

SA Quality Care Ltd

# SA Quality Care

## Inspection report

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21 January 2021

22 January 2021

01 February 2021

03 February 2021

04 February 2021

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14 May 2021

## Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

**Inadequate**



Is the service well-led?

**Inadequate**



# Summary of findings

## Overall summary

### About the service

SA Quality Care is a domiciliary care agency providing personal care to people in their own flats and homes. The provider is commissioned by the local authority to provide STEP services. This is short term enhanced provision where the agency provides an initial six weeks period of care after which the support package is usually transferred to a longer-term provider. When we visited the office, we were told the service was supporting 20 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is to help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

### People's experience of using this service and what we found

People were not always safe. Risks to people's health and safety were not assessed or mitigated.

Medicines were not managed safely.

Safe recruitment practises were not followed as the required checks had not been undertaken before staff started work. Staff did not receive induction and training to support them effectively in carrying out their role.

Systems to assess, monitor and improve the service were not in place. Issues with recruitment, risk management and medicines which should have been prevented from occurring had not been identified by the provider. In some cases, there were no records of the care and support the service was providing to people.

People and relatives spoke positively about the service provided. They were satisfied with call times and said they were supported by the same staff. Although people told us they felt safe the absence of effective systems to identify and manage risks placed them at risk of harm. People said the staff were caring.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

This service was registered with us on 19 May 2019 and this is the first inspection.

### Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led questions.

Following the inspection, the provider sent us an action plan detailing how they would control some of the more serious risks identified by our inspection to reduce the risk of ongoing harm.

### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to recruitment, safe care and treatment, staff training and good governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

### Special Measures

The service has been rated 'Inadequate' in the safe and well led questions and the service is therefore in special measures. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

### Is the service well-led?

Inadequate ●

The service was not well-led

Details are in our well-led findings below.

# SA Quality Care

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

The service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Notice of inspection

We gave the service short notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection.

Inspection activity started on 21 January 2021 and ended on 4 February 2021. Two inspectors visited the office location on 3 February 2021. One inspector returned to the office on 4 February 2021.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service and five relatives about their experience of the care

provided. We spoke with eight members of staff including the nominated individual, office manager, a senior care worker and five care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with three health and social care professionals on the telephone about their experiences with the provider.

We reviewed a range of records. This included eight people's care records We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated inadequate. This meant people were not safe and were at risk of avoidable harm.

### Assessing risk, safety monitoring and management

- Risks to people's health and safety were not assessed.
- The provider's service user guide stated a range of risk assessments would be completed when people started using the service. This included moving and handling, medicines and the environment. We reviewed eight people's care records and there were no risk assessments in place.
- One person's care plan stated they needed support from staff to use a track hoist to move from their bed to their wheelchair. Another person's initial assessment stated a moving and handling assessment was required to support with transfers to their commode and to access a wet room. There was no information to tell staff how to carry out these tasks safely.
- Risk associated with people's health were not always assessed and care plans did not provide detailed information. For example, staff supported people with a range of health needs including catheter and stoma care. Another person's initial assessment said they were diagnosed with diabetes and epilepsy. There was no information in their care plans to tell staff what care and support was required. One person said, "They [staff] are still learning. There is some stuff I have to tell them."

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Using medicines safely

- Medicines were not managed safely.
- We requested Medication Administration Records (MARs) They were not available. We received conflicting information from staff. Some staff said there were no MARs in people's houses and details were recorded in communication logs. We saw entries made in people's care records stating, 'medicines taken'. There was no information about the name of the medicine, prescribed dose or time it was prescribed to be administered.
- Care plans did not state what medicines people were prescribed or how they chose to take it.
- Topical Medicine Administration Records (TMARs) were not in place. One person's care plan stated staff should apply prescribed creams. There were no care plans in place to tell staff where, when or how to apply the cream. We reviewed the person's communication logs and the entries were inconsistent. On some days there were entries to indicate creams had been applied but on other days there was no reference to this.
- There were no medicines audits or checks in place. This, and the lack of record keeping, meant the provider was unable to demonstrate people were receiving their medication as prescribed.
- Staff who supported people with their medicines received online training. There were no recorded

observations to check they were competent to administer medicines safely. One care worker said, "The training was very basic. It did not really help."

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate medicine were effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the provider submitted an action plan detailing the improvements they would be making to the service.

#### Staffing and recruitment

- Safe recruitment practises were not followed. We reviewed four staff recruitment files. On the first day of the inspection we found there were no records of interviews and there was no evidence that gaps in employment history had been explored. There were no records of any references being requested or received.
- One staff member had worked alone without a Disclosure and Barring (DBS) check in place. A DBS check is a criminal record check. Three staff members had DBS checks from previous employment, but the provider had not made new applications.

These shortfalls in recruitment procedures demonstrated the service was in breach of regulation. Employing people without proper checks puts people at risk of harm. This was a breach of regulation 19 (Fit and proper person employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives were generally happy with call times and said they were usually supported by the same staff. One relative said, "They are here without fail. They are always on time."
- Most staff told us the rota was well organised. Calls to people were usually in the same locality so this minimised staff travel time. Electronic call logging was in place.
- An on-call system was in place and staff told us this was effective. One care worker said, "If there is any problem at all I can call any time."
- The provider was unable to demonstrate staff had received the training and support they required to carry out their role.
- Records showed staff completed 18 online training modules in one day. This included medicines management, moving and handling and emergency first aid. Staff confirmed there was no practical training to support them to move and handle people correctly. Moving and handling training consisted of an online module followed by 20 multiple choice questions.
- Some staff had no previous experience working in a care setting. There was no evidence they received any additional training, supervision or support. One care worker said they did not feel confident when supporting people. They said, "I asked Google. I had to teach myself."
- Records showed us one staff member started work in December 2020 and did not complete any training until 19 January 2021.
- There were no records of induction, spot checks or observations to monitor if staff were competent to carry out their role. Records showed staff had received one supervision with their line manager. We requested evidence of previous supervision, but they were not available.

The provider was unable to demonstrate staff received the appropriate level of training and support to fulfil their role. This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and



#### Preventing and controlling infection

- The provider was unable to demonstrate they were supporting staff to access weekly COVID-19 testing in line with government guidance. The provider told us staff had been having weekly tests since August 2020. We requested evidence of this, but this was not provided.
- Some staff said they had taken tests, but some staff told us they had undertaken one test very recently and they had not received the results.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the inspection the provider took action to minimise risks and systems were put in place to ensure staff had access to weekly testing and records were in place.

- Staff confirmed they had been provided with the appropriate levels of personal protective equipment (PPE) to carry out their roles safely.

#### Systems and processes to safeguard people from the risk of abuse

- People and relatives said they felt safe and secure. One person said, "I feel safe without a doubt." Another person said, "They are kind and helpful. I am quite happy."
- Staff had received safeguarding training and policies and procedures were there to guide them. They understood how to raise concerns.
- There had not been any recent safeguarding concerns reported by the service.

#### Learning lessons when things go wrong

- The provider told us there were systems in place to report accidents and incidents. They told us there had not been any accidents and incidents reported.
- Complaints and concerns were recorded. Records did not provide details about how complaints had been investigated or any lessons learned. Whilst there was a low level of complaints raised there was no analysis of themes or trends. We discussed this with the provider, and they confirmed they would review how this information was collated and monitored.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: continuous learning and improving care; How the provider understands and acts on duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- Significant shortfalls were identified at this inspection. We found issues with recruitment, risk management, medicines, staff training and care records. We were concerned the management were not aware of these issues. Systems should have been in place to ensure the provider was aware of how the service was operating and to ensure compliance with regulations. There were no records of any audits or checks. Effective systems were not in place to address shortfalls identified at the inspection and drive improvement.
- The registered manager left the service in September 2020.
- Some staff told us care records were not available in people's homes. We found care plans had not been completed consistently or in a timely manner. Care plans were not always accurate and did not include person-centred information to tell staff how people wanted to receive their support.
- Staff provided mixed feedback about how the service operated. Some staff said it was well organised, but others raised concerns that systems and records had only been put in place since the inspection was announced.
- The provider was unable to demonstrate they understood and acted on their duty of candour responsibilities. For example, complaints records did not provide details about how complaints had been investigated or any lessons learned. We received inconsistent and conflicting information from the provider. For example, we received a list of people who used the service before we visited the office. When we visited the office, we found there were several people who had not been included on this list.

Governance systems were ineffective, and the provider did not have oversight of key safety issues. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the provider submitted an action plan detailing the improvements they would be making to the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff provided mixed feedback about managers. Some staff were very positive about the support they received but others said they had raised concerns and no action had been taken.
- There was no evidence of people and their relatives being involved in developing their care plans and being involved in reviews.

#### Working in partnership with others

- The provider worked closely with health and social care professionals. They often provided care and support at short notice. One health professional said, "They are very responsive at short notice."

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider failed to assess or manage risks associated with people's care. Reg 12 (1)(2)(a)(b)  Systems were not robust enough to demonstrate the safe and proper use of medicines Reg 12 (1)(2)(g)  Systems were not robust enough to demonstrate infection prevention and control were well managed. Reg 12 (1)(2)(h)

### The enforcement action we took:

NOP

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Regulation 17 HSCA RA Regulations 2014 Good governance  Robust systems and processes were not in place to assess, monitor and improve the safety of the service. Reg 17 (1)(2)(a)(b)(c)(d)

### The enforcement action we took:

NoP

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  Regulation 19 HSCA RA Regulations 2014 Fit and proper person employed.

The provider did not ensure effective checks were in place to ensure staff were employed safely. Reg19 (1)(a)(c)

**The enforcement action we took:**

NoP

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Regulation 18 HSCA RA Regulations Staffing  The provider failed to ensure staff received the training, support and supervision they required to carry out their roles. Reg 18 (1) (2) (a)

**The enforcement action we took:**

NoP