Sage Care Limited

Sagecare (Lincoln)

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?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This announced inspection took place on 11 and 17 April 2018. This service is a domiciliary care agency and provides care and support to adults living in their own houses and flats. Not everyone using Sagecare (Lincoln) receives the regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. During our inspection, 396 people were provided with 'personal care' by Sagecare (Lincoln).

The service had a registered manager at the time of our inspection. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People could not be assured that a sufficient amount of staff were available to support them when needed. Improvements were required to ensure people were supported to take their medicines safely. Risks to people's safety were not always properly assessed or kept under review to ensure the risk of harm to people was reduced. Further information was needed about people's specific healthcare conditions so that staff were aware of signs of deterioration and what action they should take. Records showed the required recruitment checks were carried out before staff commenced working at the service. People expressed mixed views on whether staff followed good hygiene practices and the registered manager told us they would keep this under review.

People were supported by staff who had received an induction when they started working for the service. Not all staff had received training updates or recent supervision and the registered manager told us of their plans to address this. People were supported to eat and drink but improvements were required to ensure an effective response to changes in relation to people's nutritional needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. However, improvements were required to ensure capacity assessments were carried out when required.

People were supported by kind and caring staff but the service did not ensure that staff had the time to provide compassionate and person centred care. The majority of people told us staff treated them with dignity and respect and these values were kept under review by the management team. People were supported to make choices and told us the regular care staff were aware of and respected their preferences. People had access to independent advocacy.

People felt involved in planning and reviewing their care. People told us they did not always receive care and support at the time it was needed and changes were not communicated to them. People felt able to make a complaint or raise concerns about the service they received. However, some people did not feel these were adequately responded to. The registered manager told us people were supported in line with their wishes at the end of their life.

People and staff told us improvements were required with communication as they were not always informed of changes or were unable to speak to someone when needed. Systems were in place to monitor and improve the quality of the service; however, improvements were required to ensure these were effective. The provider sought people's feedback in relation to the running of the service and an action plan was in place to address areas that required improvement.

This is the first time the service has been rated Requires Improvement. We found multiple breaches of the legal regulations. 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.

People could not be assured that a sufficient amount of staff were available to support them when needed.

Improvements were required to ensure people were supported to take their medicines safely.

Risks to people's safety were not always properly assessed or kept under review to ensure that the risk of harm to people was reduced. Further information was needed about people's specific healthcare conditions so that staff would know signs of deterioration and what action they should take.

Records showed the required recruitment checks were carried out before staff commenced working at the service.

People expressed mixed views on whether staff followed good hygiene practices and the registered manager told us they would keep this under review.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People were supported by staff who had received an induction when they started working for the service. However, not all staff had received training updates or a recent supervision and the registered manager told us of their plans to address this.

People were supported to eat and drink, but improvements were required to ensure an effective response to changes in relation to people's nutritional needs.

People told us staff supported them to seek medical support if they required it.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. However, improvements were required to ensure capacity assessments were carried out when required.

Is the service caring?

Requires Improvement

The service was not consistently caring.

People were supported by kind and caring staff but the service did not ensure that staff had the time to provide compassionate and person centred care.

The majority of people told us staff treated them with dignity and respect and these values were kept under review by the management team.

People were supported to make choices and told us that regular care staff were aware of and respected their preferences.

People had access to independent advocacy.

Is the service responsive?

Requires Improvement

The service was not consistently responsive

People told us they did not always receive care and support at the time it was needed. They told us changes were not communicated to them.

People felt involved in planning and reviewing their care.

People felt able to make a complaint or raise concerns about the service they received. However, some people did not feel these were adequately responded to.

The registered manager told us people were supported in line with their wishes at the end of their life.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

People and staff told us improvements were required with communication as they were not always informed of changes or were unable to speak to someone when needed.

Systems were in place to monitor and improve the quality of the service; however, improvements were required to ensure these were effective.

A registered manager was in place who was aware of their responsibilities.

The provider sought people's feedback in relation to the running of the service and an action plan was in place to address areas that required improvement.

Sagecare (Lincoln)

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 site visit took place on 11 and 17 April 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because we wanted to be sure that a representative of the provider would be available to assist us with the inspection. We visited the office location on 11 and 17 April 2018 to meet with the registered manager and to review care records and policies and procedures. We made telephone calls on 9 and 10 April 2018 to people who used the service and their relatives and to care staff on 11 April 2018. The inspection team consisted of three inspectors and four 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.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. The inspection was also informed by other information we had received from and about the service. This included previous inspection reports.

During our inspection, we spoke with 44 people who used the service and 10 relatives. We also spoke with the registered manager, a care co-ordinator, quality officer and seven care workers.

We looked at all or some of the care records of 10 people who used the service, the medicines administration records of nine people, staff training records and the recruitment records of three members of staff.

Requires Improvement

Is the service safe?

Our findings

People expressed mixed opinions on whether there was enough staff to ensure they received a consistent and reliable service. Over half of the people we spoke with told us that care calls were often late, sometimes by up to two hours. Some people gave examples of the negative impact this had on them. One person told us, "[Staff] came at 10.10am instead of 7am. I had to send for my [relative] as I sleep in a reclining chair and needed to get out." A person's relative said, "[Staff] don't arrive on time, it is a big issue. Quite recently they were supposed to come at 8am but in the book didn't come until 11.10am."

All of the staff we spoke with told us there was not enough staff to ensure people's needs were met in a timely manner. One staff member told us, "There are never enough staff and we are always under pressure as the calls are back to back." Another staff member said, "There is not enough staff to meet needs."

Records showed that in the month before our visit some people's care calls had been over two hours late or were missed altogether. In addition, on one occasion, as only one staff member had attended to a person who required two staff to support them with their mobility, the person had not been assisted to change their position. The registered manager told us they had experienced a high level of staff sickness that had affected their ability to ensure that people were provided with consistent staff and times of care calls. This meant that people's needs were not always met in a timely way due to a reduction in the number of staff who were available for work.

The staff rotas we viewed showed staff had an appropriate amount of travel time between calls. However, staff told us they did not always get adequate travel time and as they were not provided with rotas until the night before which meant any changes needed could not be rectified. People told us that they were not provided with a rota to inform them which staff would be visiting, at what time, and were not always informed when care workers were running late. The registered manager told us that due to high levels of sickness they had made the decision to stop providing rotas in December 2017 and would reintroduce these once staffing levels had improved.

The above information constituted a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us they had received support from care workers employed by another location operated by the provider to ensure cover during a period of staff sickness. They told us they were currently recruiting additional staff to ensure they could meet people's needs. Records showed this to be the case and the registered manager told us a number of new staff members were in the process of completing their induction during our inspection. In addition, during our inspection the service was in the process of introducing an electronic call monitoring system that would inform them if people's care calls had not been carried out and enable them to further action to address this.

Some of the people we spoke with required support to take their medicines. Approximately half of the people who received this support stated they did not always have their medicines on time due to care calls

being late. For example, one person told us, "It varies if I get it on time." A relative told us, "[Relation] misses medication because of the lack of arrival (of care workers). Information is not entered on records so I am unsure if [relation] is getting the correct medication."

Staff told us they received training in medicines administration and records we saw confirmed this to be the case. Staff described how they supported people to take medicines such as checking information on the MAR (medicines administration record), ensuring the person had taken the medicines and signing the MAR. Staff told us that senior staff members checked their competency in medicines administration by carrying out spot checks when they were providing care calls. Despite this, records did not evidence that people were supported to take their medicines safely.

People's MAR charts did not always contain information to aid the safe administration of medicines such as the person's date of birth or details of their GP. The medicines people took were handwritten on the MAR chart but had not been checked by another member of staff to ensure that these were accurate. In addition, there was not always sufficient information for staff about medicines that were prescribed as required (known as PRN). This would ensure that staff were aware about when the medicine should be given and what the maximum dosage was. Audits were carried out on MAR charts, but we found these had not always identified the above issues.

The level of support people required to take their medicines was not always clear. For example, one person's records stated that staff should prompt with medicines; however only one member of staff had been signing the MAR to indicate they were prompting the person to take their medicines. Other people's MAR's showed missing staff signatures. This meant that it was not clear whether the person had received their medicines. For example, one person's MAR had 36 missing signatures out of 124 administrations for one medicine. Another person's MAR had 8 missing signatures out of 27 administrations for a medicine. This meant records did not always show that people were receiving the support they required to take their medicines and if not, what the reason was.

Risks were assessed in relation to different areas of care provision such as falls, skin and nutrition when a person started using the service. However, records showed risks were not always correctly calculated and were not always reviewed when changes had occurred. For example, one person's skin risk assessment stated they moved without assistance. However, records showed they required the assistance of staff and a hoist to change their position. This information would have increased their risk score and changed the actions required to keep the person safe. Another person was assessed as being at risk of skin breakdown, the care plan contained instructions for staff to monitor their skin and record changes in position on a repositioning chart. No repositioning chart was being used for the person. This meant we were not assured that risks to people's safety were correctly assessed and reviewed and that measures to keep people safe were fully implemented.

Risk assessments had not always been completed to check that equipment was safe for people to use. For example, in relation to bed rails. Bed rails are sometimes used to reduce the risk of a fall from bed. It is important that consideration is given to whether the use of bed rails is suitable for the person because unsafe use could cause people harm. No risk assessment had been completed for one person to check whether bed rails were safe to use for them. This meant we were not assured that risks to people's safety from the use of equipment had always been assessed.

Peoples care records did not always contain sufficient information about their healthcare conditions. For example, one person's care records contained information about a specific health condition and referred to an emergency medicine. There was no information about the health condition such as what signs staff

should look for and what action they should take in the event of a deterioration of their health. The registered manager told us that staff were not trained in the administration of the emergency medicine and would seek the support of health professionals to administer. This was not clearly documented. Other people had specific medical conditions and their care records contained no information about the signs of a deterioration in these conditions and when to seek support. The registered manager showed us information sheets which they had sourced from the provider and told us these would be added to people's care plans.

All of the above information constituted a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Despite the above, people told us that staff were aware of potential risks to their safety and provided appropriate support. One person told us, "[Staff] are very careful when turning me and ensuring I do not fall out of bed when washing me." Another person said, "[Staff] are very careful when they are hoisting me." People's relatives also felt that staff supported their relation safely. One relative told us, "[Staff] take [relation] to shower, fully supporting them so they do not fall over."

Staff told us that they received training on how to use equipment such as hoists. They told us they were shown how to use equipment and senior staff carried out spot checks to ensure they were using equipment safely. Records showed an environmental risk assessment had been carried out in people's homes. This included risks to the person and staff such as consideration of trip hazards, whether a smoke alarm was installed and the quickest and safest way to evacuate the home.

People could be assured recruitment checks were carried out to ensure that staff were suitable to work with them. The provider told us criminal record checks were carried out through the Disclosure and Barring Service (DBS) prior to staff commencing employment and that appropriate references were sought. Records showed these checks had been carried out.

People expressed mixed views about whether staff always followed good infection control practices. The majority of people we spoke with told us that they were happy with how staff supported them with hygiene standards and general cleanliness. However, some people told us that these practices could be improved. One person told us, "Some [staff] wash their hands but some don't." A relative told us, "I have noticed food in the fridge that has gone off which is a concern."

Staff told us they received training in infection prevention and control and records confirmed this to be the case. Staff told us they had access to gloves and aprons and we saw that a supply was available in the office. The registered manager told us that they could provide staff with these if they were unable to come into the office. We informed the registered manager that some people had told us that not all staff wear gloves or aprons or washed their hands. The registered manager told us that this aspect of safe care was checked during spot checks and they would continue to monitor this.

People told us they felt safe with the support they received from staff. One person told us, "I feel safe with the care workers," whilst another person said, "Very safe; they are all lovely ladies." A third person told us, "Yes, I am quite safe with all of them (staff), whoever they send. They support me safely when helping me to shower and get dressed so I don't fall over." People's relatives also felt their relation was safe from abuse. One relative told us, "I don't have any issues with safety when (staff are) tending to [relation]," whilst another relative commented, "Yes I think [relation] is safe when they (staff) are with them, they do their job efficiently."

Staff understood how to protect people from avoidable harm and how to keep people safe. Records showed

staff received training in safeguarding adults when they started working for the service. Staff gave examples of allegations of abuse or concerns about poor care, which they had shared with the registered manager. Most of the staff we spoke with were confident the registered manager had responded appropriately to the concerns. One staff member told us, "[Registered] Manager always acts and responds."

We checked our records and records held at the service and saw that the registered manager had made a referral to the local authority when concerns were raised about possible abuse. Records also showed that the management team had liaised with the local authority to investigate concerns about poor care. People who used that service had been provided with comprehensive information about the action the service would take in relation to allegations of abuse. This meant that systems to keep people safe from abuse were effective.

People were supported by staff who were aware of their responsibility to report any accidents or incidents. Staff told us they would ensure that appropriate support was sought from the emergency services if required. They also told us they would fill out an accident or injury form and report any incidents to the registered manager. The registered manager told us they had not had any recent accidents or injuries. They told us that any medication errors were reported to safeguarding and records showed this to be the case. When a medication error had been made, staff were provided with additional training.

Requires Improvement

Is the service effective?

Our findings

People's needs were assessed by a senior member of staff before they started using the service. The provider told us in their Provider Information Return (PIR) that, "Our care plans have been redesigned and implemented to ensure that the services we provide are person centred, individual and take into account people's needs, aspirations and goals, their cultural and religious beliefs and their choices about how they live their lives." People told us they felt involved in planning their own care. The registered manager told us that risk assessment tools were based on nationally recognised guidance. However, we found that these had not always been used correctly by staff and there was a lack of guidance about how to use the tool, what different scores meant and how often these should be reviewed.

The majority of people we spoke with told us that staff were competent in their roles. One person told us, "Very good; all of them. I feel quite adequate with all their skills in caring for me." Another person said, "I am very happy with them. I need two to tend to me and they are all very good at what they do for me." A person's relative told us, "I have found no concerns over their training and knowledge of care."

Staff told us they received an induction when they commenced working at the service which they described as providing everything they needed to know. One staff member said, "The training I had when I started was fabulous and the trainer was fabulous too." Records showed staff received a five day induction which included health and safety, safeguarding, record keeping and medicines.

Staff provided a mixed response when we asked if the service responded to their training needs. Some of the staff we spoke with told us there had been a delay in providing them with training updates and they were not always able to attend training dates due to work or personal commitments. We looked at records kept by the registered manager which showed approximately a quarter of staff were due training updates in areas such as moving and handling, infection control and first aid. The registered manager told us a trainer had recently been recruited and that they hoped to ensure training updates were completed within the next month.

The registered manager told us they kept the competency of staff under review by carrying out regular spot checks which included checks on whether the person was supported safely with their mobility and medicines. The staff records we looked at showed spot checks had been carried out and that staff had received supervision (one to one meetings with the management) and a yearly appraisal. Despite this, some of the staff we spoke with told us they had not received a supervision recently. Records showed that just under half of the staff were due a supervision. This meant action was being taken to ensure that staff were up to date with training but improvements were required to ensure staff received regular supervision.

People were provided with support to eat and drink if required. Some of the people who were supported by the service required this support and told us it was provided. One person told us, "They (staff) get me toast with a drink for breakfast, prepare lunch for me usually a microwave meal with a drink. At teatime get me a sandwich with drink and they always ask what I fancy before preparing it." Another person said, "I also have a drink which they get for me. At night they make sure I have a bottle with me."

Care records contained information about people's food preferences and the majority of people we spoke with told us they were provided with a choice of meal. Staff showed an awareness of people's different needs in relation to eating and drinking. Staff told us they ensured food was cut into small pieces if required and were aware of the impact that any medical conditions may have on what people ate and drank, such as diabetes.

Care records contained information about any food allergies people had, whether they had any medical conditions which affected their ability to eat and drink and the level of support they required. A risk assessment had been carried out to determine if people were at risk of unintentional weight loss. Whilst this had always been completed, it was not kept under regular review. For example, one person's nutritional risk assessment had determined they were at moderate risk of weight loss. This indicated the person required their food and fluid consumption to be monitored and that a review should be carried out. There was no indication that a review had been carried out despite carers recording the person was not always eating lunch. This meant that people's nutritional risk was not always reviewed when required.

The vast majority of people told us that staff understood their health conditions and supported them appropriately with these. People were confident staff would seek medical support if they required it. Staff showed an awareness of different people's health conditions and knew that some people had care calls which were time critical to ensure they got medicines on time. Records showed that staff were provided with training in areas such as diabetes and pressure area care during their induction.

People were supported to make their own decisions about their care. People told us that staff asked for their consent before providing care. One person told us, "Yes; they (staff) will ask how I am and if okay to shower and also ask if I want any breakfast as well. They won't do anything without asking me first." Another person said, "They certainly do (ask permission). They are always asking how I am and what would I like to have done first." A person's relative told us, "[Relation] feels in control of how it works."

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.

All of the records we viewed showed people had provided their consent to the care they received. This was recorded by people having signed their care plans if able or indicating their consent if they were unable to sign. However, one persons' care plan had recorded that they had provided consent verbally but elsewhere in the care plan it stated the person was not able to verbalise and had advanced dementia. The person had bed rails in place and required support with medicines and personal care. We brought this to the attention of the registered manager who told us they would carry out a capacity assessment and determine if a best interest decision was needed.

People can only be deprived of their liberty so that they can 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. The registered manager told us people receiving support from the service at the time of our inspection were not deprived of their liberty. We recommend that the service reviews whether there are people who lack capacity to consent to their support arrangements and ensure their human and legal rights are respected.

Requires Improvement

Is the service caring?

Our findings

Although people told us that staff were generally kind and caring, the provider did not always make sure that staff had the time to provide care in a compassionate and person centred way. Some people told us that due to recent staffing issues, staff did not arrive on time or stay for the required amount of time. One person commented, "They (staff) just rush in and out after seeing I am okay and some don't even take their coats off." We fed this back to the registered manager who told us they would monitor this. People told us that when they had raised concerns about specific care workers, this had been addressed and they were no longer supported by those staff. However several people we spoke with told us they were not informed about any changes to their support and the negative impact this had on them. One person told us, "They have not resolved the late calls or having a regular carer."

People told us that generally staff were very friendly, knew their likes and dislikes and some care workers would make time to have a chat with them. Another person told us, "[Staff] will always find time to have a nice natter and a laugh with me which I like a lot." People told us that care workers were generally kind and patient. One person told us, "The [care workers] I have are a god send. They are approachable. I don't feel embarrassed or anything." People's relatives shared this view. One relative told us, "We have found them all caring and friendly."

Staff understood the importance of providing good care. They told us they tried to provide this despite time pressures to get to another call. Staff gave examples of how they ensured that people had the information and explanations they needed and providing support to help relieve people's distress. For example, one care worker told us how they would make a 'fuss' of one person and 'pamper them and do their nails.' They told us that this helped the person feel less lonely and depressed. Another person told us that, "They (staff) come in the evening to check I am alright and they are looking after me well as I have a poor experience in the home I was in before."

People were provided with options about their care. People told us they felt involved in planning their care and in day to day decisions about how care was provided. One person's relative told us their relations preferences regarding how they wished care to be delivered were recorded in their care plan. People's views were sought about whether they wished to be cared for by male or female care workers. The majority of people we spoke with told us that their preferences regarding the gender of care workers who provided support were respected. However, some people told us that male care workers had sometimes attended when they had requested female carers. Some people told us this had resulted in them refusing the support. We spoke to a care co-ordinator who told us they were fully aware of the preferences of the people they supported and always tried to match appropriate staff to cover the call.

The provider told us that at the time of our inspection they were not supporting anyone who required the support of an independent advocate. An advocate is an independent professional who supports people to express their views or represents their best interests. The registered manager told us that people were provided with information about independent advocacy in a service user guide and we found this to be the case.

People were treated with dignity and respect by care workers. People told us that when they had raised concerns about how they had been spoken to by care workers, appropriate action had been taken and they were no longer supported by the care worker. One relative told us, "Yes [staff] do treat family member with respect. They always ask them about things, greet them and interact with them; they are kind and attentive to their needs."

People gave examples of how staff respected their privacy and dignity such as ensuring that doors and curtains were closed when they supported with personal care. Staff also gave these examples and one staff member told us, "I make sure they are kept dignified." The registered manager told us spot checks were carried out to ensure that people were treated with dignity and respect and records showed this to be the case.

People were supported to maintain their independence as much as possible. One person told us, "The carers give me confidence. Without my carers I wouldn't be able to." A person's relative told us, "If [relation] can do something for themselves care workers let [relation] do it."

Requires Improvement

Is the service responsive?

Our findings

People expressed mixed views in relation to whether care workers arrived at a time which suited their needs and preferences. Some people told us that the times of care calls had improved when they had raised concerns. Other people told us they were not aware when care workers would be arriving, as they were not provided with a rota. One person told us it was "debateable" whether they could choose what time their care was delivered and stated, "We don't know when they are coming." Another person told us, "I don't know when I will get my dinner; you don't know when they are coming. When they don't come I have to just sit and bear it." However, another person said, "They (Staff) arrive within an hour of the time specified, only once I have had to phone to see where they were." People told us that if their regular care workers had not been able to attend a care call, another member of staff would provide cover. However, they told us they were often not made aware of any changes and gave examples of late and missed calls. This meant that people were not always provided with care which met their needs in a timely way.

People told us that regular care workers knew them well including their likes, dislikes and preferences. They told us this was sometimes impacted on by unfamiliar care workers covering care calls and care calls being late or rushed. One person said, "It is usually the same carer so we have got to know each other". However, another person told us, "There can be three different care workers in the week as there's no consistency and I don't like being undressed in front of new people." This meant that people did not always receive person centred care.

The above information constituted a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's care plans contained information such as the person's preferred name, what gender they identified as, any religious considerations and their goals in relation to their care. For example, whether the person wanted support to eat well or to remain as independent as possible.

People told us they felt involved in planning and reviewing their care. One person told us, "I have input and my care plan has changed when they reviewed it recently." Another person told us, "Oh yes, they (staff) ask me. I have input into my care." We saw that people's care plans contained information about their support needs and had been signed by the person receiving support or the person had indicated their consent if they were unable to sign. Some of the people we spoke with told us they had asked family members or friends to be involved with planning and reviewing their care and the relatives we spoke with confirmed they had input into this process.

Staff told us they found care plans useful and said they informed the office when changes occurred so that these could be updated to reflect the changes. One staff member told us, "The care plans are good. They tell you what to do and if someone's needs change them you tell the office and they make the changes to the care plans." Another staff member said, "The care plans are useful". We tell the office when things need to change and then they do change them, but sometimes it takes a while." The care plans we viewed contained information about the support the person required on each care call.

The registered manager was not fully aware of the Accessible Information Standard. The Standard ensures that provisions are made for people with a learning disability or sensory impairment to have access to the same information about their care as others, but in a way that they can understand. However, they provided examples of how they tailored information and communication to meet people's needs. They told us information was available in people's care plans about the support they required to understand information and communicate. We saw this to be the case, for example, people's care plans contained information about how to maximise communication and understanding for instance, by minimising background noise and giving people time to consider information and respond. The registered manager told us one person preferred information in large print and they ensured this was available to them.

People expressed a mixed response as to whether their complaints and concerns were adequately responded to. All of the people who had made complaints or raised concerns told us this was in relation to late or missed care calls or not wanting particular care workers to provide their support. Some of the people told us improvements had been made after they raised concerns. However, other people told us they had not always received a response to their concerns. One person told us, "It is impossible to get through to the office at times as they just don't answer. When you do they just say sorry, by which time it is too late to send anyone." Another person told us, "They just say that they are on their way and will check but never call us back."

People were provided with information about how to make a complaint and what action they could expect from Sagecare (Lincoln) in response. We reviewed twenty complaints which had been received by the service in 2018. Records showed the registered manager had investigated these complaints and documented action taken in response, such as disciplinary action taken against staff. Responses to complaints contained an apology where appropriate and checks were carried out to ensure the complainant was happy with the response. Despite this, we received a significant amount of comments from people who did not feel listened to or that appropriate and timely action was taken in response to their concerns.

The registered manager told us that people's care plans did not routinely include information about the person's wishes at the end of their life unless this was required. They told us that if they were supporting a person who was coming towards the end of their life they implemented a specific care plan which considered the person's wishes and would liaise with relevant healthcare professionals.

Requires Improvement

Is the service well-led?

Our findings

People and relatives expressed mixed opinions on the management of the service. One person told us, "I have been very happy with everything so far." However, other people expressed frustration due to poor communication and late care calls. Some people told us that they were often not able to get through to the office and that answer phone messages were not responded to. One person told us, "They (office staff) don't answer. I can't get through if I need to make a cancellation for any reason. Communication is definitely an issue with the office." A person's relative said, "We have had no rota since before Christmas, office is poor and don't call back. They are not always contactable."

Staff also told us that improvements were required in relation to communication. One staff member told us, "It's not well led. The organisation in the office is not great. Poor communication and lack of communication." Another member of staff told us improvements were required but they hoped that once additional staff had been recruited the situation would start to improve. They told us staff who were providing an on call service outside of office hours were often covering care calls which meant they could not always respond to telephone calls.

People told us they did not always feel listened to or that their concerns were fully responded to. One person told us, "It gets better then it gets worse again. They need to sort the times, they need to be more regular, and they fluctuate a lot." Some of the people we spoke with could recall being asked for their feedback on the service provided. The registered manager told us an annual survey was carried out to seek people's feedback. The results from the last survey in July 2017 showed that 46% of people of people rated the service as poor or very poor at telling them when care workers would be late. In addition 23% of people rated the service as very poor or poor at dealing with complaints. Our inspection findings showed that these areas still required improvement.

The staff we spoke with did not always feel involved in the running of the service. They told us that staff meetings were "few and far between" or difficult to attend due to leave or work commitments. Staff provided examples of not being informed when policies changed and not being able to get hold of senior members of staff when needed. We viewed records of staff meetings and saw they covered areas such as whistleblowing and what action staff should take if they made a medicines error. The minutes for a meeting in February 2018 showed 14 staff had attended but it was not clear how information was provided to staff who were unable to attend. In addition, although an agenda was available no minutes were kept of meetings to demonstrate how staff were involved in discussions or were able to raise issues or suggest improvements.

A system was in place to audit people's daily journals and MAR charts. When these were completed, they were reviewed by a senior member of staff. Whilst these reviews were effective in identifying some issues, we found they had not ensured staff were provided with sufficient information in relation to medicines prescribed as required (PRN). In addition, one of the audits we looked at recorded that some gaps on MAR charts were due to cancelled calls but the daily journals showed that care calls had taken place on some of these days. This meant improvements were required to ensure that audits were effective in identifying and

addressing issues.

The above information constituted a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Despite the above, the majority of people we spoke with were happy with the support they received from care workers. Some people told us they would recommend the service based on the quality of the care workers. One person told us, "I would definitely recommend the service as the carers are absolutely brilliant." Another person told us, "The positives are that it helps me a great deal that they come out in the mornings. I have felt a real benefit from it." Records showed the values and behaviours of the staff team were monitored by senior staff carrying our spot checks which included checks on whether staff treated people with dignity and respect.

The provider complied with the condition of their registration to have a registered manager in post to manage the service. Our records showed that the registered manager had notified us of certain specific events which occurred at the service in line with legal requirements. The registered manager told us the service was in the process of recruiting additional senior staff to provide them with support.

The registered manager told us that, at the time, of their inspection they were meeting with commissioners regularly. An action plan was in place which acknowledged the impact that a high level of staff sickness had on the quality of the service provided. The registered manager showed us the action which was being taken to recruit additional care workers. Records showed that recruitment checks were being carried out on twenty two people who had applied for care worker jobs. The registered manager confirmed that they were planning to reintroduce rotas to people as soon as staffing levels had stabilised.

The registered manager told us they felt supported by the provider and that regular audits were carried out by the quality team. Records showed this to be the case and we saw a recent audit had identified the main issues which required improvement. The registered manager told us resources and support were available to them to help drive improvement such as care workers brought in from another location to cover staff sickness and additional members of senior staff being recruited.

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 People were not always provided with care which met their needs and reflected their preferences.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people's safety were not kept under review and measures were not always implemented to reduce the risk of harm. Medicines were not managed safely.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The system to assess, monitor and improve the quality and safety of the service provided was not fully effective.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There were not a sufficient amount of staff available to meet people's needs in a timely way.