

Sage Care Limited

# Sagecare (Derby)

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Sage Care Limited provides personal care to people living in their own homes. At the time of the inspection there were 120 people using the service. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At this inspection there were 70 people receiving personal care from staff at the service.

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

The provider's staffing, risk management, medicines and safeguarding arrangements, helped to ensure people's safety when they received care. Recognised hygiene measures were followed for the prevention and control of infection. Health incidents and near misses were routinely monitored and analysed, to help inform or improve people's care and prevent any further reoccurrence when needed.

There were effective arrangements for the assessment and delivery of people's care in line with nationally recognised standards and the law. People were supported to maintain or improve their health and nutrition; through timely consultation and information sharing with relevant external health professionals and care providers, when needed for people's care.

Staff were trained and supported for their role. People were supported to have maximum control of their lives and staff supported them in the least restrictive way possible. The provider's related policies and systems supported this practice.

People received care from kind, caring staff who knew people well and how to communicate with them. Nationally recognised care values were established and promoted, to ensure their dignity, equality and rights in care. People were appropriately supported and involved to make decisions about their care.

Overall, people received timely, individualised care, which they were positive and happy about. Personal care arrangements to support people's end of life care needs were effectively considered against nationally recognised care standards. This helped to ensure people's dignity, comfort and choice in any event.

The provider was meeting the accessible information standard, to enable people to understand and agree their care in accordance with their assessed needs. Complaints were effectively informed, handled and used to influence care or service improvements needed.

The service was well managed and led; and regulatory requirements were being met. The registered manager and staff understood their role and responsibilities for people's care. The provider operated effective governance arrangements for the quality and safety of people's care; and to ensure their duty of candour and most recent inspection rating for public display. Effective arrangements were established for communication, record keeping and information handling at the service; along with relevant engagement and partnership working for people's care and safety.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 18/02/2019 and this is the first inspection.

#### Why we inspected

This was a planned inspection. The service met with the characteristics of Good in all areas.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Good 

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good 

The service was not always effective.

Details are in our effective findings below.

### Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good 

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good 

The service was well-led.

Details are in our well-Led findings below.

# Sagecare (Derby)

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

Inspection team: This inspection was carried out by two inspectors and an expert by experience.

#### Service and service type

Sage Care Limited is a care service providing personal care and support to people in their own homes. This may include adults and older people living with dementia, a sensory impairment, a physical disability or mental ill health. Not everyone using the service received regulated activity. CQC only inspects the service received by people provided with 'personal care;' help with tasks related to personal hygiene and eating. Where they do, we also take into account the wider social care provided.

There was a registered manager for the service. Like the registered provider, the registered manager is legally responsible for how the service is run and for the quality and safety of the care provided. At the time of this inspection the registered manager was absent with leave.

#### Notice of inspection

The inspection was announced. We gave the service 48 hours notice of the initial inspection site visit. This was because we needed to be sure either the registered manager or a senior manager would be in the office to support the inspection and care staff were available to speak with us. This also gave the provider time to obtain people's consent, for us to speak with them or their relative about their care experience.

#### What we did

We looked at information we held about the service, to help us plan the inspection. This included checking written notifications the provider had sent to us about any important events when they happened at the service. On this occasion we did not ask the provider to complete a Provider Information Return (PIR) before

the inspection. This is information we may ask the provider to send us, usually at least once annually to give some key information about the service, what the service does well and any improvements they plan to make. However, during the inspection we gave the manager opportunity to give us any relevant updates from this.

The inspection site visit activity started on 26 February and ended on 4 March 2020. We used a range of methods to help us understand people's care experience. We visited the office location on 26 February and 4 March 2020 and made telephone calls to people, relatives and staff on 27 February 2020. During the course of the inspection we spoke with eight people who received care from the service and three people's relatives. We also spoke with a deputy manager, a senior manager for the provider, a care supervisor, a care-co-ordinator and six care staff.

We looked at six people's care plans to check whether they were accurately maintained and a range of other records relating to the management of the service. This included, staffing, medicines, communication and complaints records; and records relating to the provider's governance and oversight of the service for the quality and safety of people's care.

Following the inspection

We asked the registered manager to send us additional information to help us validate the evidence we found at the inspection. This related to areas of staff training, care policy, quality assurance and risk management.

# 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 Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm or abuse when they received care from staff.
- People and relatives were confident to report any safety concerns and the provider would act to ensure their safety, if needed. One person told us the provider had listened and acted promptly when they had raised a concern, to ensure their safety.
- Staff we spoke with, understood how to recognise and report witnessed or suspected abuse of any person receiving care. The provider's related staff training and reporting procedures, helped to fully ensure this for people's safety.

fully ensure this. and safeguard people from the risk of harm or abuse.

- People and their homes and possessions were safe when staff provided care. One person said, "I do feel safe; the care staff are very good and I'm not just saying that for the sake of it."

Assessing risk, safety monitoring and management

- The providers risk management systems and related arrangements for people's care helped to ensure people's safety.
- Risks to people's safety associated with their health condition, environment or any care equipment used, were assessed before they received care and regularly reviewed. This was done in a way that met with nationally recognised guidance associated with effective risk assessment for people's care.
- Related care plans showed the care steps staff needed to follow when they provided people's care, to help reduce any risks identified to their safety.
- Staff were informed and understood relevant emergency procedures they may be required to follow for people's safety and also their own when needed. For example, in the event of a foreseen emergency, such as a health incident, adverse weather or to ensure safe lone working for staff.
- People and relatives were confident staff knew how to support people safely when needed. One person said, "I feel confident; care staff support me to use the equipment I need, to help me to shower safely." Another person told us, "Staff are fully trained and know how to help me move safely; they are all very efficient."

Staffing and recruitment

- Safe staffing arrangements were ensured for people's care.
- Before any new staff began to provide people's care; they were safely checked and vetted, to make sure they were safe to do so.
- The provider ensured effective measures for staff planning, deployment and related communication, to help ensure people received safe, timely care as agreed with them. This included an electronic communication and staff monitoring system, which

supported timely information sharing for the ongoing co-ordination, management and oversight of scheduled care calls by dedicated office staff.

#### Using medicines safely

- The provider followed relevant protocols to ensure the safe handling and administration of people's medicines.
- Staff were trained, competency checked and understood how to support people to take their medicines safely, when needed.
- People and relatives confirmed people received the level of support agreed with them, to enable people to take their medicines safely at the times they should

#### Preventing and controlling infection

- The provider's arrangements for the prevention and control of infection helped to ensure people were protected from the risk of an acquired health infection when they received care from staff.
- Staff were trained, equipped and understood nationally recognised universal precautions associated with the prevention and control of infection. This included the provision and correct use, of any personal protective equipment they needed to use for people's care, such as disposable gloves and aprons.
- People and relatives' we spoke with, were happy with the arrangements for cleanliness and hygiene associated with their care. One person said, "The care staff always wear gloves, aprons and are careful to wash their hands regularly; They [staff] always present themselves clean and tidy; they are a good example for the company."

#### Learning lessons when things go wrong

- The provider had effective arrangements in place for the monitoring and review of any accidents, safeguarding or health incidents relating to people's care. This included regular management monitoring and analysis, to check for any trends or patterns that may help to inform or improve people care for their safety.
- The provider had told us about any significant incidents when they happened at the service, to help us check people's safety when needed.
- Related management records we looked at, showed the provider had identified and taken relevant remedial actions when needed for people's care, including to help prevent any re-occurrence. This helped to ensure people's safety in the provider's care.



# 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 Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Overall, the provider's arrangements for the assessment and delivery of people's care was sufficient and effective, in accordance with nationally recognised guidance.
- People's care plans were usually sufficiently detailed to consistently inform their care. For example, in relation to their skin care, nutritional or mobility needs. However, this was not always fully ensured in two people's care plans for their emotional support needs and another person, whose assessment showed they may sometimes need support with their medicines. This meant there was a risk to people from this of receiving care that was not consistently informed.
- We discussed our findings with management, who agreed to take the remedial action required, to rectify this for people's care.
- Otherwise, we found staff understood and followed people's care plans, as agreed with them. .
- Overall people and relatives were happy with the care provided. We received many positive comments about this. Examples included, "Care staff are fantastic; they understand my care needs and routines." "Staff know how to support me; even when I've had someone new, they always know what to do."

Staff support: induction, training, skills and experience

- Staff were trained and supported to provide people's care.
- All new staff received a comprehensive care induction before they began to provide people's care. This included classroom-based training, relevant competency checks and shadowing more experienced staff until they were determined competent and confident to commence their role.
- All new care staff were expected to undertake the Care Certificate. The Care Certificate promotes a national set of care standards, which non-professional care staff are expected to adhere to when they provide people's care.
- A range of bespoke information and training was also provided. This helped staff to understand people's individual health conditions, how they affected them and important aspects of their care, which staff needed to follow to support their wellbeing.
- All of the staff we spoke with were highly satisfied with the arrangements for their training and support. Some of their comments included, "I'm really impressed with the training and support; I have worked in other areas of adult social care; but the training and support here is by far the best." "Fantastic training and support here; they will go at your pace to make sure you are competent and confident, with more time given if you need it."

Supporting people to live healthier lives, access to healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet; Working with other organisations to deliver effective care.

- People were supported to maintain or improve their health and nutrition when needed.
- Staff we spoke with understood people's individual health conditions, how they affected them and their related personal care needs.
- Staff referred to relevant external health professionals and followed related instructions for people's care, when needed. This information was accurately recorded in people's written care plans. For example, for their safe mobility, effective skin care or nutrition.
- Standardised arrangements were in place to ensure relevant information sharing for people's care with relevant external care providers. Such as in the event of a person needing to transfer to hospital, or in the event of any sudden health changes. This helped to ensure people received consistent, timely and informed care, as agreed with them, or their representative.
- We received a range of positive comments and feedback from people and relatives. Examples included, "Staff have an excellent knowledge of my health needs; and act accordingly." "They [staff] know what to look out for, if there are problems and when to involve the right people if my health changes."

#### Ensuring consent to care and treatment in line with law and guidance

We checked whether the service was working within the principles of the MCA, 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 with the appropriate authority. 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.

- The service was working within the principles of the MCA, to ensure people's consent and best interests for their care.
- Staff were trained, understood the principles of the MCA and how to follow this for people's care.
- People's care records showed assessments and decisions for their care had been taken in accordance the MCA. This included any decisions that needed to be made for people's care in their best interests due to a reduced mental capacity from their health condition.
- People and relatives said care was discussed and agreed with them. They also said staff always asked people before they provided care and checked they were happy before and after this was given.
- One person said, "Staff always check with me what to do and how they are going to do it." A relative told us, "They [staff] always ask before they do personal care; My relative [person receiving care] has dementia - staff understand when they need to act in their best interest; This was discussed and agreed from the outset and regularly for the future; [person] speaks very highly of the care staff."

# 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; equality and diversity; Respecting and promoting people's privacy, dignity and independence

- Staff treated people well, knew what was important to people for their care and ensured their dignity and rights when this was provided.
- Staff understood the importance of establishing effective relationships with people and how to communicate and support people in the way they understood and was helpful to them.
- Key service information was provided for people, to help them understand what they could expect from the service. This could be provided in any alternative formats, to help people understand. Such easy read, different languages.
- Feedback we received from people or their representatives consistently showed staff followed the provider's published care aims and values; to ensure people's dignity, rights and inclusion in their care.
  - One person said, "My carers are all kind, caring and patient." Another person told us, "Staff respect me, my home and belongings; and always my dignity and privacy; they are like trustworthy friends." A relative said, "They [staff] always encourage [person] to do as much they possibly can do, to help maintain their independence; which also gives them [person] a sense of achievement."

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

- People and relatives were happy with the arrangements for their involvement to help agree care to be provided.
- Staff followed people's care plans, which showed their individual choices, preferred care routines and communication needs.
- Staff were able to give us good examples, of how they promoted people's choice and involvement in their care. Such as, ensuring people's choice of clothing, food and also, their agreed level of support for their health and independence. People's choice of staff, including any gender preferences, were also taken into account.
- People were informed and supported to access independent advocacy services, if they needed someone to speak up on their behalf.
- One person said, "They always consult with me; I have a say about everything." A relative told us, "They [staff] completely understand [person's] level of insight and always have the right level of conversations with [person], so [person] can retain a say about how things are done."

# 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.

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

- Overall, people received timely, individualised care that met their needs and preferences; and enabled their choice, autonomy, independence and control.
- A few people said there had been occasions when 'stand in' staff, covering for any regular staff absence, had not stayed for the agreed duration of the care call. However, the provider was able to closely monitor and address this through their electronic call system, which they had sought to address as needed.
- Staff understood people's needs and choices for their care and their individual daily living and lifestyle preferences. This information was recorded in people's care plans, which were subject to periodic review, with them or their representative. This helped to ensure people's care was accurately informed in a personalised way.
- People and relatives were positive about the care provided, which they said was usually timely, personalised and responsive to any changes in people's needs.
- One person said, "I am happy with my care plan; it's kept personal to me and it's easy to follow." A relative told us, "The carers are fantastic; whilst [person] was in hospital the carers attended ongoing for their spouse, who also has a package for personal care; but on top of that they went above and beyond and did all the housework to support them."

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.

- The provider was meeting the AIS for people's care.
- People were provided with key service information in an accessible format, to help them understand what they could expect from their care. The provider ensured ready access to a language interpretation service, if this was needed for any person, to help inform, support and agree their care with them.
- People and relatives felt people's communication needs were met and that staff knew how to communicate effectively with people in the way they understood. This was also reflected in our discussions with staff.

Improving care quality in response to complaints or concerns

- The provider ensured effective complaints handling and management, which helped to inform and improve people's care when needed.
- People and relatives were informed and confident to make a complaint or raise any concerns about the

service, if they needed to.

- Records were kept of any complaints received by the provider. These showed complaints usually handled, responded to and actioned to make any improvements when needed for peoples' care and safety.
- From their ongoing management monitoring and oversight of any complaints received, the provider had recognised and acted when a delay had occurred in relation to one complaint. Their subsequent remedial actions to rectify this, also helped prevent any re-occurrence.

End of life care and support

- Introduction of a revised, comprehensive staff training package was in progress, to support people's end of life care in consultation with relevant lead health professional, when needed.
- This was set against nationally recognised standards associated with end of life care, to ensure people's dignity, comfort and choice.
  - Staff we spoke with understood the key personal care principles associated responsive end of life care.
- People's care plans showed if people had made any advance decisions regarding their care and treatment associated with end of life care; or whether they had legally appointed others to make decisions about their health and welfare on their behalf.
- This helped to make sure people's end of life care and treatment met with their needs and wishes, and that any related decisions made on their behalf, were lawful.

# 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 Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider operated effective governance and oversight arrangements for the service, which helped to ensure the quality and safety of people's care; continuous learning and improvement.
- There was an agreed approach for communication, reporting and risk management across the provider's locations. This included to identify and inform risk, common trends and areas for local and strategic service planning and development.
- We found examples of recent areas of service improvement either made or in progress, regarding training and support for people's end of life care, complaints handling and related staff personnel procedures.
- There was a registered manager for the service, who understood and followed the requirements of their registration for people's care.
- Staff understood their roles and responsibilities for people's care. Related management measures concerned with staff performance, support and supervision, helped to monitor and ensure this. One staff member said, "The focus here at Sage Care, is making sure care is of the quality and safety it needs to be; I had a bit of a wobble when I first started in this role; but the manager was fantastic and has really helped me get on track."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had acted when things went wrong at the service; and to ensure they met their duty of candour and for people's safety when needed.
- The provider had sent us written notifications about any important events when they happened at the service, to help us check people's safety there. Related records showed any incidents were usually effectively managed and accounted for. For one incident, where related personnel management procedures had not been effectively followed when needed; the provider had ensured the necessary remedial actions to rectify and reduce any risk to people from this, including to prevent any re-occurrence.
- The provider had ensured the visible display of their most recent inspection rating. This was displayed on their website and at their office for public information.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider operated an person centred, inclusive care culture at the service, which included regular

consultation with people, relatives and staff to help inform or improve care when needed.

- Results of the provider's recent periodic quality survey with people and relatives, showed a number of service improvements, were either made or in progress from their feedback. These related to staffing arrangements and care call timings; complaints handling and information; involvement and decision-making arrangements for people's care.
- The provider operated a comprehensive range of care policies, to inform and guide people's agreed care against nationally recognised, sector relevant care practice and guidance.
- Staff understood the provider's care aims and values, to promote people's rights and best interests in their care. This information was published alongside a range of key service information, to help people and their representatives understand what they could expect from the care to be provided.
- Staff, people and relatives were effectively supported, engaged and involved in service planning and improvement. All we spoke with, said they would recommend the service to friends and family.
- One person said, "I am very satisfied with my care, I wouldn't change anything." Another person told us, "There is nothing they could do better for me."

Working in partnership with others

- The provider worked with relevant agencies and external health and social care partners, when needed for people's care.
  - This helped to ensure people received safe and effective care.