

Sage Care Limited

# Sagecare Fulham

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Sagecare Fulham is a domiciliary care agency. It provides personal care to mostly older people living in their own homes in the London Boroughs of Hammersmith & Fulham, Westminster and Chelsea. It also supports some adults who are living with dementia and adults who have physical disabilities. At the time of our inspection the service was providing care and support to 494 people. 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 received mixed feedback from people and their relatives about using the service.

The service did not ensure people's care visits were always arranged to reduce the risk of people experiencing late or missed care visits. Some people's medicines support was not always managed in a safe way. Some people's care plans did not provide personalised information about their care preferences or up to date information about their agreed care arrangements. There was a complaints handling process, but some people found it difficult to contact the office when they needed to.

There were assorted quality monitoring systems in place. These had identified some of the issues we found but had not always been effective as they had not enabled the provider to take timely action to address some of the areas for improvement.

There were procedures in place for preventing and controlling the spread of infection. This included ensuring staff always had sufficient personal protective equipment. Risk management plans considered risks to people's safety and actions needed to mitigate those risks.

The provider had arrangements in place to respond to safeguarding concerns and work with statutory agencies to protect people from the risk of abuse. The service worked in partnership with other agencies, such as social workers, nurses and GPs, to help those agencies provide coordinated care to people.

There were safe staff recruitment processes in place. Staff felt supported in their roles by approachable senior care staff and managers.

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

### Rating at last inspection

The last rating for this service was good (published 29 December 2017).

### Why we inspected

This was a planned inspection based on the previous rating and was also prompted in part due to concerns

received about safeguarding people from harm and care staff visiting people on time. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection. Please see the safe, responsive and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sagecare Fulham on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### 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 providing medicines support, the deployment of staff, care planning and governance at this inspection. Please see the action we have told the provider to take at the end of this report.

### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Sagecare Fulham

## 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 conducted by two inspectors and two Experts by Experience. 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.

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 24 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 28 June 2021 and ended on 29 July 2021. We visited the office location on 30 June and 1 July 2021.

#### What we did before inspection

We reviewed information we had received about the service since the last 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 took this into account when we inspected the service and made the judgements in this report. We received feedback from a local authority that works with the service. We used

all of this information to plan our inspection.

#### During the inspection

We spoke with 14 people who used the service and 10 relatives and friends of people about their experiences of the care provided. We spoke with a number of staff at the office, including the registered manager, area manager and the provider's head of quality as well as two care workers, a care coordinator and a care manager. We reviewed a range of records. This included nine people's care records and various medication records. We looked at seven staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including care visit records and quality monitoring systems.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training and care visit data. We spoke with two care workers and four professionals who have worked with the service.



# 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 now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- There were sufficient numbers of staff deployed to meet people's needs safely. However, the provider did not always use the service's electronic call monitoring system (ECMS) effectively to monitor 'real-time' staff attendance and reduce the risk of people experiencing late or missed care visits.
- We reviewed the live ECMS which indicated 153 morning care visits had potentially not been attended to and the service had not acted promptly to make sure staff had visited them and these people were safe.
- Care visits on the ECMS appeared to be planned at mostly consistent times, but there was a disparity between some people's planned visits and the times staff attended. For example, we saw one person's morning care visit was scheduled for 5:25am, but in the days before our visit staff had recorded attending two hours later. There was no record of staff visiting the person on the day we viewed the ECM. We raised this with staff monitoring the ECMS who sought confirmation that the person was ok.
- These issues meant the registered manager only had limited assurance that sufficient numbers of staff were always being deployed to visit people at the right times. We discussed this with the registered manager so they could take action to address this.
- People and relatives gave us mixed feedback about the timeliness of care staff. Some said they had experienced late care visits and were not informed if staff were running late and when they could be expected. One relative told us, "Care has gradually deteriorated. There is a diabolical rota. They can be an hour or two hours late for a morning call." Another commented that timeliness "is their weak point." Some staff told us the service was also reliant on care staff or people contacting the office to say if staff were running late or had not attended to someone. We discussed this with managers who stated the service was responsible for contacting people to inform them if staff were running late.
- A local commissioning authority was in the process of investigating concerns about people not receiving care visits as planned when we inspected.
- People and relatives also gave us mixed feedback about being regularly supported by the same care staff. A relative said, "There is no consistency. It is the consistency that worries us the most."

We found no evidence that people had been harmed however, these issues indicated the provider had not always ensured staff were sufficiently deployed to meet people's needs at all times so they were supported to stay safe. This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other people stated they received care visits from the same staff at regular times and that they were informed if staff were running late. One person stated, "[The care worker] is like clockwork, comes at the same time every day." This helped these people to develop trusting relationships with the staff who visited

them.

- The provider completed necessary pre-employment checks to ensure they only offered employment to appropriate applicants. However, we found some inconsistencies in the records of these checks. We discussed this with the care manager who acted promptly to address this. The area manager reported there was a monitoring process in place to help ensure these records were sufficiently maintained and they were looking to employ a new officer to help oversee this.

#### Using medicines safely

- There were arrangements in place for supporting people with their medicines, but these were not always applied consistently. This meant some people were at risk of not always receiving their medicines as prescribed.
- We found staff were providing medicines support to a person when this was not part of their agreed care plan. This was not in line with the provider's medicines support policy. While staff used Medicines Administration Records (MARs) to record this support, it was not subject to the provider's medicines quality checking systems as it was not part of the planned care arrangements. This meant the registered manager was not assured the person was receiving their prescribed medicines safely. We brought this to the registered manager's attention and they contacted the person's family to review the care arrangements.

We found no evidence that people had been harmed however, these issues indicated the provider had not always ensured people's medicines support was managed in a safe way. 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.

- Staff had completed training on supporting people with their medicines and senior care staff had then assessed their competency to provide this support safely.
- Senior staff checked MARs and staff's medicines support regularly and in response to any medicines concerns. MARs and records of these checks showed the service took action to address issues when these were identified.

#### Assessing risk, safety monitoring and management

- Risk management plans considered risks to people's safety and actions needed to mitigate those risks. However, staff were not always given sufficient information about risks to people's safety and how to support them to stay safe.
- One person's care plan and information from the local commissioning authority stated they had difficulty swallowing and needed to eat a soft food diet but there was no guidance for staff in the plan about what this meant in practice. This meant it was not clear how staff should mitigate the risk of the person choking. However, feedback from the person's relative noted they thought "carers were really good at feeding [their family member]". The registered manager informed us staff were waiting for involvement from a speech and language therapist but acknowledged safe support guidance needed to be added to the plan and so they would amend this.
- Other risk management plans set out in more detail how staff should support a person to keep them safe. For example, what mobility equipment to use and how to do this safely. This included an assessment of their home environment to make sure it was suitable for staff to provide care safely.
- The provider had business contingency plans in place to continue providing a service in case of emergencies. The registered manager maintained a list of people whose care needs and living situation presented particular risks to their safety, such as time-specific prescribed medicines, skin integrity concerns and living without a circle of support. This enabled the service to prioritise these people's care visits in the event of a sudden staff shortage or emergency. Training records showed staff had completed basic first aid,



safety and fire awareness training to help them support people in case of an emergency

Systems and processes to safeguard people from the risk of abuse

- The provider had arrangements in place to respond to safeguarding concerns and work with statutory agencies to protect people from the risk of abuse. These were recorded and the registered manager engaged with the local safeguarding processes to respond to them. At the time of our inspection a local authority was investigating concerns some people were not always safe and protected from avoidable harm.
- Staff completed training on safeguarding adults awareness and staff we spoke with knew how to recognise safeguarding concerns. However, not all staff were clear how to share information appropriately when responding to such a concern. We discussed this with the registered manager so they could address this and they arranged refresher training for the staff. Managers promoted safeguarding awareness at staff meetings and supervisions.
- People we spoke with said they felt safe. One person told us their carer made them feel safe when they were worried about anything.
- The registered manager reported safeguarding concerns to the provider on a monthly basis. This helped them monitor the handling of the concerns.

Preventing and controlling infection

- There were arrangements in place for preventing and controlling infection.
- Staff completed regular COVID-19 tests and had begun to access COVID-19 vaccinations at the time of our visit. The registered manager maintained a tracker to monitor staff adherence with this. However, we found three of the seven staff whose records we checked, were not listed on the tracker. We discussed this with the registered manager and they promptly contacted staff to establish their COVID-19 status and add them to the tracker.
- The provider supplied staff with information and training on infection prevention and control, including about COVID-19 and vaccinations. The provider had worked with healthcare professionals to promote vaccinations to staff.
- Staff had suitable personal protective equipment (PPE) to keep themselves and people safe. This included gloves, aprons, face masks and hand sanitiser. Everyone except one person told us staff who visited them always wore their PPE appropriately. We raised this with the registered manager so they could look into it. Team meeting records showed the managers had discussed complying with PPE requirements with staff. Care staff said they always had sufficient supplies of this equipment.
- The provider maintained a safe office environment. We saw people had space to work at a safe distance from colleagues. The provider enabled office staff to work from home on different days to promote social distancing. There was equipment such as face masks and hand sanitiser available.

Learning lessons when things go wrong

- The registered manager maintained a record of incidents and accidents. Staff recorded information such as what had happened and the actions taken and the registered manager monitored this. Actions included working with other agencies such as paramedics and district nurses to respond to people's needs.
- The provider analysed incident and accident information on a quarterly basis to help recognise lessons for improving the safety of the service. For example, the area manager explained analysis had identified a number of medicines support errors. This informed recent medicines support training for staff to address this which resulted in less incidents.

# 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 now deteriorated to requires improvement. This meant people's needs were not always met in a planned way.

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

- The provider did not make sure there was always a planned, up to date approach to provide care that recognised and reflected people's individual needs and preferences.
- Some people's care plans only set out brief information about each person and did not always reflect a person-centred approach to supporting them. For example, some care plans stated staff needed to provide personal care but there was no personalised information about how they liked to be supported to wash.
- One person had a "temporary" care plan with minimal information about their care needs, devised when they started using the service over a year ago. This had not been updated since to reflect the different number of care visits they now received or set out how they preferred to be supported with their personal care. We raised this with the registered manager who then contacted the person's relative to update the planned care arrangements.
- There were discrepancies between the care visit times set out in some people's agreed care plans and the times staff attended to people. For example, one person's plan set out evening calls at 7:30pm but care records showed these regularly taking place approximately two hours later. Another person's care plan did not set out any agreed times for their daily care visits.

The above issues indicated the provider did not ensure care plans were always designed with a view to meeting all people's needs and achieving people's preferences for their care. There was a risk that staff new to a person would not always know how to support them in a way that reflected their needs and personal preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed these issues with the registered manager and saw the provider's quality auditing systems had also identified some people's plans needed updating and more information on providing personalised care. Managers told us these plans would be updated after our visit.
- Some care plans had information about people's care preferences. This included basic information about people's life story before they used the service. When this was in place it helped staff to know and respect people's personal histories and backgrounds. Plans also set out information about people's protected characteristics, such as their gender, sexual orientation, religious beliefs and significant relationships.
- While there were inconsistencies between the scheduling of people's care visits and their agreed plans of care, records of daily care indicated people mostly received care at consistent times.

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.

- Care plans set out people's communication and sensory impairment needs. For instance, one person's plan explained, "I would like care staff to talk to me slowly and be patient and give me time to respond."
- Other people's plans stated if the person had a visual or hearing impairment and if they needed to wear glasses or a hearing aid. Records of daily care noted when staff supported people with these.

#### End of life care and support

- The service worked with other agencies, such as palliative care nurses, to support people who might be approaching the end of their life. For example, staff worked additional hours to support a person towards the end of their life when their family carers had to isolate due to COVID-19. Records showed staff had attended palliative care awareness training to help them support people at such a time.

#### Improving care quality in response to complaints or concerns

- The provider had processes in place for handling complaints. This procedure was available to people in different languages and formats on request, such as easy read and audio versions.
- Most people told us they knew how to report a complaint or concern and felt they would be listened to if and when they did so. However, some people stated they could not contact the service when they needed to. One person stated, "I often can't get through and feel I am hitting my head against a brick wall." This meant people's concerns were not always addressed. We discussed this with the managers so they could address this.
- The registered manager used a system to record the handling of complaints and report this to the provider regularly. This helped them to make sure complaints were investigated in line with the provider's procedure. However, there was no evidence of a strategic analysis of complaints to identify learning and improvement opportunities.
- The registered manager had recorded six complaints in 2021 at the time of our visit. Records showed these related to concerns about people's care and the timeliness of care staff and they were resolved appropriately.

# 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 now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider operated a variety of checks and audits to monitor the quality of the service and make improvements when needed. This system had not always been effective as it had not enabled the provider to take timely action to address some of the areas for improvement we had identified.
- The provider's assurance systems had identified, but not sufficiently addressed, that some care plans did not provide up to date and personalised information about people's care arrangements and preferences.
- The provider had not addressed that the service did not always manage medicines support in a safe way or the effective deployment of staff to reduce the risk of people experiencing late or missed care visits.
- We found the information noted during some quality audits was not always acted on. For example, periodic quality checks with some people and relatives showed they had expressed dissatisfaction with a number of issues, but staff had concluded people were either 'satisfied' or 'neither satisfied nor dissatisfied' and no improvement actions were recorded. We raised this with the registered manager so they could address this with their teams.

We found no evidence that people had been harmed however, these issues indicated systems were not consistently robust enough to demonstrate safety and quality was effectively managed. This placed people at risk of harm. This demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The managers were responsive to the issues we found. The provider's quality assurance systems had already noted some of these issues and they had developed an action plan to address these after our visits.
- Other quality audit records also indicated the service contacted people and their relatives regularly to monitor their care experiences and took action to address issues people raised.
- The registered manager felt supported in their role and had enrolled on a management qualification programme to assist their professional development. The area manager stated the provider had also recently developed a process for supporting new managers in their role.
- The provider displayed the ratings for the last inspection at the service's office and on their website. This helped people to find out about the quality of the service. At the time of our visit the registered manager notified the CQC of significant incidents, as required law.

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

- We received mixed feedback from people and relatives about being able to contact the service. People's remarks included, "I can't always get through to the office to speak to someone if I need to," and "Sometimes you can't get through to the agency on the phone, but there is no answer machine." This meant some people were not always able to share their concerns or views about the service. We discussed this with the managers so they could take action to improve service delivery. Some people told us they contacted the service and received a response when needed.
- The provider usually conducted annual surveys that enabled people to be involved in the service by providing feedback about their care. Last year this had been disrupted by the COVID-19 pandemic. The registered manager told us the next survey was being processed at the time of our inspection.
- Records showed the registered manager held periodic meetings with staff. Items discussed included promoting safeguarding and whistleblowing awareness, professional boundaries, supporting people during the hot weather, using PPE appropriately and resources to support staff well-being. The registered manager also held weekly 'team talks' with the office team to promote tasks such as recording complaints and safeguarding concerns, and compliance with the ECM systems. These forums gave staff opportunities to contribute to the running of the service.

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

- The management team demonstrated a commitment to improving the service supporting staff. This support included video messages of thanks from senior directors, well-being checks on staff who had needed to isolate during the pandemic and a staff helpline.
- Staff gave mostly positive feedback about working for the provider and felt supported in their roles. One care worker said, "It's a good company." They said the registered manager and other office-based staff were approachable and they could always get help when they needed it. Their comments included, "I'm pleased the way I can communicate with all the coordinators and the way they work; they feedback to you and pass on the information."

Continuous learning and improving care; 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

- Service records showed the provider took appropriate action to investigate concerns regarding staff performance. For example, when there had been complaints about a care worker's approach.
- The area manager explained the provider's business plan for implementing a new digital care planning system at the service by the end of the year. They envisioned the new system would help the service address some of the issues we found at this inspection.

Working in partnership with others

- The service worked in partnership with other agencies, such as social workers, nurses and GPs, to help those agencies provide coordinated care to people. For example, liaising with relatives and healthcare professionals regarding concerns about people's health and working with social workers to address potential safeguarding adults issues.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  The registered person did not ensure that service users received care and treatment which was appropriate, met their needs or reflected their preferences.
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The registered person did not ensure care and treatment was always provided in a safe way for service users
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The registered person was not always effectively operating systems and processes to assess, monitor and improve the quality and safety of the services provided in carrying on the regulated activity
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The registered manager did not always ensure staff were sufficiently deployed to meet people's needs at all times so they were supported to stay safe

