SSA Quality Care Limited

SSA Quality Care

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

SSA quality Care has a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The inspection was announced before we visited people who used the service on the 17 February 2015. This was to ensure there was someone available and to gain people's consent to visit them in their own homes. The inspection was undertaken by one inspector on the 17 and 18 February 2015.

SSA quality Care provides a domiciliary care service to enable people to maintain their independence in their own homes.

People and their relatives we spoke with told us staff were usually on time and they did usually get a call if the

Summary of findings

care staff were running late although there had been occasions in the past where they had to call the office to ask when staff were coming. One relative told us the office had not been not good at communicating in the past but this had improved over the last three or four months.

Risks to people using the service had been identified and were incorporated into their care plans to enable staff to manage any such risks appropriately and keep people safe.

Staff were knowledgeable about the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and how it related to people they provided care and support to. The MCA sets out what must be done to ensure the human rights of people, who may lack capacity to make decisions, are protected. People's rights were protected because staff were trained in how to protect people's human rights.

Selection and recruitment processes were in place to protect people from being cared for by unsuitable people. Staff were provided with an induction and further on going training to support them to care for people safely.

Staff received regular support through staff meetings, one to one supervisions and an annual appraisal of their work. This enabled staff to raise any areas of concern and discuss any personal development needs.

The provider had systems in place to regularly assess and monitor the quality of service people received. People's views were sought both on an informal and formal basis. This was through staff talking to people on a day to day basis and during their reviews of care. Annual questionnaires were provided for people who used the service and their family/representatives. These enabled the provider to gain feedback on the quality of service they provided and allowed them to determine where any changes could be made to improve outcomes for those who used the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service is safe

Staff understood their duty of care and responsibilities in relation to safeguarding people from harm.

The provider had assessed any risks to people and these were incorporated in people's care plans, detailing actions staff were to take to minimise them to protect people from harm.

Good

Is the service effective?
People we spoke with told us they were involved in the care planning and assessment process and subsequent reviews.

The service followed the Mental Capacity Act 2005 to ensure where people lacked the mental capacity to make decisions any decisions were made in people's best interests.

Staff supervision and appraisal systems were in place to monitor their work and identify any personal development needs.

Good

Is the service caring?
The service was caring

People were treated with respect and their privacy and dignity were upheld and promoted.

People and their families were consulted with and included in making decisions about their care and support.

Staff supported people in a caring, compassionate manner. They were familiar with people's needs and supported people according to their wishes and preferences.

Good

Is the service responsive?
The service is responsive

People's care and support plans were individualised according to their specific needs. They were regularly reviewed and updated where there were any changes in people's needs.

Before people received a service, a full assessment of their needs was undertaken with them and their family/representative.

People knew how to make a complaint and where they had done so they felt the provider responded appropriately and in a timely manner.

Good

Is the service well-led?
The service is well led

The provider encouraged people to provide feedback on the care and services people received. This enabled them to make improvements to areas which mattered to people receiving a service.

System were in place to assist the provider to monitor the quality of service people received, manage any risks and assure the health, safety and welfare of people who used the service.

Good

SSA Quality Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was undertaken by one inspector and took place on 17 and 18 February 2015. The provider was given notice before we visited people who used the service on the 17 February 2015. This was to ensure people gave their consent to visit them in their own homes.

SSA Quality Care provide domiciliary care to people in their own homes. They do not provide a service for children.

Before the inspection we reviewed all the information we held about the service, including information pertaining to their registration.

We visited five people in their homes on the first day of our inspection to speak with them about the care they received and during these visits we spoke with two care staff and one relative. We spent the second day in the service's offices to examine these five people's care records, five staff files. Training records and various policies and procedures. We spoke with two staff whilst in the office and after our inspection we telephoned and spoke with three staff and three relatives and a representative of a person who used the service.

Good

Is the service safe?

Our findings

People we spoke with told us they felt the care and support they received was provided in a safe way. One person told us "I feel safe with the carers who look after me, I feel they are well trained." They told us they always had two care staff visit them to assist with their personal care and if a new member of staff was to have a part in providing their care, they were usually introduced before they started working with them. This ensured people were aware of who would be visiting and allayed any fears.

Discussions with staff and viewing staff personnel files informed us there was a satisfactory recruitment process in place. We saw that staff had completed an application form, had a face to face interview, two written references had been gained and a satisfactory Disclosure and Barring Service (DBS) check had been undertaken before they began working for the organisation. The DBS carry out a criminal record and barring check on individuals who intend to work with children and adults, to assist employers to make safe recruitment decisions. We saw a full employment history, with explanations sought for any gaps. Staff had completed a health questionnaire which enabled the provider to ensure they were physically and mentally fit to undertake the role of a care and support worker. Prior to our inspection we had received some concerns in relation to the level of communication skills with some of the staff who were recruited from abroad and whose first language was not English. We saw documentation within staff personnel files which showed part of the recruitment process included the completion a written exercise. This along with the face to face interview enabled the provider to assess both their written and spoken English skills to ensure the needs of people who used the service could be met appropriately and safely. We saw documentation within one staff members file which showed us the provider had offered them a conditional offer of employment on the provision that they improved their English through training/further education. The document had been signed and dated by the staff member to show they understood the offer was made on these requirements. We saw this had been followed up during a supervision which acknowledged improvements to their written, spoken and English comprehension had been made.

Care and support was planned in a way to ensure people's safety and welfare both within the home and in the wider community. We saw any risks had been taken into consideration and protocols were in place detailing how staff were to minimise such risks whilst maintaining people's independence. For example we saw risks had been assessed in relation to moving and handling people, supporting people with their medicines, maintaining the security of people's homes and any behaviour which had the potential to place people and/or their carers at risk of harm. This ensured staff were aware of any risks and the strategies in place to reduce the risks whilst maintaining people's choice and independence. These described how staff were to deliver the care and enabled them to provide people with care and support in a safe way. Systems were in place to regularly review and update people's risk assessments where their needs changed.

We saw documentation within people's files to show that environmental risk assessments had been considered to ensure people's homes did not present as a risk for staff to work in. For example considerations included, the safety of any electrical equipment, access and lighting to people's homes and any trip hazards.

Staff told us two staff always visited people where the care plan or risk assessments required this. For example, where people required assistance with moving and handling. This was verified by people we visited and spoke with and was evident in their daily notes which staff completed at the end of their visits. Staff told us they had been provided with moving and handling training during their induction. In discussion with one care worker we asked what they would do if the staff member they were working with did not turn up. They told us they generally worked in pairs in instances in which any moving and handling was required. They were clear that they would not undertake moving and handling a person on their own, but would call the office so another member of staff could be sent to assist them. They told us the service's policy was that staff were not to undertake any moving and handling of people alone. This ensured people's care and support was delivered in a safe manner which protected them and the care staff from any harm. Staff we spoke with demonstrated a good understanding of people's needs and how to keep them safe. They also described arrangements which were in place for them to access people's homes whilst maintaining people's security.

Good

Is the service safe?

In discussion with staff it was evident they understood their duty of care and responsibilities in relation to safeguarding people from harm. They were knowledgeable about what constituted abuse and could identify different types and signs of abuse. They knew how to deal with any incidents, suspicions or allegations of abuse and who to report them to including the local authority's safeguarding team.

Staff told us they received safeguarding training during their induction and regularly thereafter. This was confirmed in the training records we saw in staff personnel files and from the staff training matrix we viewed. Staff were familiar with the whistle blowing policy and told us they would use the procedure if they had any concerns or any allegations of poor practice. They told us they would report any concerns to a member of the management and knew who to direct their concerns to if their concerns were in relation to the management team.

We saw records in which staff supported people with their shopping where this was required. We noted systems were in place to ensure people's monies were managed safely. Where people had money management involved in their financial matters the service worked in conjunction with them. Financial records were kept which documented any transactions and receipts were kept with these. Records were signed and dated to show when the transactions had taken place and by who. Whilst auditing the records for one person it was apparent there was no clear auditing system in place to regularly check and assure themselves that there were no discrepancies. We were assured actions would be taken to ensure audits would be undertaken and recorded.

Any accidents or incidents were reported to the office and appropriately documented. We were informed these were monitored and any actions to reduce further occurrence were discussed with staff and documented in people's care and support plans.

Staff who handled medicines had completed appropriate training and their competency had been assessed to make sure they followed correct procedures in a safe manner. Medicine administration records were kept up to date and showed people received their medicines as prescribed by their GP. We noted an instance in which the service had been instructed by a family member to reduce an individual's medicine. The service acted appropriately by seeking authority from the relevant professionals before taking any actions on the request. This maintained the safety of the person and ensured the care staff were not placed at risk of administering people's medicines in conflict to what they had been prescribed. As per the organisations policy and procedure any changes to supporting people with their medicines were supported by instructions from their GP or relevant health care professionals.

Good

Is the service effective?

Our findings

People we spoke with told us they felt the staff were appropriately skilled and knowledgeable. One person using the service told us "they know their job really well…I think they are well trained." We spoke with a representative of a person using the service. They told us the visit required two carers to provide the care because the person's care involved them using a hoist. They confirmed two carers always visited.

Staff informed us prior to the care being delivered the organisation made contact with them to arrange a visit to meet with people and their families or representatives. This was to enable them to assess and discuss their care and support needs, what they were able to do themselves and how they would like their care and support needs to be delivered. People we spoke with verified this and told us they were involved in the care planning and assessment process. Following the visit a care plan was written and risk assessments completed which were discussed with people to ensure they agreed with the contents and they reflected how they wished their needs to be met. People who used the services, their relatives and staff told us they were regularly reviewed and the care plans were updated to reflect any changes in their needs.

Staff knew how to respond to any emergencies and who they were to contact in such instances. In emergency situations staff informed us they would call the emergency services. Staff told us that where they were concerned about a person's health they would report their concerns to their line manager who would contact appropriate healthcare professionals such as their GP or district nurse and the person's family. This ensured people's healthcare needs were met appropriately. Staff were aware of the need to monitor people's health and wellbeing and to report any concerns to both the family and their manager.

Staff told us they were provided with effective training which gave them with the skills and knowledge to undertake their roles competently. The training was delivered both face to face and by e-learning. This meant people's care was provided by staff who had the knowledge and skills and had been assessed as competent to undertake their role safely. New staff were provided with an induction to provide them with the skills and confidence to carry out their role effectively. The induction consisted of a five day training course in which they received training in the organisation's mandatory subjects and which met with the skills for care common induction standards. This included safeguarding, health and safety, medicines, mental capacity and deprivation of liberty safeguards. The training was followed by shadowing experienced carers and having their competencies assessed and signed off by a senior carer before they worked alone. We saw copies of training certificates, shadowing records and documented observations held within staff files. We saw from the staff training matrix further training relevant to the needs of people using the service had been provided to some staff, these included training on Huntingdon's Disease, palliative care and pressure area care.

One staff member told us "We are given a good range of training and if we want to do any further training they support us to do this." They said when they started working for the organisation staff were provided with the opportunity to undertake accredited vocational qualifications. At that time the qualification was the National Vocational Qualification now replaced by diplomas in health and social care. They told us "when I started I did not have any but I now have the NVQ in health and social care levels two and three and in November I am starting level five." The staff training matrix informed us four staff had completed the vocational training at level two or above and two staff were in the process of doing the diploma in health and social care level two and two were currently doing the diploma level three.

Staff had received training in the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. The MCA also requires that any decisions made on behalf of a person who lacks capacity, are made in the person's best interests with people who are close to them and with other health and social care professionals. Staff had a good understanding of the MCA and their responsibilities to ensure people's rights to make their own decisions were promoted. We saw documentation within people's care files to show best interest meetings had been held. For example, we saw minutes of a meeting in which an individual and a family member who knew them well had been consulted with about the care they received and in making decisions about their health and welfare. We also

Good

Is the service effective?

saw that where people had dementia or mental health needs, they and their family members and/or their representatives had been consulted with about their care needs and during reviews of their care.

All the staff apart from one that we spoke with felt they received appropriate support from their manager. All told us they felt supported by other members of the management team too. They said they were provided with regular staff meetings where they discussed any changes to people's care and support needs, any training scheduled for them to attend and discussed and shared good practice. Staff told us they were provided with regular one to one supervision and had an annual appraisal of their work. This enabled staff to meet with their line manager to discuss their work and any developmental needs. We saw documentation within staff files to verify this.

Regular spot checks were undertaken to ensure staff worked in a safe manner and in line with the organisations policies and procedures. Where any concerns were apparent these were addressed through supervision and further training. We saw documentation within staff files to confirm this.

Good

Is the service caring?

Our findings

People we spoke with told us they found the staff to be caring. One relative told us the person had a good relationship with the staff who provided them with care and support. They told us they "Listen and hear them talking to their relative in a kind way and hear them having a laugh and joke between them". In the past they had been concerned that they didn't know which staff were coming to provide their relatives care and support. However, they told us this had improved over the last three or four months and they now have two regular care staff. They told us this worked well and their relative had built good relationships with them. They told us one of the care staff "takes [named person] out to wherever he wants to go, for example, to Morrisons shopping and a meal out."

Another relative we spoke with told us they had also had concerns in the past about the staff who provided their relatives care. They told us they had many different care staff visiting their relative which had not allowed for continuity of care. They told us this had recently improved and the organisation had recruited staff who lived closer which had given the relative the added reassurance that in an emergency situation the staff could get to them quickly. They told us their relative had two main care staff who visited regularly and when one of them was on leave the remaining care staff were able to pair up with another member of staff who had visited before and was familiar with their relative's needs. They told us X and X [named care staff] were the main staff who visit. They told us "They know their job really well…I think they are well trained and continuity has been better for several months." We asked about the level of the staffs communication skills and if they had any concern in regards to the care and support provided. This was because concerns had been raised with us prior to the inspection. They told us most of the care staffs first language was not English and said "there are no problems with communication…most of them are from Africa or Eastern European, they are very caring and genuine and take ownership of doing their best…" They added that "rapport is very important and up until the recent changes I didn't have that." Two further people we spoke with told us they had no problems speaking with the staff whose first language was not English.

During our visits to people's homes we met with two staff at an individual's home. We noted the individual had complex needs and behaviours which had the potential to place staff and themselves at risk. The staff were observed to have a good rapport with the individual and were aware of signs and gestures leading up to confrontational behaviours. Our observations showed they dealt with situations with professionalism and de-escalated comprising situations in a kind caring manner. We noted they provided the care and support detailed in their care plan and then spent some extra quality time painting the person's nails. The person clearly enjoyed the activity and there was a lot of laughter between them and the staff. This activity calmed the person down and distracted the person from displaying what had been a difficult and confrontational visit. It was evident the staff knew the person well and had built up a good relationship with them. It was also evident the person had built up a good level of trust with the care staff. Whilst the individual had very limited communication they were able to understand the staff when spoken to. The individual was able to communicate with them through the use of pictures and drawings and hand gestures.

People told us their care and support plans were regularly reviewed with their involvement. They told us they were encouraged to raise any concerns or changes they wanted made to their care plans and they were acted upon.

Another person we visited told us they had three regular care staff who provided them with the care and support they required. This included making breakfast , assisting and supporting them with washing and dressing and prompting them to take their medication. They told us the staff always respected their privacy and dignity. They said when providing them with personal care "they always keep me covered and explain to me what they are going to do." They told us they were provided with choices about what they would like for breakfast and the staff heated up a meal of their choice at lunchtime. They told us the care staff were very caring and took care to leave their home clean and tidy when they left.

Good

Is the service responsive?

Our findings

People's need were assessed prior to them receiving a service. This enabled the individual and/or their representative(s) to discuss what was important to them and how they wanted staff to support them. Any risks to their health, safety and welfare were assessed and discussed with them. After the initial assessment a care and support plan was written. This was shared with people to ensure they were happy with its contents.

We found people's care and support plans had taken into account people's individual wishes and preferences in the way they wished their care and support to be provided. They were individualised and person centred. We saw some signed documentation to show they and/or their representatives had been consulted with and they had signed documentation agreeing to the care and support detailed in their plan of care. Care plans were regularly reviewed in consultation with the person and/or their representatives to ensure they were up to date and met their needs accordingly. Where any changing care needs had been identified they had been documented in their care plan and communicated to the staff team.

People told us they knew how to make a complaint and had been provided with information about how to raise a complaint and the timescales for dealing with complaints. We saw a copy of the complaints procedure in people's files in their homes. Two people we spoke with told us they had raised concerns and they had been acted upon and dealt with to their satisfaction. One was in relation to staff arriving late and another was in relation to providing regular care staff to provide for continuity of care.

Feedback was gained from people using the service. Questionnaires were sent out to people who used the service and their families/representatives on an annual basis. This enabled people and/or their families to provide feedback about the quality of service they received and if it met their specific needs appropriately. We were informed the responses were collated and analysed and provided them with a way to evaluate the service and act upon any areas raised which would improve the quality of service people received. We were informed these had been sent out recently and were awaiting responses. This was verified by two people we visited who told us they had recently received a questionnaire to complete.

Staff were responsive to people's individual needs. These included supporting people to access the local community where they needed support in doing so. One person's main carer told us the care staff regularly supported their relative to go out shopping and enjoy a meal out. Another person's records showed staff undertook shopping for the individual, who prepared them a shopping list. Staff did their shopping for them regularly and respected their choices. They supported the person to attend appointments to health care professionals. We saw evidence within their care and support file to verify this.

Another person told us the service were responsive in changing their visit times to accommodate the occasions when they went out for the day with their relative. They told us they informed staff or the office who accommodated their request for an earlier visit.

Good

Is the service well-led?

Our findings

The registered manager was supported by the provider, a newly appointed manager, a care co-ordinator, three senior staff and a dedicated team of care and support staff.

All the staff we spoke with told us the management team and office staff had an open door policy and they could meet with them without the need for making an appointment. Whilst we were at the office we saw staff come to the office and observed positive and friendly interactions took place. One staff member told us "I find the management approachable, I've never had any issues."

The provider had systems in place to monitor the quality and safety of the service provided and to ensure they consistently met the needs of people who used the service. These included regular spot checks and direct observation of care to ensure the care staff delivered people's care according to their care and support plan. They also enabled the provider to check staff followed the organisations policies and procedures, completed appropriate documentation and arrived at the agreed time. Where any concerns were highlighted actions were taken to address them and further monitoring to ensure there was no re occurrence.

We were informed there was an easy tracker system in place. This involved staff logging in when they arrived at a person's home and logging out when they left. A senior member of staff informed us, if concerns were raised about the times staff visited or the length of their calls the easy tracker was checked by the care coordinator. Where concerns were evident senior staff undertook spot checks and staff were asked to the office for a one to one supervision meeting to address the issue.

People told us they knew how to make a complaint, that they had been provided with this information when they began receiving their care and support. Two people we spoke with told us they had raised complaints and the provider had acted upon their concerns to their satisfaction. One told us "I made a complaint once to the manager, they were pleased I did ring them and they acted on my concerns." A senior member of staff told us the organisation dealt with any complaints well. They told us the organisation "Deals with issues quickly and undertake another review of their care and support seven days later to check improvements have been made."

Staff we spoke with told us they were provided with regular staff meetings where they discussed any changes in people's care and support needs. They also discussed good practice, any forthcoming training, introduced new staff. They told us it provided them with the opportunity to meet as a team and where they were able to raise any concerns. They also received an annual appraisal where they discussed their work with their line manager and any developmental needs.

People's daily records and medicine administration records were collected from people's homes regularly. These were then audited to ensure they had been completed appropriately and according to the organisations policy and procedures. Where there were any concerns these were addressed in staff supervisions and any extra training was provided where it was felt staff needed extra training.

The provider had in place a statement of purpose which included their vision and values, the services they provide, the qualifications of staff, how feedback is gained and how to make a complaint. There was also a service users guide which people were provided with when they began receiving care and support which reinforced the information within the statement of purpose.

Staff we spoke with understood their responsibilities with regard to their roles and accountability. Where staff members did not perform in line with the organisations expectations the provider took appropriate action. We saw documentation which verified this.