

Sage Care Limited

# Sagecare (Crewe)

## Inspection report

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12 February 2020  
19 February 2020  
20 February 2020  
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05 March 2020  
06 March 2020

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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?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service:

Sagecare (Crewe) is a domiciliary care agency, providing personal care to 66 older people and 15 people with a learning disability living in their own homes. Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects services where people receive personal care. They receive help with tasks related to personal hygiene and eating; we also consider any wider social care provided.

The service provided for people who have a learning disability has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

### People's experience of using this service and what we found:

People were not always supported to have maximum choice and control of their lives because the registered persons did not always work within the principles of The Mental Capacity Act 2005. This meant that people did not always receive the right type of support to help them with their decision making.

The provider had improved the service significantly in recent months, however quality assurance processes and systems were not always used effectively. We found areas of improvement regarding consent to care and complaints records that the provider had not identified or addressed.

Whilst people we spoke with made positive comments about the care, they received more than half told us that they had experienced problems with staff arriving earlier or later than expected. We could see that the provider was aware of this and had taken steps to improve staffing. We have made a recommendation about staffing levels.

Other aspects of people's care were safe. Risk was managed proportionately, enabling people to live as independent lives as possible. Effective safeguarding systems, policies and procedures ensured people were safe and protected from abuse. Safeguarding concerns were responded to and managed effectively. People received the right level of support to assist them with their medication when required.

People were unanimous in their praise for the care staff and the standard of care they provided many of whom described the service they received as excellent. People benefited from a comprehensive assessment of their needs and care plans were developed to ensure staff had the guidance they needed to provide safe effective person-centred care.

Staff clearly understood the importance of supporting people to develop and maintain relationships and where appropriate involved families, and advocates in care and support planning processes. Where people had raised concerns with the management team, they reported that they had seen improvements.

Rating at last inspection:

This service was registered with us on 12/02/2019 and this is the first inspection.

Why we inspected:

This was a planned comprehensive inspection as part of CQC's inspection schedule.

Enforcement

We identified a breach of the regulations in relation to 'Consent for care and Good governance. Please see the 'action we have told the provider to take' section towards the end of the report.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our 'Safe' findings below

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our 'Effective' findings below

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our 'Caring' findings below

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our 'Responsive' findings below

**Good** ●

### Is the service well-led?

The service was not always well led.

Details are in our 'Well led' findings below

**Requires Improvement** ●

# Sagecare (Crewe)

## Detailed findings

### Background to this inspection

#### The 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 checked whether the registered 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.

#### Inspection team:

The inspection was carried out by one inspector, and one '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.

#### Service and service type:

Sagecare (Crewe) is a domiciliary care agency, providing personal care and support to people who live in their own homes.

The service had a manager registered with CQC. This means that they and the registered provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

We gave the service 24 hours' notice of our inspection. This is because we needed to be sure the manager and other senior staff would be available to assist us with our inspection.

Inspection activity started on 12 February and ended on 6 March 2020. We visited the office location on 12 February and 5 and 6 March 2020. Telephone calls were made to Sagecare (Crewe) people and their relatives on 19, 20 and 21 February 2020 and we visited one person who received care on 5 March 2020.

#### What we did:

Before the inspection we reviewed information we held about the service. This included any statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the commissioners of the service to gain their views.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection we spoke with the regional manager, registered manager, ten members of staff, 16 people who received personal care and five relatives. We also looked at care records belonging to six people receiving support, recruitment records for two members of staff and other records relating to the management and quality monitoring of the service.

After the inspection we continued to seek clarification from the registered manager who provided additional information including staffing and punctuality, quality assurance surveys and actions taken to improve the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated 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 received mixed feedback about the punctuality and continuity of staff. Whilst all people made positive comments about the care they received, more than half told us that they had experienced problems with staff arriving earlier or later than expected. One person said: "I am never sure what time they are going to arrive." The registered manager told us that there had been problems with punctuality which were being addressed.
- Care calls were monitored using an Electronic Call Monitoring system (ECM). Records showed that punctuality was steadily improving. New staff had also been recruited and punctuality was expected to improve further. Some of the people we spoke with confirmed they had seen an improvement.

We recommend the provider continues to review staffing to ensure people receive their calls within acceptable margins.

- The provider followed robust staff recruitment practices which ensured staff had been recruited safely with all necessary pre-employment checks completed.

### Systems and processes to safeguard people from the risk of abuse

- Effective safeguarding systems, policies and procedures ensured people were safe and protected from abuse.
- All staff had received training and were knowledgeable about safeguarding people who are vulnerable because of their circumstances.
- People who used the service spoke highly of the care they received and told us that they felt safe. Their comments included: "I am very happy with Sagecare Crewe, they are the best company I have had so far, as the carers are fantastic. I feel very safe when the carers are with me" and "I get the care I need" and "I feel very safe when the carers are supporting me as they treat me well."

### Using medicines safely

- People who needed support and assistance to take their medicines told us that they received the right level of support at the right-time.
- Staff involved in handling medicines had received training and had access to relevant policies and procedures to guide them.
- The providers "Support with medication policy and procedures" document had been revised March 2020 to incorporate recent guidance for "Managing medicines for adults receiving social care in the community" by National Institute for Clinical Excellence (NICE, 2019).

#### Assessing risk, safety monitoring and management

- People had personalised risk assessments in place to guide staff and help them to meet people's needs safely and effectively.
- Staff had access to further advice and guidance from senior staff at all times through an on-call system.

#### Preventing and controlling infection

- Staff had received training on infection prevention and control and they used personal protective equipment (PPE) when needed to help minimise the spread of infection.

#### Learning lessons when things go wrong

- There was a system in place to monitor and review accidents and incidents. Accidents and incidents were recorded, reported and reviewed regularly by the management team which enabled them to analyse trends and act on their findings to keep people safe where necessary.



# 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.

This is the first inspection for this newly registered service. This key question has been rated 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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found that two people using the service had support plans in place which restricted their freedom of movement under particular circumstances. Whilst it was clear these support plans had been put in place with the consent of each person's representatives; there were no assessments of the person capacity, or records of decisions being made in the person's best interest. No applications to the court of protection had been made.
- In other examples we also found a lack of MCA documentation where there was doubt that a person had the capacity to give consent to their care.

The provider did not always work within the principles of the MCA . This is a breach Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager took action at the time of the inspection to ensure the requirements of the MCA were being met in relation to consent to care.

Staff support: induction, training, skills and experience

- New starters completed induction training which included shadowing experienced staff to ensure they were competent before they could work unsupervised. Staff who did not have an appropriate National

Vocational Qualification (NVQ) were encouraged and supported to complete the care certificate. The 'Care Certificate' is an identified set of standards for health and social care workers

- All staff spoken with presented as skilled and knowledgeable. Training records showed that staff received training in a variety of appropriate and specialist topics to guide them in their role.
- Staff told us that they were well supported and appreciated the support and direction of the management team. Records showed that staff received regular group and individual supervision and appraisals were on going at the time of the inspection.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care and support was planned and delivered in accordance with current standards and best practice.
- Assessments of people's care needs, and personal preferences had been carried out with the person or their representative and were reviewed and revised periodically or when the persons needs had changed.
- People were involved in discussions about their care and their outcomes were good. Every person spoken with told us they were happy with the care they received and that it met their needs. One person told us, "The staff are very good at their jobs, they couldn't be better."

Supporting people to eat and drink enough to maintain a balanced diet

- When required, people were supported to maintain a healthy diet in accordance with their needs and preferences.
- Where people needed assistance with meal preparation, staff knew their likes and dislikes and supported them to shop for and prepare meals of their own choosing. Comments included: "The carers heat up my meals and always wear gloves and aprons when providing me with food and drinks. They leave me with juice that sees me through till their next visit" and "Food is good. They encourage me to have a healthy diet with plenty of fresh fruit and veg, I choose it when we go shopping."

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- The service worked effectively with other health and social care professionals to ensure people's health and wellbeing needs were met.
- When necessary, staff advised and supported people to access healthcare services.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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 Respecting and promoting people's privacy, dignity and independence

- People and their relatives spoke highly about the standard of care and support provided. They told us they were treated with respect, involved in decisions about their care, felt valued and always listened to. Comments included, "The carers are very good I cannot fault them, they are very kind and caring and listen to what I have to say and chat with me" and "They respect my privacy and dignity as they will shut the curtains in the bathroom and close the door when I am in there."
- People's equality and diversity needs were considered and met by staff.
- Staff had a good understanding of each person's individual needs and personal preferences and this was reflected in comments we received. One person said: "The carers are excellent, and they do everything very well. They know I like coffee in the morning, and they know I like everything tidy, so they always tidy up before they leave."

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

- People were encouraged to express their views; they were listened to and actively involved in making decisions about their care and support.
- Staff supported people to access advocacy services as detailed in the service users guide.
- People, along with family members, were encouraged to share their views about the care provided through care and support plan reviews, surveys, quality checks and meetings with the registered manager and field care supervisor.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- People told us that when they had raised concerns with the management team, they had seen improvements.
- The provider had a complaints policy. We saw two complaints had not been recorded by the registered manager in line with the policy, however we were assured the issues had been addressed. Formal recording was remedied during the inspection.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's individual needs and preferences were considered and reviewed as part of the assessment, care and support planning process and reflected in the care provided. All the people spoken with as part of this inspection expressed satisfaction with the care they received. Comments included: "The carers know me well- they know my likes and dislikes" and "The staff are very kind and caring, and they listen too."
- People had care plans and/or support plans depending on the type of care or support they needed. One person showed us their support plans which clearly reflected their needs, preferences, individual aspirations and life goals. They told us how they were being supported to achieve their ambitions and how this made them feel happy and treated with respect.
- Some of the care plans seen had not been updated when call times had been changed and needed revision. The registered manager told us they were aware of this and were working to an action plan to ensure all care plans were accurate and up to date.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Important information was made available in different ways to help people understand and to promote their involvement. For example, some support plans were illustrated with symbols and pictograms to make them easier to read. The service users guide was also available in an illustrated format.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- Where appropriate, people were supported to engaged in a wide range of activities in their own homes and in the local community. For example, one person told us how staff were supporting them to go to keep fit, swimming and horse-riding on a regular basis.
- Staff clearly understood the importance of supporting people to develop and maintain relationships and,

where appropriate, involved families, and advocates in care and support planning processes.

#### End of life care and support

- The service did not routinely support people receiving end of life care. However, the registered manager confirmed they would support people approaching end of life, working closely with other health and social care professionals and record people's end of life wishes in support plans as appropriate.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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.

Manager's and staff are clear about their roles, understanding of quality performance, risks and regulatory requirements; Continuous learning and improving care

- Systems and processes to monitor the provision of care being delivered were not always effective. For example, neither the registered provider or registered manager had identified that two complaints had not been recorded; or that MCA assessments and best interest decisions were not in place for four of the people who used the service.

Systems and processes to monitor, assess and review the quality and safety of care people received were not effectively used. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service had an improvement plan in place which had been developed with the local authority. The registered manager was able to demonstrate that significant improvement had been made in the last year and representatives of the local authority confirmed this.
- The registered manager, the learning disabilities service manager and all staff spoken with understood their roles and responsibilities and demonstrated commitment to the provision of safe and effective person-centred care.
- Risk was managed effectively, and any measures put in place were the least restrictive and promoted people's rights to live a fulfilled lifestyle.
- Accidents, incidents and safeguarding concerns were appropriately reported, recorded; and acted upon to ensure people received safe and effective care.

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

- Managers and staff had a well-developed understanding of equality, diversity and person-centred care. They told us that the people they support and provide care for were at the centre of everything they did. This was reflected in the comments we received from the people who used the service.
- People were able to share their views about their care in a variety of ways, such as during care plan reviews and the completion of an annual survey.
- A survey of people's views about the quality of care provided was completed in December 2019. This indicated that most people were satisfied with the standard of care and support they received and highlighted areas for improvement. The manager responded to the survey with an action plan which was sent to all people who used the service. However, some of the people we spoke with recalled completing the

survey but told us that they had not received feedback.

We recommend that the provider ensures all people using the service receive a copy of the action plan.

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

- The service had a positive culture that was person centred open, inclusive and empowering. People received care that was tailored to their individual needs, personal preferences and in some circumstances enabled them to archive life goals.
- The people who used the service were unanimous in their praise for the care staff and standard of care they received. One person told us that they had recommended it to two of their friends.
- Staff told us that they worked as a team, respected their managers and colleagues and morale and communication was good.

Working in partnership with others

- The service had established working relationships with other health and social care professionals, who worked closely with the people who received a service.
- Information provided by the local authority demonstrated that managers and staff were working with them to improve the standard of care provided.

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 always work within the principles of the MCA .
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Quality assurance processes and systems were not always used effectively to ensure compliance with the regulations.