

# Service to the Aged Limited

# Service to the Aged

## Inspection report

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### Ratings

#### Overall rating for this service

Inadequate



Is the service safe?

Inadequate



Is the service effective?

Inadequate



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



### Overall summary

This unannounced inspection took place on 16, 18 and 19 February 2015. Our previous inspection of 6 March 2014 found that the service had made improvements to the way they managed medicines. Our inspection before that took place on 9 January 2014 and we found the service met standards relating to care and welfare of people who use services.

Service to the Aged, known as Sage, is a nursing home for up to 60 older Jewish people. Most people who live there have a diagnosis of dementia and many also have significant needs relating to their health. Sage is a purpose-built home located on a main road in Golders Green in London, close to shops and transport. Each

person has their own bedroom with ensuite bathroom and there is a large communal lounge and dining area on the ground floor with a patio and terrace people can use. There were 53 people using the service when we inspected. Due to issues that had been identified by the service and the local authority before our inspection, the service was not admitting anyone new when we inspected.

The service operates according to orthodox Jewish principles. It is operated by a charity with a board of trustees and a management committee. The charity does not operate any other services.

# Summary of findings

When we visited there was a manager registered with the Care Quality Commission (CQC), however we found that the registered manager was no longer working for or associated with the service and so we have taken action to remove their registration. A registered manager is a person who has registered with CQC 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. When we visited there had been a new manager in post for five weeks.

We found that Sage had a very open and welcoming atmosphere and was a real part of their local community. Visitors were encouraged and there were plenty of opportunities for religious and other activities.

However, people were not always supported safely with care that met their needs. Three people had acquired serious pressure ulcers at the service in the months preceding our visit and we found that the service did not take appropriate action to prevent and treat these. We also found that people's care records were confusing, untidy and information was difficult to find. As the service had a high rate of agency staff use and did not ensure that agency staff were made aware of people's individual needs, this meant that people did not always receive safe and effective care.

Staff employed by the service underwent a robust procedure to check they were appropriate people to work with people in need of support before they started work. However, they were not always appropriately supervised and areas of training and development need were not always addressed. Staff told us they did not feel well-supported by managers but were hopeful that improvements would be made by the new matron manager.

The kosher kitchen of the service provided food that was appetising and always freshly prepared and cooked. However, we found that people were not always supported to eat and drink to meet their needs. This was particularly evident for people who needed a lot of support to eat and those who received nutrition and hydration through a percutaneous endoscopic gastrostomy (PEG) tube.

People were safeguarded from the risk of abuse and staff knew what to do if they had concerns. However, we found that the service did not always seek appropriate consent from people before providing care and treatment including for the end of their life. Staff and the matron manager knew what to do if they believed a person needed to be deprived of their liberty for their own safety.

Medicines were managed appropriately and safely. Emergency procedures were in place in the service, however first aid kits were not routinely checked and were incomplete.

The newly-appointed matron manager recognised that the service needed to improve the care and support provided to people, as did the person appointed by the management committee of the board of trustees to oversee the day-to-day operation of the service. They recognised that previous systems for checking the quality of the service had not been effective. Plans were in place, and support provided to the matron manager, to improve these.

We found several breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of this report.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not safe. Staff did not always support people safely and did not always ensure that people at risk of acquiring pressure sores were appropriately monitored and their care managed to prevent these.

The service had a high rate of agency staff use which meant that staff were not always aware of people's needs.

Staff underwent a series of checks before starting work to help ensure they were appropriate for their roles. Staff knew what to do if they had concerns that a person was being abused.

Inadequate



### Is the service effective?

The service was not effective. People with high support needs were not always provided with enough food and drink to meet their needs.

Staff were not appropriately supervised and their training and development needs were not always addressed.

Staff supported people to access health care services however their consent to care and treatment was not always appropriately sought in line with the Mental Capacity Act 2005. Deprivation of Liberty Safeguards (DoLS) were sought when required to keep people safe.

Inadequate



### Is the service caring?

The service was caring. Staff developed positive relationships with the people they supported and an open, welcoming atmosphere meant the service was part of the local community.

Visitors were encouraged and welcomed. The service had appropriate arrangements in place for the end of people's lives.

Good



### Is the service responsive?

The service was not always responsive. People's care records were often out-of-date and were untidy and confusing, which put people at risk of receiving unsafe or inappropriate care and treatment.

There was a range of stimulating activities available and people were supported to attend these.

The service provided people and their representatives with information on how to complain if they wished to, and investigated accordingly.

Requires Improvement



### Is the service well-led?

The service was not always well-led. Checks and audits had been undertaken by the previous manager but these were not effective.

Requires Improvement



# Summary of findings

Staff did not feel well supported by managers, however they all reported that they were hopeful that the new manager would make significant changes.

# Service to the Aged

## 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.

This inspection took place on 16, 18 and 19 February 2015 and was unannounced. The inspection team consisted of an inspector, a specialist advisor who was a tissue viability nurse, and an expert 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.

Before the inspection we reviewed information we had about the service in our records. This included information about safeguarding alerts, notifications of important events at the service and information from members of the public. We also spoke with a tissue viability nurse involved with the service and an officer from the local authority safeguarding adults team.

During our visit we spoke with 11 people who use the service and four relatives. We observed care and support to people and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 12 care workers, five nurses, a physiotherapist, the head chef, a cook, the domestic supervisor and the finance officer who was also in charge of the premises and equipment. We spoke with the matron manager, the deputy general manager and the care supervisor. We observed two staff handover meetings.

We looked at 17 people's care and support records and 12 staff personnel files. We looked at other records related to the management of the service such as records of audits and checks, complaints, board reports, meeting minutes, maintenance records and health and safety records.

After our visit we spoke with the person appointed by the charity's board of trustees to oversee day-to-day operations at the service.

# Is the service safe?

## Our findings

People told us they felt safe living at Sage. One person said, “I do feel safe here.” Another person said, “It’s safe as anywhere.” A third person told us the staff were “alert and close by and know what to do if there is an emergency”.

However, we found that some practices within the home left people at risk of unsafe care and support. In the six months prior to our inspection, three people had acquired pressure sores that were rated as grade three or four, which meant they were at high risk of developing life-threatening infections. During our visit we reviewed people’s care and support records looking specifically at how pressure area risks were identified and managed for people. We found that until the week before our visit these were not identified and managed safely or effectively. Records we viewed showed that staff identified areas of people’s skin at risk of developing pressure sores but did not always follow these up and manage the risks effectively. For example, one person’s records showed they had an area of skin identified as high risk. As a result their care plan was amended to show they needed to be supported to turn every two hours to reduce pressure on the high risk areas. However, records showed staff supported them to turn every four hours on some days and every two hours on other days. Another person’s records showed they were to be supported to change position every hour but then this was changed to every three hours without any indication that the risk was reduced or why the change had been made. A third person’s records showed they were to be supported to turn every two hours but their turning records showed this did not occur on five of the seven days prior to our inspection.

One person’s records showed staff had identified an area of high risk in early November 2014. By early January 2015, the person had acquired a pressure sore in this area and it had become necrotic. This meant the skin tissue had died. Records for the eight weeks between did not record what actions staff had taken to prevent the person developing a pressure sore, how the pressure sore was acquired and how it developed to become necrotic.

When people were referred to the community tissue viability nurse and a plan of care put in place to stop further development of high risk areas, there was little evidence to show this had been followed. For example, one person’s

care plan stated “access to pressure relieving equipment” but did not specify which type of pressure relieving equipment had been supplied, that the person was using the equipment and what the outcome for the person was.

Three nurses we spoke with about this told us they had been trained in tissue viability practices in 2014, however the care supervisor told us the service had requested more training for nurses but the local community health service did not have the funds to provide more training and so further training was not provided.

Other risks associated with people’s support were assessed and managed. Each person’s records contained a number of risk assessments relating to their support such as moving and handling, falls, safe environment and continence. However, we noted that some of these risk assessments were generic and did not contain information specific to the person or the environment. Others were undated, unreviewed and unsigned so we were not able to tell when they were developed or who by, and if the person’s needs had changed. For example, five people’s records contained a “risk of choking” risk assessment. These were all generic, unsigned, undated and unreviewed, as were two people’s records of a “Parkinson’s risk assessment.” This meant that staff who read the risk assessments could not use these documents to provide safe and effective care that was specific to the person.

The service premises were managed safely and we saw that most emergency equipment was well-maintained and in working order. Each person had a personal emergency evacuation plan which outlined their specific needs in order to evacuate safely. A new fire alarm system had been installed the week before our visit. However, we checked the first aid kits on two of the floors and saw that each was incomplete and there were no records of these being checked regularly.

This was in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The week before our visit the service had implemented weekly body checks of all people who used the service and closer monitoring of all people identified as at high risk of developing pressure sores. Body maps were used to record the application of creams to assist skin integrity. The care

## Is the service safe?

supervisor told us she planned to identify two nurses who would be specially trained and have responsibility for wound care in the service. However, this had not yet been fully implemented at the time of our visit and so we were unable to determine if it would result in better outcomes for people.

We found there were enough staff to support people and people's call bells were answered quickly. However, some people told us they had concerns about the high use of agency staff at the service and the effect this had on their care. In December 2014, more than 50% of shifts at the home had been undertaken by agency staff. One person told us, "There are always new staff about. Sometimes they don't know what they are doing." Another person said, "The home is understaffed and that is bad. Some of the agency staff have been around for a while and know people well but others really don't." A care worker told us there were "so many agency staff and the residents suffer. The agency staff often don't know what they are doing". A nurse told us, "Staffing has been a problem. We have agency staff and it's stressful." An agency staff member told us they didn't read people's care plans or risk assessments to guide them when supporting people. Agency staff induction records included information about fire safety and the premises but did not highlight the specific needs of people using the service, which left people at risk of receiving unsafe care and support.

This was in breach of regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service operated robust recruitment procedures and checked that each staff member was a suitable person before they started work. Staff personnel records contained an application form detailing the staff member's employment history in health and social care, criminal record checks, at least two written references that were verified by the service, and interview notes. Staff performance concerns were clearly documented and we saw that incidents had been investigated and staff had been appropriately managed to improve their work or were subject to disciplinary procedures. Where appropriate, we saw that staff had been referred to the Disclosure and Barring Service for consideration.

Records showed that a few months prior to our visit one staff member had been found to be using false documentation of their right to work in the United Kingdom. The service managed this appropriately, reported the staff member to the correct authorities and conducted an audit of all staff documentation. All managers were also trained to check documents. This helped to ensure that all staff were legally entitled to work in the United Kingdom.

Medicines were managed safely and administered by appropriately trained staff. We looked through the medicine administration records (MAR) and medicines trolleys on two floors and observed one medicines round. We saw that each person's MAR had their photo attached to reduce the risk of medicines being administered to the wrong person. MARs were up-to-date and completed correctly, and the numbers of medicines in stock matched records. Where people had medicines prescribed to be taken 'as necessary' (known as PRN medicines) we saw there were clear guidelines for staff on the dose and in what circumstances the medicines were to be administered.

Clear guidelines were in place for people who received their medicines through a percutaneous endoscopic gastrostomy (PEG) tube. Where this was necessary we saw that guidelines had been developed and signed off by the prescribing physician.

Where people took their own medicines, we saw they had a risk assessment and guidelines for staff on how to support them to do so. Training records showed that nurses had been trained to administer medicines and assessed as competent to do so.

Staff had been trained in safeguarding adults procedures and knew what to do if they had concerns a person was being abused. Care workers and nurses knew about the different types of abuse, told us they would immediately report any concerns, and knew to contact the local safeguarding authority if necessary. Our records showed that the service had responded appropriately to allegations of abuse and cooperated with local authority investigations.

## Is the service safe?

The service was clean. Records showed that each person's room was cleaned daily and we noted there was no smell of urine. On the first day of our inspection we saw there were boxes piled in hallways blocking access for people, however these were stored appropriately later in our visit.



# Is the service effective?

## Our findings

People told us the care and support they received at Sage was effective. One person said, “I came after I had broken both hips. I never expected to be in a home. The staff are pretty good on the whole.” Another person told us, “I’m well looked after here.”

However, records showed that people’s consent for their care and support was not always obtained, or was sometimes obtained without regard to the requirements of the Mental Capacity Act 2005 (MCA). For example, each person’s records contained a consent form which recorded their consent for aspects of their care and support. In five people’s records these forms were blank without further explanation. In three people’s records these had been signed by a representative of the person, however, there was no documentation to demonstrate that the person’s capacity to understand and agree to their support had been assessed or that the representative had legal authority to sign on the person’s behalf.

Additionally, some people had Do Not Attempt Resuscitation (DNAR) forms in their records to record their wishes on this matter. In three people’s records these were blank, not signed by the person, their representative or the GP who agreed to the order. In two people’s records, these had been signed by the person’s representative without record of capacity assessments or record that the representative had legal authority to sign on the person’s behalf.

This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff otherwise demonstrated they understood the requirements of the MCA and the impacts of this on the people they supported. For example, one staff member told us, “I always ask the person before I do anything. If they say no or want me to come back later, I do.” One person who used the service was subject to Deprivation of Liberty Safeguards (DoLS) to ensure their safety. Staff knew what steps to take if they thought other people might need to be deprived of their liberty for their own safety. We

observed that people were supported to move about and to leave the service premises when they wished to, and some people’s records included capacity assessments and documented decisions made in the person’s best interests.

Staff were supported through supervision meetings with their line manager, however, we noted these were sporadic. Staff told us they usually had supervision meetings every six to eight weeks, however, records showed this had not been the case in 2013 and 2014. For example, one care worker had supervision once in 2013 and three times in 2014. Another had two supervision meetings in 2014. A third had two supervision meetings in 2014.

Staff were trained in various topics relevant to their role, including dementia awareness, moving and handling and good positioning. However, we saw in one nurse’s supervision records that they had requested training in a specific clinical skill for more than two years and this still hadn’t been provided. A care worker told us, and records confirmed, that they had repeatedly requested training in wound care to support people who had developed pressure sores more safely. This had also not been provided and the member of staff had not been told why.

This was in breach of regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People’s nutritional needs were assessed and monitored, however, we noted they were not always appropriately met. We looked at the records of two people who had acquired serious pressure sores while living at the service. Appropriate nutrition and hydration are regarded as very important for preventing and treating pressure sores. These two people’s records showed they did not receive enough to eat or drink. For example, on one day in the week before our inspection one person’s records showed they had eaten half of one banana and drank 200ml of fluid. On another day they had eaten one bowl of soup and drank 300ml of fluid.

Other people’s records also showed they did not always have enough to eat or drink. One person, who received nutrition and hydration through a PEG, was shown as having only 200ml fluid each day for two days in the week prior to our visit.

## Is the service effective?

This was in breach of regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service operated a kosher kitchen that was overseen by a kashrut supervisor to ensure Jewish dietary laws were followed. All food was prepared fresh daily and we saw there was plenty of fresh fruit and vegetables. Snacks, juice and water were available throughout the day. Each floor also had a small kitchen that was kept stocked with tea and coffee-making facilities, bread, cheese and sandwich fillings. We observed two meal times and saw that staff supporting people to eat ensured they followed principles of dignity in nutrition by not rushing the person, sitting facing them and asking the person what they wanted for each mouthful. One person told us, "The food is okay but not seasonal enough. There is always fruit if I'm hungry in the night and staff are always prepared to make me a sandwich at any time." We saw that crockery used by the service had contrasting coloured rims to assist people with dementia to eat without spilling their food.

A chart was displayed in the kitchen which showed each person's specific dietary needs and preferences. The head chef told us this was updated weekly or as people's needs changed. We saw records of monthly meetings between the head chef and a community dietitian in which people's dietary needs and the menu was discussed. We noted that people requested specific meals that were not on the menu when they wished to.

People were supported to access health care services when they needed to. A nurse told us, "We do most things here that a hospital does, apart from x-rays and things. People don't often like to go to hospital so we can treat them here instead." A GP visited weekly and records showed they also visited to provide emergency treatment when necessary. Staff or family members supported people to attend appointments when they needed to.

The service employed a team of physiotherapists who assessed each person and devised a physiotherapy care plan. Most people were seen and treated weekly by the physiotherapists. Records also showed that people were visited regularly by a podiatrist, dentist and optician.

# Is the service caring?

## Our findings

People told us they felt the service was caring. A person told us, “I like it here. I have made friends and the staff are kind, gentle and really listen to my opinions.” A relative said, “The staff and residents on [my relative’s floor] love her and treat her with great respect.”

Staff developed positive relationships with the people they supported. We observed that staff were kind and compassionate and used people’s preferred names and respectful pet names when this was appropriate. A nurse told us, “Here the residents become part of your life. We are not just here to dole out medication, we are a big family.” A care worker told us, “The residents really appreciate you. They are always happy to see you and that makes you happy.”

The service welcomed visitors and we noted during our inspection that visitors were plentiful. People came to the service to join in with activities, meals and for religious ceremonies and observances. During meal times, we noted that there were children in the dining room, several family groups seated around tables enjoying their meals together and a nice atmosphere. People were not isolated and the service felt as though it was a real part of the local community. A relative told us, “Sage welcomes the close participation of friends and relatives. We are part of the home and attend celebrations, anniversaries and even funerals.”

At times, the service provided additional support to people in need in the local community. The deputy general

manager told us about a local person in need to whom the service provided meals as they were not able to make meals for themselves. We also saw that, when necessary, the service supported people even if they could not pay.

Staff were quick to relieve people’s distress when they observed it. We saw one person with dementia become quite distressed in the lounge area and a staff member was quick to comfort them, used calming techniques and took them for a walk in the garden.

Staff supported people to maintain their independence. Staff were knowledgeable about the needs of people with dementia and worked to support their independence. We saw people making cups of tea and putting away their laundry with staff support. People’s rooms were decorated according to their preference and most people had a sign on their bedroom door with their name and a photo. Most people’s records contained a ‘life history’ document and staff were aware of people’s individual circumstances. Records showed the service facilitated an active support group for relatives of people with dementia.

Staff supported people and their representatives to make decisions about their care and support. We saw that most people’s records contained information about their wishes for the end of their lives. These generally followed Jewish traditions regarding death and burial, however we noted that some did not and the service respected and accommodated this. During a handover meeting we observed staff making plans to support the relative of a person who was very unwell and likely at the end of their life. Staff spoke about the person respectfully and in a caring manner, and made a bed for the visitor in the relative’s room so they could stay overnight comfortably.

# Is the service responsive?

## Our findings

People told us the service was responsive to their needs. One person told us, “I always ask for what I want straight out. The staff like a direct approach.” A care worker said, “These are educated people. They tell you exactly what they want.” A relative told us, “It’s more than [food and personal care], [my relative] has friends and loves to go out. I often go along too. She loves to visit rose gardens and museums. It’s a definite ‘one off’ home, personal and inclusive.”

Before moving into Sage, each person or their representative completed an application form detailing their needs, and medical and life history. The deputy general manager assessed these to decide if the service could meet their needs. She told us that if a person had been diagnosed with dementia a further assessment was undertaken by one of the service’s Registered Mental Health Nurses. Once a placement was agreed, staff undertook a full assessment of the person’s medical, social and personal care needs and care plans were developed based on these. Care plans were generally person-centred and contained individualised information about the person’s specific needs. However, they were in a range of formats which made finding the most current information difficult for staff.

We found that care plans were not always kept up to date or reviewed, and we noted that people’s personal care and support records were untidy making current information difficult to find. For example, one person’s records contained personal information relating to 12 other people. Care plans stated they were to be reviewed monthly, however most had not been. For example, one person’s ‘personal hygiene care plan’ was dated 13 June 2014 and it was reviewed on 20 July, 28 August and 15 October 2014. Another person’s ‘safety care plan’ was developed on 5 January 2011 and had further dates written on it with no indication of what occurred on those dates. A third person’s records contained a number of care plans that were all undated with no indication they had been reviewed. A fourth person’s records contained care plans dated 9 January 2015 with each signed to say they were reviewed on 29 September 2014. A fifth person’s care plans were dated 26 January 2014 with no indication they had been

reviewed since. A sixth person’s ‘well-being care plan’ was dated 6 July 2013 and their ‘night care plan’ was dated 17 October 2012 with no indication either had been reviewed since those dates.

On two of the floors people’s records contained old MAR charts and information that was no longer current interspersed with current information, despite each folder having a section for ‘archiving’ which was empty. A nurse told us, “I asked matron if she would go through paperwork as patient files are very big.”

This was in breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were encouraged to participate in activities organised through the service or by people’s relatives. There was an activity timetable available on the noticeboard and each day had an organised activity including seated exercises, games, puzzles and entertainers. The mobile library visited weekly and people told us they appreciated this service.

Daily religious services were available and were very well attended. Occasional day trips and outings were also organised by the service and we saw that people were encouraged to participate in these. The service had a minibus which people could use for appointments or outings as they wished. People were not charged by the service for using the minibus.

The service encouraged feedback from people and their representatives. There was a ‘residents committee’ which met monthly and we saw from minutes that people’s feedback was acted upon and changes made. Each floor also had a relatives’ meeting each quarter, and a quarterly meeting for all interested relatives and residents was held with a member of the management committee of the board of trustees.

People told us they knew how to complain if they needed to. One person said, “I have not yet made a formal complaint, just the odd grumble, and it is usually resolved quickly.” Each person was provided with a ‘service user guide’ when they moved in which included information

## Is the service responsive?

about how to make a complaint. We looked at complaints records and saw these were responded to and appropriately investigated by the matron manager or the deputy general manager.

# Is the service well-led?

## Our findings

People told us the management and trustees of the service were visible and responsive. One person said, “The owners are often here and are on first name terms with all the staff. They visit with the residents and are very easy to talk to.” Another person told us, “The managers are very responsive.”

However, we found that the quality of the service people received was not regularly checked and action was not taken when issues were found. The previous manager had undertaken several audits of various aspects of service delivery, but these were not effective as they had not picked up the issues we found during our inspection.

We asked the person overseeing the matron manager’s work about how the quality of the service had been checked. He told us that, in the past, he had provided telephone support to the matron manager and had regular meetings with them to discuss operation of the service, but he had only looked into specific issues when they arose. He acknowledged this had not been enough to address the issues the service had recently faced and now planned a more formal, structured system of oversight to ensure the service provided good quality care. This had not yet been implemented at the time of our visit.

This was in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the time of our visit, the matron manager was brand new to her role and had only been in post for five weeks. She had started the process to apply for registration with CQC, and all other requirements of registration with CQC were fulfilled such as submitting notifications of events that affect the service. The matron manager’s work was overseen by a person appointed by the board of trustees.

The matron manager showed us the new audit system she was introducing. To do this, she was supported by a consultant engaged by the board of trustees with additional resources from a similar local organisation. The audit system was comprehensive, thorough and considered a wide range of topics. We will check to see whether the system results in better outcomes for people.

Staff told us they did not generally feel supported as a worker at the service but recent changes left them hopeful. One care worker said, “I don’t feel well-supported. Nobody cares about the carers here. The managers don’t appreciate you.” They went on to tell us they were “waiting for big improvements with the new manager. If we can improve how we work we can improve life for the residents”. Most staff made comments noting that ‘things are improving now’. The matron manager and care supervisor recognised that difficulty recruiting suitable staff meant that staff morale was low. The care supervisor told us, “Staff are on edge. I am having sleepless nights. I just want the staff to be happy. If you have happy staff you have happy residents.” Just prior to our visit the managers had devised a recruitment plan and implemented a system of financial incentives for staff to reduce the number of agency staff used at the service.

We saw there was a clear organisational structure for the service, however this was not always followed and vacancies in some key posts meant that some staff did not know who their line manager or direct supervisor was. This also meant that some key tasks were not undertaken in a systemic fashion such as ensuring people’s personal care and support documentation was kept up-to-date and contained only current, relevant information.

Staff were aware of their obligations if they witnessed poor care or otherwise had concerns about the service provided at Sage. Staff were trained in whistleblowing in 2014 and we saw that information on whistleblowing and agencies to report concerns was available on the staff noticeboard.

Staff were provided with opportunities to progress and develop their careers while working at Sage. We saw that some staff had been promoted from within and the service supported them to gain additional qualifications. Managers had undergone management training to support them in their roles.

Accidents and incidents were appropriately recorded and investigated. A ‘lessons learnt’ section was included in each incident report and we saw these were discussed with staff when appropriate. Changes had been made to the service as result of incidents, for example we saw that admissions processes had changed to register people with a GP when they moved in as a result of a specific incident.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 11 HSCA (RA) Regulations 2014 Need for consent  <b>The registered person did not ensure care and treatment was provided with the consent of the relevant person in accordance with the Mental Capacity Act 2005.</b>  Regulation 11.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing  <b>The registered person did not ensure there was sufficient numbers of suitably qualified, competent, skilled and experienced persons deployed, and that they received appropriate support, training, professional development, supervision and appraisal as necessary to enable them to carry out the duties they were employed to perform.</b>  Regulation 18(1) and (2) (a).



This section is primarily information for the provider

## Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

### Regulated activity

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

**The registered person did not ensure that care and treatment were provided in a safe way, through assessing risks to the health and safety of service users and doing all that is reasonably practicable to mitigate such risks.**

**Regulation 12(1) and (2)(a) and (b).**

#### **The enforcement action we took:**

We issued a warning notice on 22 April 2015. We will check that improvements have been made.

### Regulated activity

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

### Regulation

Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs

**The registered person did not ensure that the nutritional and hydration needs of service users were met.**

**Regulation 14.**

#### **The enforcement action we took:**

We issued a warning notice on 22 April 2015. We will check that improvements have been made.

### Regulated activity

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

**The registered person did not assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity, and securely maintain an accurate, complete and contemporaneous record in respect of each service user.**

**Regulation 17(2)(a) and (c).**

#### **The enforcement action we took:**

We issued a warning notice on 22 April 2015. We will check that improvements have been made.