

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 ●

Summary of findings

Overall summary

About the service

SSA Quality Care is registered to provide personal care and support to people in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection the service supported 41 older and younger adults with a range of health concerns across Buckinghamshire and Hertfordshire. Some people had support from a live-in carer, whilst other people received more traditional support calls at key times during the day.

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

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. We have made a recommendation about ensuring records reflect decisions made about people. We found some improvements could be made to the way the services recorded decisions where people had been assessed as lacking the ability to make a specific decision.

We received mixed feedback from people about their experience of the support they received from SSA Quality Care. People told us they did not always have confidence their feedback was understood by the service. Some people told us communication with the office was "Absolutely terrible" and "Poor". We have made a recommendation about this in the report.

The provider's quality assurance processes had identified this and they had taken action to reduce the likelihood of it occurring in the future.

Where people received consistent care, people told us care workers were "Great", "Excellent", "Lovely" and "Fantastic".

People had care plans which reflected their individual needs. People's likes, and dislikes were well known by staff.

Staff felt supported by the management team. Staff had a good understanding of the topics they had studied and knew how to protect people from abuse.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 10 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

SSA 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 one inspector and an assistant inspector made telephone calls to people.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 29 January 2020 and ended on 3 February 2020. We visited the office location and made telephone calls to people on 29 January 2020. We made further telephone calls to people and their relatives on 31 January 2020 and 3 February 2020.

What we did before the inspection

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 gave the registered manager opportunities throughout the inspection to share with us what they did well. We took this into account when we inspected the service and made the judgements in this report. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and four relatives about their experience of the care provided. We spoke with four members of staff including the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with the registered manager and three other office-based staff.

We reviewed a range of records. This included four people's care records and their medicine records. We looked at three 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. We looked at training data and quality assurance records. We reviewed feedback from staff and healthcare professionals.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Feedback from people and their relatives regarding the reliability, continuity and timing of care calls varied. Seven of the 13 people and relatives we spoke with told us care workers were "Never on time", "Visits rushed and cut short", "Visits often very late" and "They [Care workers] are ok but different people." We checked call monitoring logs and compared planned visits to actual time spent. We found a few occasions where care workers had not stayed the allocated time, but this was not consistent.
- We discussed the feedback with the registered manager. They told us they were aware improvements were required to ensure continuity and reliability of timings of care calls. They had picked this up from their own quality assurance processes. We noticed the management team had discussed in team meetings about how staff could improve reliability to ensure care calls were carried out as planned. The registered manager had also introduced keyworkers for each area. This was a member of staff who was allocated to monitor care calls and manage any feedback from people. The registered manager acknowledged communication with people when care workers were running late needed to improve. They advised us, and we saw evidence this had been addressed with staff in team meetings and with individuals.
- We received some positive comments from people about staff they included, "Happy with them, pretty, always come on time" and "Always stay for the allotted time, if not more."
- People were supported by staff who had been through a recruitment process. We found the registered manager was aware of the required pre-employment checks. We found records demonstrated an employee Disclosure and Barring Service checks (DBS) had been completed. A DBS is a criminal record check and references had been obtained from previous employment. The registered manager had systems in place to ensure they checked new employee's identity.
- The service aimed to send people a rota of which member of staff had been allocated to them. Care- Coordinators managed the staff allocation to people. We observed changes being made on the electronic rostering system. Once the system had been updated care workers received an updated version of their rota via a hand-held device.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse, staff had received training on how to recognise signs of abuse. Comments from people included "Yes, uses equipment to move and feels safe."
- Staff demonstrated awareness of when to raise a safeguarding concern to the local authority. Comments from staff included "Safeguarding people from abuse means protecting people from physical, emotional, sexual, financial and psychological harm. It is ensuring that people are kept safe at all times" and "It's a huge part of our job making sure no one is victim of abuse or neglect. To do so we have to be very attentive and prevent any risk of harm."
- The management team were aware of the need to report safeguarding concerns to the local authority and

to CQC. We saw posters with contact numbers for the local authority were displayed around the office.

Assessing risk, safety monitoring and management

- Risks associated with people's medical conditions were assessed. For instance, people who were at risk of falling had a risk assessment in place.
- Risk assessments were completed for a wide range of activities associated with supporting people. For instance, supporting people with medicines and supporting people to move position. Where appropriate risk assessments detailed what type of equipment was used to minimise the potential harm to people.
- Potential environmental risks had been considered. The health and safety of people being supported in their own home had been assessed.

Using medicines safely

- Where people required support with administration and management of their prescribed medicine this was detailed in their care plan. The provider completed a medicine risk assessment detailing what level of support people required.
- People were supported with their medicine by staff who had received training and were deemed competent to provide safe care to people. One member of staff told us "I was last assessed on my spot check three months ago by my manager."
- The provider completed spots checks on medicine administration records (MARs) to drive improvement and monitor safety in medicine administration. One member of staff told us "My MAR charts were checked during the monthly audits and I was informed that I was competent and completing my MAR charts correctly."

Preventing and controlling infection

- Staff received training on how to minimise the risk of infections.
- Staff had access to personal protective equipment (PPE) such as gloves and aprons.
- Where people required support with the preparation of meals they were supported by staff who had received training in food safety.

Learning lessons when things go wrong

- Incidents and accidents were recorded.
- Staff were aware of what needed to be reported and told us they would not hesitate to report any identified concerns. Comments from staff included "Our management team are very proactive and always carry out home visits to investigate any concerns we would have raised."
- We found the registered manager was committed to learning from when care was not delivered as planned. We were provided with evidence of changes which had occurred as a result of feedback. For instance, the introduction of keyworker roles.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection (COP) for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA. At the time of the inspection the service was not supporting anyone who was under a COP order.

- The registered manager was aware of how to work within the code of practice for the MCA. Staff had received training and were able to communicate their knowledge. Comments from staff included "Even though an individual may lack capacity I have a duty of care to support them and ensure that they are supported in making decision" and the MCA is the "Legal framework for acting and making decisions behalf of adults who lack the capacity to make particular decisions."
- We found the service supported people in line with the MCA and assumed people had capacity to make decisions for themselves. However, when concerns were raised, the registered manager did not always record separate specific decisions, particularly in respect of potentially restrictive measure on people's freedom. We discussed this with them. They agreed the current recording did not demonstrate they did this, however, no-one supported was subject to specific restrictive practice. We asked the registered manager to demonstrate how they would record this. The registered manager could not identify how this would be completed. The registered manager confirmed they would talk to their records management provider to ensure this was possible in the future.
- Where people had been assessed as unable to consent to care and support, providers should only seek support from a third party who had legal authority to act for the person. We noted the service did not routinely have evidence of this. The registered manager advised us this would be actioned immediately. Where a person had not awarded legal powers to a third party decisions needed to be made in the person's best interest with third parties who know them. We found best interest decisions were not always written up to reflect decisions made.

We recommend the service seeks support from a reputable source to ensure records relating to people's capacity were recorded in line with the Mental Capacity Act 2005.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Prior to people being supported with personal care. A full care needs assessment was carried out by a senior member of staff.
- Assessments identified any individual needs which related to protected characteristics identified in the Equality Act 2010. For instance, preferences for bathing, meal choices and other cultural considerations.
- Where assessments identified the need for additional equipment, the service ensured this was in place. For instance, the need for a hospital bed or lifting equipment to help the person move position. Where people's needs had changed we saw evidence of the service liaising with external healthcare professionals to ensure a change of equipment was provided. For instance, one person had recently been discharged home from hospital and staff were struggling with the equipment which had been provided. A referral had been made to the occupational therapy department for a review.

Staff support: induction, training, skills and experience

- People were supported by staff who had been supported to understand their role. This included initial training the provider deemed mandatory and working alongside an existing member of staff (Shadowing). Staff told us their induction prepared them to work with people. Comments included "My induction was very professional and allowed me to ask more questions in regard to the industry whilst being introduced to the company's policies and procedures" and "My induction involved four days training and then shadowing more experienced member of staff for four shifts and then after I had to be observed so they could assess if I was competent in my role."
- Staff were supported to refresh their training and keep their skills up to date. New staff were being supported to complete the Care Certificate. The Care Certificate is a set of nationally-recognised standards all care staff need to meet. The standards include communication, privacy and dignity, equality and diversity and working in a person-centred way, as examples.
- The registered manager had systems in place to monitor staff training and support to ensure it was provided in line with the provider's policy. Staff demonstrated knowledge regarding the topics they had studied especially in respect of safeguarding people and the Mental Capacity Act 2005.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Where people required support to maintain their nutrition and hydration levels, this was detailed in their care plan. People told us they were happy with their support offered with their meals. People told us meals provided were tailored to their cultural needs.
- Where advice was given to staff following a consultation with other professionals, this was followed. For example, how to meet people's dietary needs. A healthcare professional told us "The care team appeared to be adhering to the recommendations made by myself and speech and language therapist (SaLT) and [Name of person] diet intake and weight improved."
- Where changes in people's health was noted staff ensured referrals were made to external healthcare professionals in a timely manner. Staff worked well together and with external agencies such as the local authority and GPs.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People gave us mixed feedback about their experience of support from care workers. Negative comments from people involved inconsistency of care workers, resulting in care workers not knowing what to do or not completing all tasks as advised in people's care plans. The registered manager was aware of this feedback and had introduced a new system to monitor feedback from people.
- People told us when they received consistency in the care workers who supported them, they had developed a good working relationship with them. People told us care workers demonstrated kindness and compassion and "They always ask about my family and say hi to my Husband", "Carers who come are grand" and "Absolutely excellent, really engaged, I cannot fault them."
- Positive feedback about the service included comments the care workers were "Good" and the carers are "Great" Another person told us "She knows his needs well and has become a good friend. She does things properly." A third person told us "One staff member is fantastic."
- The service had received a number of compliments since our last inspection. Comments included "The support has been exceptional" and "Above all the respect and gentle, loving care you took with him, no agency could have done it better."
- Staff were able to tell us how they provided dignity to people. Comments included "I protect individual's dignity by closing the door, curtains and blinds. I ensure I speak clearly and not shout to prevent others from hearing or from them feeling uncomfortable. I will communicate with the client throughout the task" and "By speaking respectful to and about them. By ensuring I never patronise or speak down to a service user. I always keep my patience and empathise towards them, building a trust-based relationship with them and they know that they can share their concerns with me."

Supporting people to express their views and be involved in making decisions about their care

- People told us they did have opportunities to share their views about the service. However, some people felt their feedback was either not listened to or actioned. We discussed this with the registered manager who was aware of a need to improve communication with people. The registered manager had identified four geographical areas which would be managed by one member of staff to improve communication with people. Initial feedback from people was positive. Comments included "I now have a keyworker as first point of contact and have their contact details."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Each person had a care plan which detailed their care needs, likes, dislikes and how they liked to be supported. Where people had identified any needs relating to their culture or religion this was detailed. For instance, chosen faith and preferred diet.
- People's preferences for their care were clearly recorded. For instance, how they liked to have their tea or coffee made or if they preferred a bath or a shower. One person's care plan stated, "I would like a bath every morning."
- We observed where changes occurred in people's needs these were reflected in care plans to ensure care staff had received updated guidance on how best to support people.
- People who had live-in care and support told us their care worker had helped them to engage in meaningful activities. One person told us "We do crosswords, we do lots we art, we poetry." It was clear from how they were describing the care worker they had developed a good, close working relationship with them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were met.
- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. Staff had awareness of how to support people to express their needs.
- We noted information about the support people needed with their communication aids was detailed in care plans. For instance, one-person's care plan stated "I am able to communicate my needs, but I prefer carers to speak to me face to face as long as I have my hearing aids on. I wear hearing aids in both ears, I have a blue hearing aid in my left ear and a red one in my right ear."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place.
- The registered manager kept a tracker for logging complaints, the service had received 15 since last inspection.
- Records showed how complaints had been logged and what action had been taken to investigate them. Where action was going to be taken to talk to staff to help improve the service we saw evidence this had happened.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted quality, person-centred care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- People were invited to complete an annual written questionnaire and were telephoned to seek feedback about their experience of the support they received. People told us communication with the office could be improved. People told us they did not always feel their feedback was listened to. People told us they struggled to speak to the right person in the office. Comments included "Communication absolutely terrible", "Nothing ever gets done" and "Communication very poor." We provided this feedback to the registered manager to take action.

We recommend the provider seek advice and guidance from a reputable source, about the management of communication into the office to ensure action is taken.

- We saw evidence of how feedback from face to face meetings had been used to drive improvement. For instance, issues had been discussed with staff in meetings and additional training had been provided to staff.
- The registered manager met with the provider on a regular basis to discuss service development. Staff were invited to team meetings and received routine updates about people's care needs via an electronic system.
- Staff told us they felt supported by the registered manager and management team. Comments included "I felt very valued as my hard work was being recognised and other staff members were able to see my achievement and I am able to encourage them to progress within their own role", "They praise me and send me compliment" and "Always praise me when I do good job really appreciate and support me with everything."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Throughout the inspection we found the registered manager open to our feedback. They demonstrated a commitment to improve the service.
- There is a legal requirement for providers to be open and transparent. We call this duty of candour (DOC). Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014, states when certain events happen, providers must undertake a number of actions. We checked if the service was meeting the requirements of this regulation. The registered manager was aware of this regulation and had

systems in place to record actions taken.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a registered manager in post.
- People's records were accurately and securely maintained, and office staff used passwords to access computer records.
- Providers and registered managers are required to notify us of certain incidents or events which have occurred during, or as a result of, the provision of care and support to people. One notifiable event is when there has been an allegation of abuse. We checked our record against records held at the service, we found we had been notified of all events required.
- The provider had policies and procedures in place which reflected best practice. Policies had a review date on them.

Working in partnership with others

- The service worked alongside community healthcare professional like GP, district nursing, mental health services and social workers.