were involved in the assessment and planning process. Care plans were reviewed on a regular basis to take account of changing needs.

Staff provided care which met individual needs and took account of people's preferences. People said that they had positive relationships with the staff who they found to be respectful and courteous.

There were measures in place to reduce the risk of abuse, staff understood their role in identifying signs of abuse and they had received training in safeguarding.

There were systems and processes in place to support staff to undertake their role. There was an ongoing training programme, appraisal process, staff meetings and a communications system to ensure that staff had access to support and advice at all times.

The provider had systems in place to assess and monitor the ongoing quality of care provided. Polices and procedures were audited and updated on a regular basis, there was a complaints procedure and opportunities for people using the service and their relatives to contact the managers at any time. People we spoke with and their relatives said that they could discuss any aspect of the service provided with staff and the managers and that they were accessible and responsive.

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

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received care or treatment, they were asked for their consent and the provider acted in accordance with their wishes. Where people were able to give verbal consent and not sign care plans, relatives were involved to provide support and act on their behalf and all decisions were recorded.

Reasons for our judgement

We talked with the managers and five members of staff who told us that before people received any care or treatment, options were discussed with them and their relatives. We saw that care plans were written with full details of individual needs and included risk assessments for each aspect of care. We noted that there was guidance for staff about the support offered to enable people to understand and make decisions about the service being provided for them. This guidance had been recorded during initial discussions with the person and their family. This included information about their preferences, needs, how they liked to spend their time and their life history.

We spoke with people who used the service and their relatives and they told us that staff discussed their needs with them and demonstrated respect and courtesy at all times. One person we spoke with told us, "They're always so willing to do what you ask them to do, it works very well. It couldn't be better, I hope it goes on like this".

When we talked with staff, they told us that some people were able to discuss their needs in detail whilst others who had dementia for example, were supported to identify their needs by relatives. Staff we spoke with demonstrated that they had a good knowledge of the needs of people, showed an understanding of their preferences and always sought their consent before doing anything. This meant that people were involved in the planning of their care and gave either direct or implied consent to care and support provided.

We looked at three care records which had been signed by people using the service. This demonstrated that people gave their consent to care and treatment. When we spoke with the managers of the service, they told us that verbal consent was given most of the time. They explained that the service did not make referrals to other health care professionals on behalf of people without discussing it with them or their relatives first. They told us that if they assessed someone and identified that a specialist occupational therapy assessment

was required, they would ask the person if they would like to refer themselves.
They told us that they always asked people's permission before sharing any information and respected confidentiality at all times. This meant that where possible, people planned their own care, made referrals to other health professionals and agreed who had access to their records.

We asked whether people used an advocacy service and the managers told us that they were aware of local services but had not needed to use them. This meant that there was an option to use the services of an advocate if required and the managers knew how to access these.

We asked the managers what their policy was if people refused treatment and support. We were told that this would be respected and the situation discussed with the person and their relatives. We were told that if relatives insisted on a particular way of providing support, this was discussed with the family and care team. The safety and welfare of the person and staff providing the service was assessed and the risks were identified. This meant that staff would not provide care and support if it was unsafe or not meeting the needs of the person.

One staff member we spoke with told us, "We ask people before we do anything and if people are not sure or not able to tell us, we check the plan or ask someone who knows the person better". Another member of staff explained, "I always ask, 'is it alright'?, you'd always check before you did anything". This meant that staff sought consent from people and respected their wishes.

The care records we saw provided evidence that the capacity of people to consent to aspects of their care and support had been carefully considered. Where it was assessed that people lacked the capacity to make a decision about any part of their care or support, we saw that this was recorded in their file and that family members had been involved on their behalf. One relative told us that on occasions, her mother was reluctant to get dressed but if left, she was cold in her nightwear and so it was agreed that staff worked with the person and encouraged her to dress each morning. This meant that the care team and relatives were working to support the best interests of the person receiving care.

We were told by staff that they provided care for people who were terminally ill. This support was provided in conjunction with district nurses, the GP and following discussion with relatives. Support was planned on an individual basis with joint visits with the care team and nursing staff or relatives. We were told that one person who used the service had said, "I'm not going into hospital". Their wishes were respected and they had been supported to die at home.

Staff told us that they always checked out what people's preferences were. This included asking someone what they would like for lunch, what radio station they wanted on and how they wanted to spend their time. We saw from the care plans that people were provided with a range of different services. These included personal care, helping people to wash and dress, cooking and cleaning and for some people staff provided support to go out shopping or for a coffee. One staff member told us, "I give him choices, he's in control rather than being taken over. You are in their home and respect their equipment ". Another staff member said, "If I'm tidying up or putting things away, I always say, 'with your permission' ".

Following our inspection, we talked with people and their relatives on the phone. Our

conversations confirmed that the planning of care and any changes made to the care plan were always fully discussed and agreed with the person and their relatives. This meant that people were involved in their care planning and review and activities were undertaken with their consent.

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's needs were asssessed and care and treatment was delivered in line with individual care plans. Any changes to care requirements were monitored and documented through a review process which meant that care provided was consistent, responsive and met people's changing needs.

Reasons for our judgement

During our inspection, we looked at three care plans in detail and found that they described people's needs and individual preferences. We saw that risk assessments had been undertaken for all aspects of care and support. These included, mobility, personal care, communication, household tasks, eating and drinking.

We spoke with people who used the service and their relatives by telephone after the inspection. Everyone we spoke with told us that they were happy with their care and had found that the staff were respectful of their needs. One relative told us that the staff paid attention to detail and made sure that the radio was tuned to her mother's favourite station. She said, "...the way they're trained they respect the person". We were told that staff were viewed as friends by her mother. We asked about reviews of care and she explained that a review had recently been arranged and involved the managers of the service, herself and her mother.

Several people we spoke with commented on the accessibility of the managers and how responsive they were to any queries or concerns. One person told us, "If I needed anything, I'd just ring (the manager), it's a fairly small organisation so communication with the top is fairly easy, it's not a bureaucratic organisation".

We talked with five staff including a team leader. We asked about the way in which staff communicated with each other to ensure consistency of care and they explained that there was a communications book in everyone's home called the 'carer to carer' book. It was used to communicate any issues or changes which were recorded. This ensured that the carers or family members were up to date.

We were told that one of the managers of the service was always on call in case of an emergency and that staff called them for additional advice or support. Staff explained that a buddy system was in place and they called each other to check out any information. We saw that there was a team leader for each team of staff and this person was also contactable. This meant that staff were supported to deliver care in people's homes and

there were effective communication systems to ensure continuity of care for the people using the service.

We asked how changes to a person's care plan were communicated and managed. Staff explained that changes in a persons health and wellbeing were documented and where this meant that more support was required, the situation was reported to the managers of the service. A review was arranged to reassess the person's needs. We were given an example where a person using the service was provided with additional hours of care to meet their needs. This meant that changes were communicated and action was taken to review the situation and ensure that the care provided met changing needs.

We asked how staff supported people to maintain their independence and feelings of self worth. One staff member gave an example of a person with dementia who they had taken on a trip back to their old school. She told us, "It's important to keep their feelings of worth, if you can get them to focus on what they can remember, they feel good. He remembered all his friends from rugby days and felt he hadn't lost anything". This meant that staff provided opportunities for emotional and social needs to be met and supported people with dementia in a sensitive way.

We asked whether people were offered male or female carers. We were told that the service had one male carer. We spoke with one person who used the service and we were told he prefered a male carer. He told us, "He is an excellent guy, you couldn't get anyone better." We were told by the managers that in advance of the carer going on holiday, they had introduced another carer so that the person could get used to them and so that the routine and preferences of the person were explained. This meant that there was respect for the person's preferences and every effort was made to ensure that the quality of care was maintained when the regular carer was away.

One person we spoke with described the organisation and staff, "I think they're extraordinarily good, they've chosen the carers with care. I feel they're caring and pleasant to be with". The same person spoke positively about the sensitivity of the staff in managing the death of a much loved pet. She told us, "They cleared things away so I wasn't reminded of her". This meant that staff responded to the individual needs of people with sensitivity and care.

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 used 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

We saw that the provider had safeguarding and whistleblowing policies in place to provide staff with guidance about protecting people from abuse. The staff we spoke with were aware of different types of abuse and described how they would respond if abuse was suspected or happening.

Staff told us that they had received safeguarding training. We saw evidence of this in the training files and on staff personal files. This helped in making sure that staff were aware of their role and responsibilities in identifying, reporting and recording abuse. Staff were also aware of the role of the local authority safeguarding team.

When we spoke with people who used the service, they said that they felt safe. People who used 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.

Supporting workers ✓ Met this standard

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 supported to undertake their role through training, regular communication and appraisals. There were effective communication systems in place so that staff could contact a colleague or manager at any time of the day or night. This meant that staff were supported to deliver a quality service.

Reasons for our judgement

We talked to staff about the mechanisms for support that the company had in place. We were told that there was a training programme including an induction programme for new staff. This included training in health and safety, safeguarding, food hygiene, infection control, domicillary medication and manual handling. We spoke with a newly appointed member of staff who explained that she had shadowed other staff for some shifts before working on her own. This meant that newly appointed staff received support and training before working on their own.

We saw details of the training programme completed by staff. This included regular updates and sessions on dementia awareness. The managers of the service had sourced training from a variety of different specialist providers. This meant that new staff were supported to undertake their role and existing staff had a programme of training which enabled them to develop and maintain their skills.

Staff we spoke with told us that they felt well supported in a number of different ways. They explained that there was a buddy system in place for new staff so more experienced colleagues could be contacted to provide advice and support. Each team of staff had a team leader who was available if staff required support or needed to discuss an area of concern. One of the managers of the service was always on call and staff commented on how responsive they were. One staff member explained that if they were concerned about a person, they would not hesitate to contact one of the managers. They told us, "They would be responsible and know what action to take". This meant that staff who were working alone in the community felt supported by managers and their colleagues.

We asked if there was a lone working policy and how staff were supported to work out in the community. Staff told us that the managers knew what visits staff had at night and asked them to send a text when they arrived home safely. One member of staff told us that she had forgotten to do this and received a text from the manager checking that she was home. Another member of staff explained that she felt that she could call the managers at any time of night or day. Sh told us, "It makes you feel that you're part of this team and that

you want to do your best". This meant that staff felt supported and communication systems were in place to help to ensure staff were safe.

Staff told us that they had appraisals on an annual basis where training needs were discussed. We saw evidence of these in the personal files. The notes had been completed and signed by the manager but not all had been signed by staff. We saw that the manager had written a note reminding her to ask the staff member to sign the record of the appraisal when they were next in the office. This meant that staff had an opportunity to discuss their progress, work and training requirements on a regular basis.

We asked the managers about one to one supervision. They explained that they did hold one to one meetings with staff if they were required. They told us that these would usually be to discuss personal issues or concerns and that they were always available to talk with staff. They explained that these were confidential meetings if staff had any issues that they wanted to discuss. This was confirmed by staff who all said that they felt well supported by the managers. One person said, "They're really good people to work for". Another person told us, " this is the best company I've worked for".
This meant that this model of "supervision" worked for staff in the company and they felt supported by the managers. We were told that staff occasionally had a professional supervision group meeting to share issues. We saw from the records that one had been held in April 2013.

Staff said that the managers understood the needs of people receiving a service. One person told us, "They always want what's best for the client, they're out and about". This meant that staff felt supported because the managers were available to provide support and well understood the needs of the people using the service.

When we spoke with people who used the service and relatives, we asked about the skills of the staff providing care. People told us that they believed that staff were well trained and had the skills to provide a good service. One person said, Some of them are overtrained and more experienced for what I need". Another relative explained how much she appreciated that the staff did not pretend to be experts in for example, medication but understood what medicines were for and possible side effects. This meant that staff were clear about the boundaries of their role and were able to communicate confidently with people using the service and their relatives.

We asked the managers about opportunities for career progression and they explained that as the company expanded and more staff had been recruited, there were opportunities for some staff to be supported to take on more responsibility with their support and training would be provided to enable them to do so. This meant that staff were supported to develop within the organisation if they wanted to do so.

All of these measures meant that staff were supported to undertake their role, develop and maintain their skills to deliver the service.

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 systems in place to regularly assess and monitor the quality of service that people receive and to identify and manage risks to the health safety and welfare of people using the service and others.

Reasons for our judgement

We saw minutes of staff meetings and staff told us that these take place every three months. One member of staff explained that the managers are responsive to staff and listen to suggestions. They said, "We can put things on the agenda, we can speak our minds, they definitely listen, if they think it's a good idea, it will definitely happen". This meant that there were opportunities for staff to share their views, discuss ideas and receive updates from the managers of the service.

We saw that care plans were reviewed on a regular basis and that people using the service and their relatives were able to provide feedback. People we spoke with said that they would have no hesitation in contacting the managers if they were unhappy with any aspect of the service and they knew that they would respond quickly.

We saw that there was a complaints procedure but we were told that there were no current complaints. The managers explained that if people expressed concerns, they arranged to discuss these with the person or their relatives in order to address any issues and put an agreed plan in place to resolve and manage the situation.

We were told by the managers that they always aim to ensure that the service being provided was meeting an individual's needs whilst managing the expectations of the family and supporting any health and safety requirements for the staff team.
This meant that the managers were involved with people and their relatives and worked with them to ensure that quality care was provided.

All the people we spoke with said that if they had any complaints, they would contact the managers. One person told us that she wanted to discuss something and so she called the manager who came out to see her straight away and the situation was dealt with.

We asked the managers about feedback on the service and were told that they had tried to introduce 'Customer talk back' to collect views on the services provided and quality of care . The response to this had been positive but a very small response and so this mechanism

was being reviewed.
One person had written about the staff, "Their skill in empathising with me was comforting and reassuring. Each one left me more as a friend that just a client".

This meant that the managers were reviewing the opportunities to gather feedback on the services provided on an ongoing basis.

We saw that policies and procedures were audited and updated on a regular basis and been signed and dated to indicate when this had taken place. These included, emergency planning, adverse weather conditions, appraisal and consent.

We asked the managers what procedures they had in place for managing the continuity of care in adverse weather conditions. They explained that in recent winter conditions, they had contacted all the people using the service and reassured them that whilst a service may not be provided at the usual time people would all be visited. The managers and another staff member had fulfilled this promise by delivering the service themselves to every person and also had support from some relatives. They explained that they now had more staff but felt confident that they were able to maintain a service and support people throughout adverse weather conditions in the future.

All of these measures meant that Sally and Sarah were responding to feedback and putting measure in place to assess and monitor the ongoing quality of service provision.

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

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