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

Summary of findings

Overall summary

We conducted an inspection of Sagecare (Fulham) on 15 and 18 August 2016. At our last inspection on 29 January 2014 the service was meeting the regulations looked at. The service provides care and support to people living in their own homes. There were 430 people using the service when we visited.

There was a registered manager at the service. 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.

Risk assessments and support plans contained some information for staff, but we saw many examples of incomplete or inconsistent record keeping.

Medicines were not accurately recorded when care workers prompted people to take their medicines, so it was not possible to determine what medicine people had taken and when.

Safeguarding adults from abuse procedures were robust and staff understood how to safeguard people they supported. Staff had received safeguarding adults training and were able to explain the possible signs of abuse as well as the correct procedure to follow if they had concerns.

Staff demonstrated knowledge of their responsibilities under the Mental Capacity Act 2005. However, records did not always contain details of people's capacity and senior staff did not ascertain whether signatories to documentation had the legal authority to make decisions on people's behalf.

Staff demonstrated an understanding of people's life histories and current circumstances and supported people to meet their individual needs in a caring way. However, care records contained very limited details about people's individual needs or preferences.

People using the service and their relatives were involved in decisions about their care and how their needs were met.

Recruitment procedures ensured that only staff who were suitable, worked within the service. There was an induction programme for new staff, which prepared them for their role.

Care workers were provided with appropriate training to help them carry out their duties. Care workers received regular supervision and appraisals of their performance. There were enough staff employed to meet people's needs.

People were supported to maintain a balanced, nutritious diet where this formed part of their package of care.

People using the service and staff felt able to speak with the registered manager and provided feedback on the service. They knew how to make complaints and there was a complaints policy and procedure in place.

The provider's systems for monitoring the quality of the service were not always effective. Lessons learned was not always explored following accidents and incidents. Information was not reported to the Care Quality Commission (CQC) as required. We found evidence of two safeguarding incidents that were not reported in line with requirements. We saw evidence that feedback was obtained by people using the service and the results of this was positive.

During this inspection we found breaches of regulations in relation to safe care and treatment, consent, good governance and submitting notifications to the CQC. You can see what action we told the provider to take at the back of the full version of the report.

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 consistently safe. Accurate records were not kept when care workers prompted people to take their medicines.

People's care plans and risk assessments were inconsistent, often contained errors and varied in the level of detail included.

Procedures were in place to protect people from abuse. Staff knew how to identify abuse and knew the correct procedures to follow if they suspected abuse had occurred.

There were enough staff available to meet people's needs and we found that recruitment processes helped to ensure that staff were suitable to work at the service.

Is the service effective?

Requires Improvement

The service was not always effective. The service was not always meeting the requirements of the Mental Capacity Act (MCA) 2005. Care records did not always contain details of people's capacity and senior staff did not identify whether next of kin had the legal authority to sign their relative's documentation. Care staff were aware of their responsibilities under the MCA.

Staff received an induction, training, regular supervision and appraisals of their performance.

People were supported to eat a healthy diet where this formed part of the package of care required. People were supported to maintain good health and were supported to access healthcare services, but the level of detail within care plans varied.

Is the service caring?

Good

The service was caring. People using the service and their relatives were satisfied with the level of care given by staff.

People and their relatives told us that care workers spoke with

them and got to know them well. People and their relatives confirmed their privacy and dignity was respected and care workers gave us practical examples of how they did this.

Is the service responsive?

Requires Improvement

The service was not consistently responsive. People were encouraged to be active and maintain their independence where this was part of the package of care required.

People's needs were assessed before they began using the service and care was planned in response to these needs. However, care records were vague about people's preferences in relation to how they wanted their care to be delivered.

People told us they knew who to complain to and felt they would be listened to.

Is the service well-led?

Requires Improvement

The service was not consistently well-led. Notifications were not submitted to the Care Quality Commission as required.

Further learning was not identified and implemented as a result of accidents and incidents. Daily notes and medicine administration records (MAR) charts were not submitted to the office for review by senior staff at regular intervals. Most notes within care files were at least four months old.

Quality assurance systems identified the shortfalls we found with accidents and incidents and medicines administration.

People and their relatives told us the registered manager was approachable.

Sagecare (Fulham)

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 was planned to check 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 15 and 18 September 2016 and was conducted by two inspectors and an expert by experience who assisted us by conducting telephone interviews with people who used the service after our inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspection was announced. We gave the provider 48 hours' notice of our inspection as we wanted to be sure that someone would be available.

Prior to the inspection we reviewed the information we held about the service and we contacted a representative from the local authority safeguarding team.

We spoke with seven care workers after our visit over the telephone. We spoke with 20 people using the service, six relatives of people using the service and senior staff at the service. We also looked at a sample of 25 people's care records, 12 staff records and records related to the management of the service.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe when using the service. Comments from people included "I feel safe with the carers" and "I feel safe with them." One relative told us "Yes [my family member] is safe. They are all good people." Despite these positive comments, we found that the provider had not always done all that was possible to protect people from harm.

We looked at 25 people's support plans and risk assessments. The registered manager or another senior member of staff visited the client and conducted a risk assessment on the safety of the person's home environment as well as conducting a needs assessment around various possible areas of support including the person's mental state, medical conditions and nutrition. This information was then used to produce a care plan around the person's health needs. People's care and risk assessments were inconsistent, often contained errors and varied in the level of detail included. For example, we consistently found that people who were assessed as being at risk of pressure sores did not have repositioning charts completed, despite care records indicating that this was required. We spoke with the deputy manager about this and were told that this was an error in the documentation and was not consistently required. However, they conceded that in some instances, this measure was not taken when required.

Care workers were responsible for administering medicines for some people, but we found that this was not always recorded. Care workers told us that when they prompted people to take their medicines they made a note within the person's daily care records but did not record what medicine people had taken and when in medicines administration record (MAR) charts. They told us they only made specific records on MAR charts when they were administering medicines to people. Care records defined administration as physically assisting people to take their medicine as opposed to handing the medicines to them. This procedure for record keeping meant there were no records of exactly what medicines people had taken and when to enable staff to monitor if their medicines were being managed safely.

MAR charts and daily care notes were supposed to be returned to the office and reviewed by the registered manager every month. However, we found in most care records that the daily notes were at least four to six months old and we did not see recent copies of MAR charts. This meant that there were no recent checks being conducted about whether people were either being prompted or administered their medicines safely.

The above issues constitute a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care workers we spoke with told us they had received medicines administration training. Care workers were clear about the medicines that people should be taking and provided appropriate support that met people's individual needs.

The service had a safeguarding adult's policy and procedure in place. Staff told us they received training in safeguarding adults as part of their initial induction and demonstrated a good understanding of how to recognise abuse, and what to do to protect people if they suspected abuse was taking place. A member of

the safeguarding team at the local authority confirmed they did not have any concerns about the safety of people using the service.

Staff received emergency training as part of their initial induction and this covered what to do in the event of an accident, incident or medical emergency. Care workers told us what they considered to be the biggest risks to individual people they cared for and they demonstrated an understanding of how to respond to these risks. This included precautionary measures to avoid incidents from occurring and how to respond if an accident did occur. Care workers told us they would contact the emergency services in the event of an accident or incident or take other appropriate action, which could be informing a GP and their manager.

People using the service and their relatives told us they were usually seen by the same care worker and this ensured they could develop a relationship and get to know one another well. Comments included "I've had one girl for a long time and I'm very fond of her. We have a good relationship", "We insisted on having the same care worker and they've been able to do that for us which is good" and "My weekday carer is excellent." People and their relatives told us and care workers confirmed they had enough time when attending to people and did not seem rushed when working.

We spoke with senior staff about how they assessed staffing levels. They explained that the initial needs assessment was used to consider the amount of support each person required. As a result senior staff determined how many care workers were required per person and for how long. Senior staff told us that if as a result of their assessment more care workers were needed than requested by the person, this would be negotiated. Care workers also confirmed that they kept the office informed about whether they needed more time to conduct their work. They told us the timings of their visits could be extended if this was required.

We looked at the recruitment records for 12 staff members and saw they contained the necessary information and documentation which was required to recruit staff safely. Files contained photographic identification, evidence of criminal record checks, references including one from previous employers and application forms.

Requires Improvement

Is the service effective?

Our findings

People's needs were not always met effectively as staff had not always taken appropriate action to ensure that people's rights were protected in relation to consenting to their care and support. 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.

We checked whether the service was working within the principles of the MCA, and found that the provider was not always meeting the requirements of the MCA. For example, we saw in two care records that documentation was signed by the person's next of kin. Senior staff told us this was because these people lacked the capacity to do so themselves. However, mental capacity assessments had not been completed and there was no evidence that the next of kin signing the documentation had the legal authority to do so on their behalf.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with care workers about their understanding of the issues surrounding consent and the MCA. Care workers explained what they would do if they suspected a person lacked the capacity to make a specific decision. They described possible signs people could demonstrate if they lacked capacity and told us they would report this to their manager.

People told us they were encouraged to eat a healthy and balanced diet where this was part of the package of care they received. People's care records included some information about their dietary requirements, but this information was usually very brief and there was very little recorded information on people's likes and dislikes in relation to food. Care workers told us they usually did not prepare meals for people, but usually only heated and served food. Care workers told us meals were usually prepared by family members, but if there were additional requirements for them, this would be specified prior to their attendance.

Care records contained some information about people's health needs but this information varied in detail. For example, in one care record we saw inconsistent information about what one person's continence needs were. However, when we questioned the deputy manager, they were aware of the person's care needs and demonstrated that care staff had been provided with accurate information by showing us the instructions provided to them. Senior staff told us they were in regular contact with people's families to ensure all parties were well informed about people's health needs. When questioned, care workers demonstrated they understood people's health needs.

Staff told us they felt well supported and received regular supervision of their competence to carry out their

work. Senior staff told us supervisions were supposed to take place every three months, and we saw records to confirm this was taking place.

Senior staff also told us annual appraisals were supposed to be conducted of care workers performance once they had worked at the service for one year. Care workers confirmed these were taking place and they found them useful to their practise. Records also confirmed these were taking place.

People told us staff had the appropriate skills and knowledge to meet their needs. Relatives said, "The regular care workers are generally very good and know how to look after [my family member], they know what they are doing" and "They know how to do their jobs." Senior staff told us and care workers confirmed that they completed training as part of their induction as well as some ongoing training. Records confirmed that most staff had completed mandatory training in various topics as part of their induction prior to starting work. These topics included safeguarding adults, first aid and dementia.

Good

Is the service caring?

Our findings

People and their relatives gave good feedback about the care workers. People told us, "I am very happy with the carer, they are always happy to listen", "They are all very nice", and relatives said "She was really nice, very caring" and "He [the care worker] is very friendly and really positive." People told us they were treated with kindness and compassion by the care workers who supported them and said that positive relationships had developed.

Our discussions with senior staff and care workers showed they had a good knowledge and understanding of the people they were supporting. Care workers told us they usually worked with the same people so they had got to know each other well. Care workers gave details about the personal preferences of people they were supporting as well as details of their personal histories. They were well acquainted with people's habits and daily routines and the relatives we spoke with confirmed this.

Care workers explained how they promoted people's privacy and dignity and gave many practical examples of how they did this. Comments included, "When I am giving personal care, I will always cover any part that I am not washing so they are not exposed. Even husbands cannot just walk in" and "I make sure our conversations are confidential. It is important that clients trust me." People we spoke with also confirmed their privacy was respected. Comments included, "They always respect my privacy and dignity, they know and understand how to do this, they are mature about it" and "They are very caring and respectful."

Care records demonstrated that senior staff asked questions about people's cultural and religious requirements when people first started using the service. Where this impacted on the type of care to be provided, relevant details were included. However, in most instances we found little or no recorded details. Senior staff told us this happened in situations where people had no cultural or religious requirements. When we spoke with care workers they had a good level of knowledge about people's culture and religions and how this impacted on the care they needed to give.

Requires Improvement

Is the service responsive?

Our findings

People using the service and relatives we spoke with told us they were involved in decisions about the care provided and staff supported them when required. Comments included "[care workers] always keep us updated and involved" and "We are involved in the planning of..care."

Care workers told us they offered people choices as a means of promoting their independence. One care worker told us "I always offer choices. This means they can make their own decisions." Another care worker told us "I help people, but I would never take anyone's independence away. I always ask questions and do what they cannot do themselves."

People's needs were assessed before they began using the service and care was planned in response to these. Assessments included physical health, dietary requirements and mobilising.

Care plans had all been completed with the people who used the service or their relatives. They provided information about how the person's needs should be met. However, information was sometimes unclear and lacking in detail. For example, most care records contained either very limited or no information about people's life history or preferences in relation to how they wanted their care to be delivered. This meant we could not be assured that people were receiving the type of care they wanted.

We saw evidence that most people's care records were reviewed within 12 months. However, daily notes were not regularly reviewed and most care records contained daily notes that were approximately four months old. This meant that people's care was not regularly being reviewed to ensure it was being provided as required.

People using the service and relatives we spoke with confirmed they had been involved in the assessment process and had regular discussions with staff about their needs. Relatives also confirmed care staff kept daily records of the care provided and these were available for them to see.

Care records showed some details about people's involvement in activities where this was relevant to the package of care being provided. As part of the initial needs assessment, the registered manager or other senior staff spoke with people and their relatives about activities they were already involved with so they could continue to encourage these where they were able to do so within the authorised time limits. Senior staff told us they worked with family members to keep people active by encouraging them to participate in activities they enjoyed. Care records contained a section on people's recreational pursuits and this included some advice for care workers in promoting these. For example, most care records included details about what indoor activities people enjoyed, for example, watching television or reading and care workers were aware of this when questioned.

The service had a complaints policy which outlined how formal complaints were to be dealt with. People who used the service and relatives confirmed they knew who to complain to where needed. Senior staff told us how they handled complaints and we saw records to demonstrate this.

Requires Improvement

Is the service well-led?

Our findings

The provider's systems for monitoring the quality of the service were not always effective. Although internal audits were taking place the provider was not dealing appropriately with accidents and incidents. Forms were filled in after an accident or incident occurred and included details of what happened and when and how the accident or incident occurred. However, we found a consistent lack of detail about what further action was taken to ensure that staff learned from these events or what steps had been taken to prevent a reoccurrence. When we queried senior staff, they acknowledged this and confirmed that they were devising a plan to manage this. In addition, daily notes and medicine administration record (MAR) charts were not submitted to the office for review by senior staff at regular intervals in line with the provider's policy. We saw a copy of an audit which had identified these issues and there was a record of an action plan to rectify this problem but this had not yet been implemented.

The above issues constitute a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Providers are required to notify the Care Quality Commission about significant incidents including safeguarding concerns. During our inspection we identified two safeguarding incidents that had not been reported to CQC as required.

The above issue constitutes a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

We saw evidence that feedback was obtained from people using the service, their relatives and staff. Feedback was sought during monitoring visits and monitoring telephone calls which took place approximately every three months. The deputy manager told us that if issues were identified, these would be dealt with individually. We saw recorded details of this monitoring within the records we viewed and found feedback to be positive.

Care workers confirmed they maintained a good relationship with the registered manager and felt comfortable raising concerns with her. One care worker said, "She is really nice" and another said "The carers respect her. She is very capable" and "She's really very helpful."

Staff demonstrated that they were aware of their roles and responsibilities in relation to people using the service and their position within the organisation in general. They explained that their responsibilities were made clear to them when they were first employed. Staff provided us with detailed explanations of what their roles involved and what they were expected to achieve as a result. We saw copies of people's job descriptions and saw that the explanations provided tallied with these.

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 18 Registration Regulations 2009 Notifications of other incidents The provider failed to notify the commission about safeguarding concerns. (Regulation 18(1)(2)(e).

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider did not act in accordance with the Mental Capacity Act 2005 in circumstances where service users may have lacked capacity to consent to decisions regarding their care (Regulation 11(3)).

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not assess all risks and do all that was reasonably practicable to mitigate against such risks in the delivery of care. 12(2)(a) and (b) The provider did not ensure the proper and safe management of medicines. 12(g).

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems in place to assess, monitor and improve the

quality and safety of the services provided. 17(1)(2)(a).