

Sage Care Limited

Sagecare (Lincoln)

Inspection report

Unit 2B
Birchwood Shopping Centre, Jasmin Road
Lincoln
LN6 0QB

Tel: 01522694927
Website: www.sage-care.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Sagecare (Lincoln) provides personal care to younger and older adults living in their own homes some of whom may be living with dementia. The service supported 444 people when we inspected.

Not everyone who used the service received personal care. The Care Quality Commission only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Overall people were satisfied with the care they received directly from staff. However, they remained unsatisfied with the reliability of the service. They reported that call times were inconsistent, and this caused them upset and distress on occasions. The provider had invested in a new rota system to improve this area. However, the implementation had not been successful.

The provider had invested in a new electronic care plan system which once implemented would support staff to see up to date information to enable them to fulfil their role. This system did not contain all that was required to enable full information about people to be available.

We made a recommendation about the first aid training staff receive to ensure it enables them to respond in an emergency.

The provider's checks on the service had not highlighted all the issues we found and therefore changes to make improvements had not been instigated.

We spoke with the provider following day two of the inspection and they responded immediately to make improvements and to support the service to implement changes. We could see on day three that the systems had been upgraded and additional support had been provided. This included outlining to staff their roles and responsibilities which will be an important part of the sustainable improvements.

The culture of the team was positive, and staff felt supported and confident. Their approach impacted positively on the support people received because staff placed people and their preferences at the centre of their care. People enjoyed the care they received and had good relationships with the care workers who visited them regularly. Relatives and professionals were fully involved and consulted by staff to ensure people received the care they required. Staff had an excellent knowledge of the people they cared for.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 7 June 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection not enough improvement had been made and the provider was still in breach of a regulation. The service remains rated requires improvement. This service has been rated requires improvement on two consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified a breach about how the provider understands quality and safety at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will ask the provider to outline how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement 

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 (Lincoln)

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

Four inspectors carried out this inspection. Two visited the provider's office. One visited people in their own homes and one carried out staff interviews over the telephone. An Expert by Experience and CQC support services spoke with people who used the service over the telephone to seek their views. 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

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the CQC. This means that they and the 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 a short period notice of the inspection because it provides support to large numbers of people and we needed to ensure the inspection was organised and carried out with the least disruption. Inspection activity started on 4 June 2019 and ended on 4 July 2019. We visited the office location on 4 and 5 June and 4 July 2019.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with 39 people who used the service and their relatives about their experience of the care provided. We spoke with 29 members of staff including the provider, registered manager, area manager, area director, deputy manager, field care supervisors, care workers, quality assurance staff and administrators.

We reviewed a range of records. This included 17 people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to understand the evidence we collected. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always organised to ensure safety. There was an increased risk that people could be harmed.

Staffing and recruitment

At our last inspection the provider had failed to ensure there was sufficient staff available to meet people's needs in a timely way. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- People still did not always receive care in a timely way. One person said, "I do not feel safe when the carers are late. I sit and struggle myself to try and dress." Another person told us, "If I am honest carers do not always arrive on time. It depends who does the rota. The office does not give staff enough travel time."
- The provider had invested in a new electronic rota system to improve the timeliness of visits, consistency of staff teams and to monitor that staff stayed for the agreed amount of time. This system had not been fully implemented when we inspected and therefore people still received an inconsistent service at times. Once the system was fully introduced with appropriate checks to monitor it people would start to see the benefits. The provider introduced more support for the team to fully roll out the system in between day two and three of the inspection. On day three it was clear improvements had been made.
- The provider operated a safe recruitment process.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Staff understood where people required support to reduce the risk of avoidable harm. However, a new care plan system had been introduced since the last inspection. It did not include all the details staff knew to keep people safe. The provider immediately upgraded the system to ensure it was robust following our feedback. The registered manager and their team had a plan to ensure everyone's care plan contained the details required.

- The registered manager responded appropriately when accidents or incidents occurred and used any incidents as a learning opportunity. A new accident system was in place to ensure learning was recorded.

Using medicines safely

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were safely received, stored, administered and destroyed when they were no longer required. People were encouraged to manage their own medicines where they had those skills.
- Where errors were found during checks we saw they were investigated.
- People told us they were happy with the support they received to take their medicines.
- Staff made plans to ensure they were at people's homes when they needed to take medicines at a specific time.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place. Staff had a good understanding of what to do to make sure people were protected from harm or abuse. They had received appropriate and effective training in this topic area.
- Staff did not always know how they could whistle blow to the provider. Whistleblowing is where people can disclose concerns they have about any part of the service where they feel dangerous, illegal or improper activity is happening. There was a policy with specific emails and numbers staff could call. The registered manager agreed they would advertise this during staff meetings and supervisions.

Preventing and controlling infection

- Staff followed good infection control practices and used personal protective equipment to help prevent the spread of healthcare related infections.

Is the service effective?

Our findings

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

At the last inspection this key question was rated requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- The on-going training staff received to maintain their knowledge and skills did not include a robust first aid section.

We recommend the provider risk assess the level of training staff required in first aid as per legislation and current best practice guidance.

- Staff were competent, knowledgeable and skilled; and carried out their roles effectively.
- Staff had completed a comprehensive induction programme. One told us, "Shadowing other care staff during induction was really good for me. [Name of care worker] is a really good carer and gives me confidence to do things the right way."
- Staff had opportunity for supervision and appraisal. Staff felt supported.

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

- Assessments of people's needs were completed in the areas the care plan system requested. The changes made during inspection will enable a more thorough assessment. Care and support were reviewed regularly.

- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

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

- Where care workers needed to support people with their meals this was carried out in a way which ensured the person used their skills as much as possible to maintain independence.

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

- With the changes made during inspection to the care plan system staff will be able to understand how people's health needs impact on the support they require and monitor them effectively if required.
- Where people required support from healthcare professionals this was arranged, and staff followed guidance provided by such professionals. Information was shared with other agencies if people needed to access other services such as hospitals.

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

- Staff ensured people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives. Records were not always clear where decisions made had been made in people's best interests. The provider agreed to ensure records were available in future.

Is the service caring?

Our findings

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

At the last inspection this key question was rated requires improvement. At this inspection this key question has remained the same. This meant people did not always feel well-supported due to the inconsistent service around their call times. People felt cared for and treated with dignity and respect.

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

- People felt their calls being late or too early caused them emotional upset at times. A relative told us, "The service is either really excellent or it's up the creek without a paddle." One person told us, "It makes me anxious when I don't know what is happening." People and relatives told us they do try to call the office for support and do not always receive a return call or that the office staff are unhelpful. This added to their upset.
- People were treated with kindness. People were positive about the staff's caring attitude. Good relationships had been fostered between staff, people and their relatives. Everyone valued their relationship with staff. One person told us, "There is no question I am very happy with the care I am receiving. I have a carer who is very diligent, conscientious, thoughtful and very empathic."
- Staff spent time to get to know people's preferences. They used their knowledge of people's life history to develop good relationships. One person told us, "I am very satisfied with the service. I'm lucky I have the same carers nearly every week. I think it's very important. I've got some carers close to my own age. I'm more comfortable with them and can build up a friendship."
- Where people were unable to express their needs and choices, staff understood their way of communicating. Staff observed body language, eye contact and simple sign language to interpret what people needed. A member of staff told us, "We always ask people if they are ok when we care for them. If a person cannot speak we wait for them to nod to us."

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

- Staff supported people to make decisions about their care; and knew when people wanted help and support from their relatives. Where needed they sought external professional help to support decision making for people.

Respecting and promoting people's privacy, dignity and independence

- Staff showed genuine concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way. People's right to privacy and confidentiality was respected.
- People were afforded choice and control in their day to day lives. People consistently told us that staff respected their home and family life.
- Staff treated people with dignity and respect and provided compassionate support in an individualised way. A member of staff explained how they had improved one person's independence, they said, "A person asked me to go to the shop for them. I knew they had the ability to do this themselves. So, I encouraged the person to go with me to the shop. I encouraged them to walk and it meant they got out of the house too."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through staff who understood their preferences.

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

At our last inspection the provider had failed to ensure people received care which met their needs and reflected their preferences. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Staff knew people's likes, dislikes and preferences. They used this detail to care for people in the way they wanted. The new care plan system improved the quality of information staff received, to care for people how they preferred, even when the care worker did not know them. The registered manager was working with the team to ensure they looked at such details before they arrived to care for a person for the first time.
- People were empowered to make choices and have as much control and independence as possible, including in developing care plans. Relatives were also involved where they chose to be and where people wanted that.
- People's needs were identified, including those related to protected equality characteristics. For one person it was particularly important due to their disability that certain items such as their phone was within easy reach. Staff told us, "I made an address book for the person, so it was easier to contact people for them." For another person staff respected their choice not to identify with their assigned gender.

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.

- Reasonable adjustments were made where appropriate to meet the information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard. This included supporting people to use technology such as an iPad to communicate due to their disability. Staff told us, "One person uses their iPad to tell us where their pain is, how they are feeling and what food they would like."
- One member of staff said, "We managed to work with one person at their level, using sign language to get

to know how they wanted their support. It took time and lots of listening, we used hand signals too."

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

- Staff supported some people with their social needs. They were supported to access the community, maintain and develop relationships alongside participating in hobbies or activities of their choice. One member of staff told us, "The care co-ordinators put calls together, so we can support one person to go to the over 60's club." A person explained that staff supported them to their painting class once per month.
- Where staff had recognised people were isolated they had instigated a review to challenge this. One member of staff told us, "One person told me they were lonely. I explained everything we could do such as arranging a sitting call to talk and help them out and I also told them about local day services, all of this helped."

Improving care quality in response to complaints or concerns

- People knew how to provide feedback to the management team about their experiences of care and the service provided a range of accessible ways to do this. People and relatives felt they would be listened to if they raised concerns. The provider used any complaints to improve the service where possible.

End of life care and support

- Staff were aware of good practice and guidance in end of life care and knew to respect people's religious beliefs and preferences.
- Work to understand people's preferences had begun to ensure their care plans contained information if required.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent and this impacted on the safety and reliability of the service provided. Leaders and the culture they created supported the delivery of person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The provider had invested in electronic systems for the rota system and care plan system to improve the quality and safety of the service. The implementation had not been monitored to ensure they were effective. Or that the new systems had had the impact on quality and safety required. In addition, the care plan system did not contain all the information required to enable staff to fulfil their role.
- People were overall satisfied with the care they received. However, feedback around their satisfaction with the reliability of their call times was not reflected in the quality assurance data. This had led to a missed opportunity to reflect and improve on the quality of the service by the registered manager and provider.
- The provider had a series of checks in place to ensure the service was safe and delivered quality care and support. The checks had not highlighted the issues we found at this inspection. For example; MCA records and first aid training were not robust, staff knowledge of risk was not reflected within care plans.

The lack of oversight by the provider to ensure systems contained all that was required to enable staff to fulfil their role. And lack of effective systems to ensure a quality and safe service was delivered is a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following day two of the inspection we spoke directly to the provider about our findings. They responded immediately with a plan to implement changes and provide support to the service and registered manager. On day three the systems change and support provided the service with a more robust starting point to implement sustainable improvements. If implemented, they will impact positively on the quality and safety of the service.

- The provider and registered manager had worked to develop their team so that staff at all levels understood their roles and responsibilities. Managers were accountable for their staff and understood the importance of their roles. Staff were held to account for their performance where required.

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

- Leaders demonstrated a commitment to provide person-centred, high-quality care which consistently provided good outcomes for people. People and their relatives told us they were happy with the direct care delivery but dissatisfied with the call times being unreliable. One person told us, "I think the service is well managed, the only problem I have is about the difference in call times in a morning." A relative told us, "[Name of registered manager] is always ready to sit and listen to me, they take their time to talk with me."
- The culture of the staff team was positive. All staff demonstrated they put the people they supported first and did their best to ensure they received care in the way they preferred. Staff told us that the managers were supportive and listened to their views and opinions. One member of staff told us, "We as staff definitely have a voice, managers like us to express our concerns and they do listen."

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 and registered worked in a transparent way, working with people and relatives when things went wrong to make improvements where they were able.

Working in partnership with others

- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care. Also, to aid service development.
- The service worked continually with all partner agencies such as the NHS and local authority to coordinate the care and support people needed. People achieved positive outcomes because the relationships between the organisations were strong and effective.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The provider had not ensured systems to ensure safety and quality were implemented and operated effectively.</p> <p>Regulation 17 (1) (2) (a) (b) (e) (f).</p>