

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 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. At the time of our inspection there were 60 people using the service. 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.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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.

People were supported by staff who had been recruited to ensure they had the right skills. Criminal record checks were completed for all staff. We found improvement could be made when obtaining employment references for new staff. We have made a recommendation about this.

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Comments from people included, "Very professional. They treat her with utmost respect. They respect her wishes; they do what she asks of them", "They treat me very good. They speak kindly to me; I don't have any problems" and "They leave me while I'm toileting, they respect my privacy that way."

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

People and those important to them, including advocates, were involved in planning their care.

Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate.

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

Rating at last inspection and update

The last rating for this service was good (published 14 February 2020).

At our last inspection we recommended the service sought advice from a reputable source on records relating to people's decision making and how the service acted on feedback from people. We found the provider had acted on the recommendations and we found improvements had been made.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for SSA Quality Care on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector and two Experts by Experience made telephone calls to people and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

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

Inspection activity started on 1 February 2023 when we requested initial information from the service. Two Experts by Experience made telephone calls to people and their relatives on 2 March 2023. We visited the location's office on 3 March 2023. We continued to review evidence until 9 March 2023.

What we did before 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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we met with the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with 4 office staff. We checked a range of required records. These included care plans, staff personnel and training records, a sample of policies, procedures and other guidance, audits, observations of staff practice and medicines administration records. We spoke with 10 people who use the service and 13 relatives.

Emails were sent to all staff inviting them to provide feedback to us. We received responses from 18 staff. We contacted community professionals who are involved in the care of people who were supported by the service and received 3 replies.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

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 MCA 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 Mental Capacity Act (MCA). When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

At the last inspection we recommended the service sought support from a reputable source to ensure records relating to people's capacity were recorded in line with the Mental Capacity Act 2005.

At this inspection we found improvements had been made.

- We found the service was working within the principles of the MCA. Staff had received training and were able to communicate how they would support people to make decisions.
- The service helped keep people safe through formal and informal sharing of information about risks. Staff were provided with guidance on how to minimise harm to people.
- Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk. Where people had equipment to help them move the service ensured contact details of the company who checked it were readily available.
- Staff assessed people's sensory needs and did their best to meet them. Any risk associated with people's sensory needs were recorded and mitigated.

Staffing and recruitment

- People were supported by staff who had been checked to see if they were suitable to work with them. All new staff were subject to a Disclosure and Barring Service (DBS) checks which provided information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. In addition, any new staff from overseas had written confirmation from their country of origin criminal intelligence unit of any convictions held.
- Other checks completed were references obtained either from previous employers or a third party. We

noted some of the references were dated prior to the staff member being interviewed and were addressed to "whom it may concern", we discussed this with the registered manager, as we had concerns, they were not always the most up to date.

We recommend the provider seeks support from a reputable source to ensure all pre-employment checks are robust.

- We received mixed feedback from people and their relatives about how staff supported people and if staff spent the right amount of time at people's homes. Most people and their relatives and records confirmed staff did spend the correct time with people. However, we had feedback some calls were cut short. We observed there was a system in place to monitor call times and length of calls. The registered manager confirmed this was addressed with staff on an individual basis.
- People told us they had not experienced regular missed calls, but staff would often be late. Comments from people included, "They can be late, usually about half an hour. Not often. They do sometimes let me know", "Yes, they come on time, unless they are held up", "Sometimes they are half an hour late or come earlier. That doesn't happen very often". Other people told us, "They stay right times, if they are late, it's because they have got held up somewhere else", "If they are very late, they phone me" and "They can be five or ten minutes late and they stay roughly the right time."

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- People and their relatives told us they felt safe with staff. Comments included, "She is quite safe. There are two [staff] who move her into the bathroom and two [staff] to get her up and put her to bed. If they were abusive, I wouldn't put up with that", "Very safe. They know what we are about. If I say something, they go about it", "I feel safe, they are all very polite" and "Very safe, I just feel comfortable with them."
- Staff had training on how to recognise and report abuse and they knew how to apply it. Staff told us they would not hesitate to raise any concerns. Comments included, "Speak up and report any suspicions you have of abuse", "Report anything which you feel is suspicious or any abuse you see" and "By reporting any signs of abuse to the office or managers so that it will be dealt with as soon as possible."

Using medicines safely

- People were supported with their prescribed medicines when needed. The level of support was detailed in each person's care plan. People who had support told us they thought the staff did this safely and with dignity.
- Staff followed effective processes to assess and provide the support people needed to take their medicines safely. This included where there were difficulties in communicating, when medicines were given and when assessing risks of people taking medicines themselves.
- Staff were knowledgeable about as required medicines, however the records relating to as required medicines for people who may not be able to express when they needed them could be improved. The registered manager and care co-ordinators took immediate action during the inspection to rectify records.

Preventing and controlling infection

- People were supported by staff who had received training and knew how to prevent the spread of infections.
- Staff used personal protective equipment (PPE) effectively and safely.
- All relevant staff had completed food hygiene training and followed correct procedures for preparing and storing food.

Learning lessons when things go wrong

- People received safe care because staff learned from safety alerts and incidents.
- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.

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 our last inspection we rated this key question good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last inspection we recommended the provider sought advice and guidance from a reputable source, about the management of communication into the office to ensure action was taken.

At this inspection we found improvements had been made. Feedback from people and their relatives was positive about action taken by office staff. Comments included, "Every time I've phoned there has been someone answering the phone. If I need to speak to the lady in charge, she is there. She has been to see mum to know who she is talking about", "[Name of staff] has been very responsive to my calls" and "I contact the office. They are very helpful, like when a carer doesn't arrive on time. They find out what delayed them and ring back".

- The provider sought feedback from people and those important to them and used the feedback to develop the service.
- People told us they were happy with the responses they received from the office. Comments included, "They ring me every so and so, about every month", "I've had to call them this morning. I left my name and number and within ten minutes they had rung me", "When I ring up they usually answer straight away.", "Contacts are fine. They call me back" and "They are very good with that. I leave a message and they call me when they come in. I know the out of hours numbers".
- Staff told us they felt listened to and valued and felt able to approach the management team, with concerns. Comments included, "I feel supported in my role. I am always updated of any changes or anything concerning my job", "Every time I have a concern about anything, I am able to approach any management team and they listen to my concerns and respond" and "Management created platforms for us to make suggestions and I am happy to confirm that meaningful contributions are always taken on-board."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say.
- Managers promoted equality and diversity in all aspects of the running of the service.
- Staff felt able to raise concerns with managers without fear of what might happen as a result.

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

- People were supported by a service that had a clear vision and management structure. Each member of staff in the office was aware of their role and how it interacted with others.
- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support.
- Systems were in place to monitor care calls, staff performance, staff training and support. The office staff worked well together to promote a good service.
- The registered manager was aware of the duty of candour requirements and has systems in place to respond appropriately when needed.

Continuous learning and improving care

- The service had a complaints procedure in place. People and their relatives told us they would not hesitate to contact the service to raise concerns. We found complaints were responded to in a timely manner.
- Staff felt able to contribute to changes within the organisation.

Working in partnership with others

- The service worked well in partnership with advocacy organisations and other health and social care organisations, which helped to give people using the service a voice and improve their wellbeing.
- The service made timely referrals to external professionals and acted upon their advice or direction to support people to maintain their independence.