Sage Care Limited

Sagecare (Southwark)

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 expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service
Sagecare (Southwark) Limited is a domiciliary care agency registered to provide personal care to people living in their own homes. The service provides support to a wide section of the community, people living with dementia, older people, people with physical disability, learning disability, younger adults, mental health and sensory impairment. All of these people resided in the London Borough of Southwark. At the time of the inspection 227 people were being supported with personal care.

Not everyone who used the service received personal care. The 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

Right Support: The provider was not following the principles of the Mental Capacity Act. People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice. The provider was unable to provide any evidence where decisions were made in people's best interest and where people may lack capacity.

People were not always notified when care workers were running late. We made a recommendation to the provider to review their practices to ensure people received their calls in line with their agreed care plan.

People told us the care workers were kind and caring. People told us that their dignity, and privacy was maintained.

Right Care: Medicines were managed safely. Risk assessments were in place to guide care workers on how to care for people safely. There were appropriate processes for the recruitment of care workers. The provider had effective processes in place to safeguard people from the risk of harm.
People were assessed prior to care packages starting. People's nutritional needs were recorded however at times guidance was generic for care workers to follow.

The provider was migrating all care plans to a new electronic system, and we found people's nutritional and hydrational plans were at times generic. We made a recommendation for the provider to ensure care plans

were personalised. Care workers received an induction before they started delivering care and support. People told us that care workers had the necessary skills to carry out their role.

Right Culture: The quality assurance and governance processes in place needed to be strengthened as they had not addressed issues, we found with the care people received. The service was without a registered manager and people and care workers felt the service was not always well managed. Care workers spoke about a culture of favouritism and people felt communication needed to be improved to ensure people received their care safely.

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

Rating at last inspection
The last rating for the service was good (published 20 September 2020).

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

Enforcement and Recommendations
We have identified breaches in relation to the need for consent and good governance. We made three recommendations to the provider. We asked the provider to ensure their systems were robust to ensure people received their care calls on time. We recommended that the provider ensure all care plans were personalised and to ensure the complaints policy is followed.

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 from 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 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Sagecare (Southwark)

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
This inspection was carried out 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 service.

Service and service type
Sagecare Southwark is a domiciliary care agency. It provides personal care to people living in their own homes.

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 not a registered manager in post. Senior staff told us they had recently recruited a new registered manager.

Notice of inspection
We gave the service 24 hours' notice of the inspection. This was because we needed to ensure they would be available to assist us with the inspection. Inspection activity started on 07 December and ended on 13 January. We made calls to people and their relatives between 13 December and 14 December 2022.

What we did before the inspection
The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is

information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We used all of this information to plan our inspection.

During the inspection
We reviewed a range of records related to 13 people's care and support. This included people's care plans, risk assessments and medicine records. We reviewed three staff files in relation to recruitment and training. We reviewed records related to the management of the service, which included safeguarding incidents, accidents and incidents, complaints, audits and a range of policies and procedures.

We also reviewed electronic call monitoring (ECM) data for 227 people for the month of October 2022. An ECM system is an electronic system where care workers log in and out of their calls, and the information is recorded.

We spoke with six staff members. This included the branch manager and the area manager. We also asked the manager to share a questionnaire with all active care workers to give them an opportunity to give us feedback about their experience of working for the service. We received feedback from 35 care workers.

We contacted 25 people and we spoke with 15 people and 9 relatives. We contacted five health and social care professionals, but we received no feedback.

We continued to seek clarification from the provider to validate evidence found. We looked at four people's care plans medicine records a training matrix, quality assurance records and a range of care plans.

Requires Improvement

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 good. At this inspection the rating has changed 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

● We were not always assured people received their care calls as agreed. The provider used an Electronic Call Monitoring (ECM) system and we reviewed and analysed 19434 calls for 227 people over the period of October 2022. Our analysis highlighted timekeeping issues, including examples where care workers were not logging calls correctly, being logged into two locations simultaneously and issues with care workers turning up late.

● There were 3567 calls when two or more staff were required, and we identified 24% had less than 15 minutes overlap between care workers and a further 14% had no overlap. We also identified that where two care workers were required, there were times when they were logged into two locations at the same time.

● People complained about care workers not coming on time and not been told that care workers would be running late. One person told us, " Sometimes only one carer turns up, and they can't do anything on their own, so they just leave. Once, two newbies turned up and they didn't know how to use the hoist, and they started to look it up on google - I told them to go" and "They are just not very reliable, yesterday they didn't come and didn't phone so I just about managed myself. I phoned at 11am and they said due to the weather they were not coming, they excuse it with someone is sick or they can't get there and now because no-one came yesterday, I don't know if they are coming today."

● We discussed this with the branch manager and senior staff, they acknowledged they were aware of some of these issues and highlighted that staff were required to log into two systems, however they recognised the need to work with staff to ensure they were using the equipment correctly.

We recommend the provider review their call monitoring process to ensure people receive their care in line with their agreed care packages.

●The provider had robust recruitment processes in place to ensure staff were suitable to work with people who used the service. Staff files included a full employment history, a record of the applicant's qualifications and references from previous employers.

Learning lessons when things go wrong

● There were systems in place for the reporting of accidents and incidents. Since the last inspection there had been 10 incidents and accidents recorded. Senior staff recognised this was a low number considering the number of people that were supported. From the information we reviewed we could see that staff were taking appropriate action to investigate concerns.

Using medicines safely

● Medicines were administered safely. The provider was using a live electronic system for medicines management. Electronic medicine administration records (MAR) were completed by staff after each medicine was administered. Within people's medicine care plan there was information about people's allergies. The system alerted staff and managers if any medicines had not been administered so action could be taken.
● The provider was completing regular audits of medicines to ensure staff were administering medicines correctly. Where errors occurred, these were identified and addressed.
● Carer workers attended medicines training in their induction and their competency was assessed every year or if concerns were identified.

Systems and processes to safeguard people from the risk of abuse
● The provider had effective procedures in place in relation to safeguarding concerns and whistleblowing and people told us they felt safe when they received their care.
● People told us they felt safe when they received support in their own home from carer workers. The provider had effective procedures in place in relation to safeguarding concerns and whistleblowing. We saw that safeguarding concerns were investigated, and records included all relevant information and correspondence.
● The provider had appropriate systems in place for recording when staff handled people's money, we reviewed the procedure for two people and there were appropriate measures in place to protect people from the risk of financial abuse.
● Staff completed training on safeguarding adults as part of their mandatory training and the care workers we contacted demonstrated a good understanding of the principles of safeguarding. One staff member told us, " It is my role to keep people from the risk of harm and abuse."

Assessing risk, safety monitoring and management
● There were appropriate risk management plans in place to guide staff. Risk assessments were carried out before people received care and measures were put in place to minimise risks. Risk assessments were reviewed when a person's needs changed.
● Where specific risks in relation to a person's health and wellbeing had been identified there was generic guidance for carers on the medical condition, symptoms, possible impact of how care was provided and how they can provide appropriate support for the person.
● Risk assessments were also completed to ensure the person's home environment was safe and suitable for care to be provided identifying if any additional equipment was required.

Preventing and controlling infection
● The provider had effective systems in place to protect people from the risk of infections.
● The provider regularly reviewed their policies and procedures to ensure they were working within the government guidance.
● Good infection control practice was discussed with staff as part of their interview and during spot-checks. Staff had access to a good stock of appropriate personal protective equipment (PPE) for providing care to people. One staff member told us, "We have regular supplies of equipment."

Requires Improvement

Is the service effective?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 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. We checked whether the service was working within the principles of the MCA.

● The provider was not working within the principles of the MCA. Staff had not always completed MCA assessments for people in line with their policy.
● We identified people who may have fluctuating capacity due to their health condition and we read in one person's file that they had "mild dementia". The manager was unable to provide the inspection team with mental capacity assessments or best interest decisions for these two people.

Whilst we found no one had been harmed, failure to ensure people's rights were respected in line with the MCA was a breach of was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

● Care workers received mandatory training in the MCA. One care worker told us, "The mental capacity training helps me to support individuals to take their own decisions by themselves."

Supporting people to eat and drink enough to maintain a balanced diet
● People's nutritional and hydrational needs were being met. However, we noted that within people's nutritional care plans there was generic information recorded to promote a healthy diet. For example, we found the same information was recorded for six people which stated that they should have 'A low sugar diet, encourage me to have a sugar free diet, encourage me to reduce my salt intake and encourage me to eat at mealtimes.' This meant we were not assured that care plans were personalised to people's individual

health needs. We raised this with senior staff, and they told us they would review care plans to ensure they were more personalised.
● People's care plans included information on how staff could support them with making and eating food and drinks. There was information recorded on a person's food preferences and specific information on how to prepare their meals.
● Staff received training in food hygiene and staff had the necessary skills to prepare food. People confirmed that they received food which was cooked to their preference, and they had regular offers of drinks.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People were assessed prior to their care package starting. The information from the local authority referral was used to develop the person's care plans and risk assessments. Senior staff told us this assessment was used as a tool to, "Capture how best to provide the care".
● The assessment completed by the provider included information relating to people's mobility, personal care needs, nutrition, medical histories and any identified risks.

Staff support: induction, training, skills and experience
● People were supported by staff who were skilled and had the training and information they needed to care for people.
● New carer workers completed a three-day induction into the service followed by a period of shadowing experienced workers and undertaking the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
● Senior care staff assessed their competencies and monitored carers progress to make sure they understood their role and responsibilities.
● Care workers received regular supervisions and appraisals. These meetings were used to discuss their working practices.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People were supported to access healthcare professionals when needed. Office staff made referrals to district nurses and worked with people's GP's, opticians and chiropodists to meet people's health needs.
● The provider also carried out oral health risk assessments in line with best practice guidance.
● Care plans included information about the person's health conditions and contact information for all healthcare professionals who were involved in the person's care.

Good

Is the service caring?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us the care workers who supported them were kind and caring. Comments included, " They are fantastic and lovely" and "He is a very hardworking and she is polite, and she is a very good carer."
- However, the majority of people told us, it took a while to get a regular care worker but once they did, the service improved dramatically for them. Comments included, "It all depends on who it is - it took a long time to get a regular carer" and "We have a chat and a laugh, and I think they are reliable. I have no concerns for now."
- The manager was aware of the Equality Act 2010 and their responsibilities to ensure people received their care and support in line with current legislation. Care workers visited people's homes and discussed what was important to them and how they wished their care to be received.

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

- People told us that care staff involved them in decisions about their care. Within people's care plans we could see how people wanted to be consulted. Carer workers recognised the importance of involving people. One care worker said, "I do not influence the person I only support them in how they want their care to be given."
- People were also able to request if they preferred a male or female care worker. We identified one occasion when a male carer worker had turned up at a person's home. They had requested a female care worker. The manager told us this was a mistake, and it was done due to how the person's name was spelt by office staff.

Respecting and promoting people's privacy, dignity and independence

- Care workers spoke about the importance of encouraging people to participate in their own care needs when they were able. One relative told us, "I hear them ask [person] to wash their own face and they say, as nobody can do it better than you."
- People we spoke with felt their independence was promoted and their dignity and privacy maintained. People told us carer workers supported them to manage aspects of their own care where they were able to carry these out. One person told us, "I pick my clothes and they encourage me."
- Care workers protected people's privacy and dignity while supporting them with the care and support. Comments included, "I ask for permission and consent in all things that I do" and "I tell them what I am doing, I close windows and doors when required."
- The provider had a policy on confidentiality to help guide staff in this area. Confidential records were stored securely in locked cabinets and on password protected electronic devices.

Requires Improvement

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

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

- People's care was not always personalised. As stated in the effective section of the report, we found general comments made within care plans and we were not always assured they were personalised to people's individual needs and preferences.
- For example, within 3 people's care plans we read that they were all "practising Orthodox Christian". The manager said this was an error and sent us updated care plans.
- We noted that care plans were at times very hard to read. The provider had introduced a new computer-based system for care plans. Care workers could access the person's care plan and record the care they have provided using a mobile telephone application. If a care task was not completed, staff would get a reminder to complete the task.

We recommend the provider ensure care plans are written in a person centred way to reflect people's individual needs and preferences.

- The manager told us where people had specific language needs, they would try and accommodate this by providing care workers who spoke the same language.
- Care plans were reviewed every three to six months or when people's needs changed.
- Daily log notes were person centred. They logged how care was delivered and provided examples of how care workers engaged with people and provided their care.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure and systems in place. Complaint records showed details of the complaint, the investigation log, and the actions taken to address the concern. Within the file there was no record of the correspondence outcome sent to three people which meant we were not always assured people were told the outcome of their complaint. We raised this with the manager, and they were unable to provide us with evidence that people had received an outcome to their complaint.

We recommend the provider review their practice to ensure they are following their complaints policy.

- We saw that the manager took further action when complaints were raised and substantiated such as carrying out disciplinaries and follow up spot-checks and training of the staff involved.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have

to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

● People's communication needs were recorded in their care records. People had access to their care plans in a format that they could understand.

End of life care and support

● At the time of the inspection the provider was not supporting anyone who was end of life.

● The provider's care plan had a section to record any relevant information at this stage of people's lives and staff had the necessary training to support people.

Requires Improvement

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 changed 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- We were not assured the service was well managed. There was mixed opinions about the management. People and their relatives felt the office was not well managed due to the attitude of office staff.
- People and staff spoke about how challenging it was to engage with office staff and how their attitudes made it difficult to get the support they needed. Care staff discussed favouritism within the culture of the office which meant work was not always distributed fairly to care workers. One care worker said, "I bring concerns to the manager, 9 out of 10 times nothing will happen, and issues remain unresolved."
- The overall feedback from both people and care workers was communication methods needed to be improved. People spoke about how poor communication resulted in poor care and support. People spoke about the challenges of not getting regular care workers and care workers not turning up on time and not always been informed.
- People and relatives spoke about feeling vulnerable as they often did not know when new care workers would turn up. One relative said, "New care staff were not aware of the procedures to lock doors correctly. One carer did not lock the door leaving my bedbound parent in a very vulnerable position". Another relative said,

"My [family member] needs consistency. They are coming into [person's] home, and it is important we know who is coming. If I ring the office, they are terrible."

- There was poor communication within the office. The inspection team requested for people to be made aware that inspection colleagues would be calling people to speak about their care and support. No one had been contacted despite the numerous requests made by the inspection team.
- We also identified where a name had been spelt wrong which meant the gender of the person could be misinterpreted, and this had not been picked up by office staff when information was sent to the inspection team. This was a reoccurring incident as a complaint had been made earlier in the year about this issue and no learning had taken place.
- The provider had not always recorded or stored information relating to accidents and incidents or complaints in a systematic way. As a result, we were not assured the provider had effective systems in place to ensure information was analysed correctly and complaint outcomes had not been dealt in line with the providers policy.

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.

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

● The provider had recently introduced a new quality assurance system called 'Voice of the Customer'. People were asked to provide information about staff arrival times and how they felt about the care they received. The survey was completed in July 2022 and analysis indicated that 77% of people who responded were satisfied with the care they received.

● We saw that staff had regular spot-checks and if concerns were identified action was taken.

● The provider held regular team meetings online and these were used as an opportunity to share information and give care workers the opportunity to raise any issues. The provider also held themed supervisions which focused on specific issues such as good oral hygiene and safeguarding. Senior staff told us these were important to keep staff up to date on current best practice.

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

● Senior staff spoke knowledgably about their responsibilities under the duty of candour. One senior staff told us they operated in an open and transparent way and knew they had a legal responsibility to share information with the local authority and the CQC when things go wrong.

Working in partnership with others

● The provider worked in partnership with a variety of agencies such as district nurses, podiatrists and social care professionals. This helped to ensure people's needs were met.

● Senior staff attended local authority forums to share their experience and to help inform their practice.

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 11 HSCA RA Regulations 2014 Need for consent The provider did not ensure that care was always provided with the consent of the relevant person and that procedures for obtaining consent to care and treatment reflected current legislation and guidance. Regulation 11(1)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider was not always operating effective systems and processes to assess, monitor and improve the quality and safety of the service and to assess, monitor and mitigate risks.