SSA Social Care and Community Services Ltd

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Inspection report

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Sheffield
South Yorkshire
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Tel: 01142730777

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 7 April 2016 and was announced. We gave the service 48 hours' notice in line with our current methodology about inspecting domiciliary care agencies. The service was previously inspected in May 2014 and the service was meeting the regulations we looked at.

SSA Social Care and Community Services provide personal care to people living in their own homes. The agency has an office in the Burngreave area of Sheffield. SSA Social Care and Community Services support people with a wide range of needs. At the time of our inspection there were 43 people receiving personal care from the service.

At the time of our inspection the service had a registered manager in post. 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 service had a policy in place to safeguard people from abuse. This included the types of abuse and how to recognise abuse. It also gave guidance to staff about how to report any concerns. Staff we spoke with told us they had received training in safeguarding and that this was repeated on an annual basis.

We looked at systems in place to manage people's medicines in a safe way. We saw medication administration records (MARs) were completed, but noted that gaps in recording were evident. We viewed the medication policy and found that this contradicted what happened in practice.

We looked at care plans belonging to people who used the service and found they identified risks associated with people's care. For example moving and handling.

The service had a staff recruitment system in place to ensure the people employed were safe and suitable for the role they applied for. Pre-employment checks were obtained prior to people commencing employment.

We spoke with staff who told us they received training mainly via the use of videos which they watched and then had a series of questions to answer about the subject.
We were not assured that staff received adequate training solely through watching videos and answering questions as this would not give them the practical knowledge and practice required for some aspects of training such as moving and handling.

We found the service to be meeting the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

We looked at care plans which contained information about the person's capacity. We saw that mental

capacity assessments and best interest decisions had been made where people lacked capacity to make a decision.

We spoke with people who used the service and looked at their support plans and found that support plans clearly identified the nutritional support people required.

People were supported to maintain good health, have access to healthcare services and received ongoing healthcare support. We looked at people's records and found they had received support from healthcare professionals when required.

We looked at a selection of care plans and found they included information regarding people's likes and dislikes. Staff we spoke with knew how to maintain people's privacy and dignity.

People's needs were assessed and care and support was planned and delivered in line with their individual care plan. We looked at a selection of care plans and found they included the desired outcomes for the person.

The service had a complaints procedure in place and the company welcomed them as an opportunity to learn, adapt, improve and provide a better service. The provider encourages concerns and felt they should be dealt with properly and effectively so that people felt confident that their concerns were listened to and acted upon.

We saw audits had been completed to ensure policies and procedures were being followed. However, there was limited information recorded as to what the outcome of the audit was and what action was taken when required. We also found that some policies required updating to reflect current practice within the organisation.

Staff we spoke with felt the service was well led and the registered manager was approachable and listened to them. Staff confirmed they knew their role within the organisation and the role of others. They knew what was expected of them and took accountability at their level.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

We looked at systems in place to manage people's medicines in a safe way. We saw medication administration records (MARs) were completed, but noted that gaps in recording were evident. We viewed the medication policy and found that this did not accurately reflect current practice.

The service had policies and procedures in place to protect people. Staff we spoke with were knowledgeable about safeguarding and knew how to report any concerns.

Care and support was planned and delivered in a way that ensured people were safe. We saw support plans included areas of risk.

The service had robust arrangements in place for recruiting staff.

Is the service effective?

Requires Improvement

The service was not always effective.

People were not always supported to have their assessed needs, preferences and choices met by staff who had the necessary skills and knowledge.

We spoke with staff, and found the service to be meeting the requirements of the DoLS.

People were supported to eat and drink sufficiently to maintain a balanced diet. Some people were supported with the preparation of meals.

People were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support.

Is the service caring?

Good

The service was caring.

We looked at a selection of care plans and found they included information regarding people's likes and dislikes.

We spoke with staff who were able to explain how they made sure people's privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care and support was planned and delivered in line with their individual care plan. We looked at a selection of care plans and found they included the desired outcomes for the person.

The service had a complaints procedure in place and the company welcomed them as an opportunity to learn, adapt, improve and provide a better service.

Is the service well-led?

Requires Improvement

The service was not always well led.

Staff we spoke with felt the service was well led and the registered manager was approachable and listened to them.

We saw evidence that some audits were being completed. However we found these were not always effective in practice in identifying and implementing improvements in relation to the quality and safety of services provided.

We saw evidence that people were consulted about the service provided.

SSA Social Care and Community Services

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 checked 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 took place on the 7 April 2016 and was announced. The provider was given short notice of the visit to the office in line with our current methodology for inspecting domiciliary care agencies. The inspection was completed by an adult social care inspector.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well, and improvements they plan to make.

Before our inspection, we reviewed all the information we held about the home. We spoke with the local authority and other professionals to gain further information about the service.

We spoke with six people who used the service, and one relative of a person who used the service.

We spoke with five care workers, a senior care worker and the registered manager. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at six people's care and support records, including the plans of their care. We also looked at six staff files. We saw the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Requires Improvement

Is the service safe?

Our findings

We spoke with people who used the service and most people told us they felt safe using the service. They said staff were very supportive and they always had the same care workers visit them. One person said, "I feel very safe with the staff in my home, I have got to know them very well."

The service had a policy in place to safeguard people from abuse. This included the types of abuse and how to recognise abuse. It also gave guidance to staff about how to report any concerns. Staff we spoke with told us they had received training in safeguarding and that this was repeated on an annual basis. Staff knew what to do if they suspected any abuse and told us they would inform their manager without delay. They were confident the registered manager would take action and address the situation immediately.

We spoke with the registered manager who confirmed that they kept a record of any safeguarding concerns and what action was taken to address them. There were no current safeguarding concerns at the time of our inspection.

We looked at systems in place to manage people's medicines in a safe way. We saw medication administration records (MARs) were completed, but noted that gaps in recording were evident.

We looked at care plans belonging to people who used the service and found they identified risks associated with people's care. For example moving and handling. Risk assessments included the risk, potential hazards, the likelihood of the risk occurring and what action should be taken to limit the risk from happening. Staff we spoke with could tell us about the risks involved in people's care and could explain in detail how they ensured the risk was reduced.

The service had a staff recruitment system in place to ensure the people employed were safe and suitable for the role they applied for. Pre-employment checks were obtained prior to people commencing employment. These included three references, and a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable people. We looked at files belonging to six staff and found the recruitment policy had been followed effectively.

The registered manager told us that application forms were scrutinised to ensure and gaps in employment history were investigated. We were also informed that no new starters began working with people until all the checks had been satisfactory completed.

We spoke with staff who confirmed these checks had been completed when they had started working for the service. Staff also told us that they received an induction programme which included mandatory training, reading policies and procedures, being issued with a staff handbook and shadowing experienced care workers until they felt comfortable to do the job alone.

Requires Improvement

Is the service effective?

Our findings

We spoke with people who used the service and they felt the staff were competent to complete their role. One person said, "They know exactly what they are doing."

We spoke with staff who told us they received training mainly via the use of videos which they watched and then had a series of questions to answer about the subject. The registered manager told us that the competency pass mark was 80 percent and if this was lower, the care worker had a meeting with the registered manager. A discussion was held regarding the subject and the care worker was only signed off as competent when the registered manager was confident they had understood the subject. Some courses were provided by the local council.

We spoke with the registered manager about training staff received training regarding medication administration. The registered manager told us this had recently changed because concerns had been raised by the local council during their audit of the service. Medication training used to be provided via a video which staff were required to watch and then complete a question page. This was now completed by the registered manager who had recently completed a train the trainer course in this subject. The registered manager told us that all staff would be signed off as competent to administer medicines prior to them completing the task.

However, we found that moving and handling training had been provided via a video, which meant no practical training had been provided to care workers. We spoke with the registered manager who said this was currently being addressed as they had recognised the need to provide practical training in this subject. We saw evidence that some care workers had received this training recently and other care workers were booked to complete the training in the near future. The registered manager told us that the care workers involved in packages involving moving and handling had been trained first. However, some staff working with people requiring moving and handling had not completed the practical training session. This showed that staff were not always suitably trained to carry out the regulated activity.

This was a breach of Regulation 18 (2) (a) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Care Quality Commission is required by law to monitoring the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. This legislation is used to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in their best interests and protect their rights. The Deprivation of Liberty Safeguards (DoLS) is aimed at making sure people are looked after in a way that does not inappropriately restrict their freedom.

We looked at care plans which contained information about the person's capacity. We saw that mental capacity assessments and best interest decisions had been made where people lacked capacity to make a decision. One best interest meeting we saw related to the person receiving their medicines covertly. We saw that relevant professionals had been involved and that the decision had been made in the person's best

interest.

Some people were supported with the preparation of meals. One person who was prone to weight loss due to swallowing difficulties, had a care plan in place to ensure care workers were given the correct information in order to support the person's nutritional needs. We saw that care plan reviews included the person's dietary intake and monitored what the person food and fluid intake had been.

Staff were aware of other professionals involved in people's care. Staff told us that if they had a concern and a professional was already involve they would contact them for guidance and advice. For example, one care worker told us they had contacted a district nurse when they required support and advice concerning a person they were supporting. Staff also told us that if they were concerned about someone and thought they needed healthcare they would access this and inform the office so this could be recorded formally in the persons care package.

Good

Is the service caring?

Our findings

We spoke with people who used the service and they told us they found the care workers to be kind, considerate and caring. One person said, "The care workers understand me and support me well. They are very nice." Another person said, "The carers are lovely, I couldn't ask for any better."

We looked at a selection of care plans and found they included information regarding people's likes and dislikes. For example, one care plan stated that the person did not like noise or sudden movements as they became startled. The care plan informed care workers to be aware of this and to be soft and gentle in approach. We also saw care plans included information about people's pets and things that were important to them.

We spoke with staff and they were able to tell us how they ensured they respected the person's home. For example, one care worker told us at one home they knock on the front door and wait for the person to answer, but at other properties they have to let themselves in and shout to let the person know they have obtained their key from a key safe and entered their home.

The service operated a keyworker system for anybody who had a complex package of care. The keyworker was in place to ensure the person and their representatives had a person to co-ordinate any care plans, build support networks, report if services are working well together and to be proactive in referring the person to other professionals where needed.

Staff we spoke with knew how to respect people's privacy and dignity and gave examples of how they would do this. For example, knocking on doors prior to entering, closing curtains and talking to the person explaining what they are doing. Staff felt that communication was most important, as this enabled the person to be involved, make choices and be the centre of their care and support. One care worker said, "It's important to focus on what the person wants and how they prefer their care to be delivered. The person should always be at the centre of their care."

Good

Is the service responsive?

Our findings

We spoke with people who used the service and their relatives and found they were involved in their care package. One person said, "They discussed my care when I first started with the service and if anything changes they change my care plan." One relative said, "I feel I am a partner in my relatives care."

People's needs were assessed and care and support was planned and delivered in line with their individual care plan. We looked at a selection of care plans and found they included the desired outcomes for the person. For example, one care plan stated the person required support with daily tasks to enable the person to be as independent as possible and remain in their own home. Care plans also included details of the calls provided and what support was needed at each visit. For example, administer medicines, offer shower and give drinks and snacks.

We saw daily activity logs were completed for each visit and stated the time the care worker arrived at the visit and what time they left. It also gave details of how the care worker supported the person whilst on the call. This was checked periodically by the office staff.

We spoke with the registered manager and was told that care plans were reviewed initially after the first six week of service to ensure everything was alright and the person was happy with the support provided. Then a review took place between three to six months to ensure any changes were noted and the care plan was kept up to date. We saw one care plan which required a review under these guidelines. We informed the registered manager who told us they would ensure this was completed.

The service had a complaints procedure in place and the company welcomed them as an opportunity to learn, adapt, improve and provide a better service. The provider encourages concerns and felt they should be dealt with properly and effectively so that people felt confident that their concerns were listened to and acted upon.

We spoke with the registered manager and they confirmed that no complaints had been received. They also look at spot checks made to ensure care workers are completing their role effectively and six monthly feedback forms to ensure that any concerns raised in these ways were picked up and actioned appropriately.

Requires Improvement

Is the service well-led?

Our findings

We spoke with people who used the service and they felt the registered manager was approachable. They also told us they could contact the office staff if they needed to.

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission. The registered manager was supported by a team of senior staff who were responsible for the day to day running and management of the service.

We saw evidence that audits had taken place to ensure policies and procedures were being followed. The registered manager completed audits on activity logs and medication administration records when they were brought in to the office. However, it was difficult to see what action was taken to address concerns and what lessons had been learned. We spoke with the registered manager about this and they told us they would devise a better form where they could include this information.

During our inspection we saw the policies and procedures had not been updated to reflect current practice. For example, the medication policy did not reflect current working practice of the organisation.

We spoke with staff and they told us they were supported by the registered manager and that they could ring the office for support. They told us that managers were also available out of office hours as they had an on call system. Staff felt their views and opinions mattered and they felt listened to.
Staff confirmed they knew their role within the organisation and the role of others. They knew what was expected of them and took accountability at their level.

The registered manager also told us they completed spot checks to staff delivering care and support to people in their own homes. This was then documented on the care workers file. This visit included an observation about how the care worker respected the person and included them in their care package. The registered manager also checked to see if staff were wearing the correct personal protective equipment and observing general hygiene practices. Feedback was then given to the care worker during a one to one session.

We viewed the medication policy and found that this contradicted what happened in practice. For example, the first page stated that care workers do not administer medication, but further on the policy stated that the care workers did administer medication. The policy did not cover medicines given on an 'as and when' basis or medicines administered covertly. Both types of medicine administration were current practice. We spoke with the registered manager about this and were told this would be updated and would include the areas mentioned above.

We saw that any untoward incidents were logged on a form and action was taken. These included incidents such as missed calls. Any untoward incidents involving staff resulted in a meeting with the manager at the office to gain knowledge about how the incident occurred and what could be done to reduce the risk of it happening again.

There was evidence that people were consulted about the service provided. Feedback forms were sent to people who used the service on a regular basis. This asked the person questions relating to the service, the staff, and the support they received and generally asked how they felt the service were performing. We looked at the most recent feedback forms and found positive comments which included comments such as, "The carers are very nice and understand me," and "The carers are friendly, respectful and professional."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff were not always suitably trained to carry out the regulated activity.