Sage Care Limited

Sagecare (Peterborough)

Inspection report

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Tel: 01733296850

Date of inspection visit:
09 November 2016

Date of publication:
15 December 2016

Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	**Requires Improvement**

Summary of findings

Overall summary

We carried out an announced comprehensive inspection of this service on 26 and 27 May 2016. A breach of legal requirements was found. This was in relation to medication, where staff had not followed the provider's policies in recording prescribed medicines that had been administered and audits of medicines had not been completed effectively. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach.

We undertook this focused inspection on 9 and 23 November 2016 to check that the provider had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sagecare (Peterborough) on our website at www.cqc.org.uk.

Sagecare (Peterborough) is registered to provide personal care to people who live in their own homes in Peterborough and the surrounding area. At the time of our inspection 200 people were receiving personal care from the service and there were 59 care staff employed.

At the time of this inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (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 and associated Regulations about how the service is run.

At our focused inspection on 9 and 23 November 2016, we found that the provider had followed most of their action plan in relation to the risks of medication administration. They had told us the actions would be completed by 30 September 2016. Legal requirements had been met.

Staff had recorded in the medication administration record charts when creams had been applied for people who required them. Some training had been provided to show the impact and consequences if staff did not administer medication as prescribed. Staff competency in the administration of medication had been checked. Audits of medication records had been completed monthly and action had been taken where necessary.

People were at risk because information and authorisation for staff to administer covert medication was not available in people's files.

People's risks were not assessed and measures were not in place to minimise the risk of harm occurring.

Safeguarding referrals had been made to the local authority safeguarding team and concerns had been or were in the process of being investigated.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Risks to people's safety and welfare were not assessed or managed.

Staff did not have the information they needed to administer medication safely.

Sagecare (Peterborough)

Detailed findings

Background to this inspection

We undertook a focused inspection of Sagecare (Peterborough) on 9 and 23 November 2016. This inspection was undertaken to check that improvements, to meet legal requirements planned by the provider after our comprehensive inspection on 26 and 27 May 2016, had been made.

We inspected the service against one of the five questions we ask about services: is the service safe. This is because the service was not meeting a legal requirement in relation to this question at our previous inspection.

The inspection was undertaken by one inspector and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that staff would be available.

Before our inspection we reviewed the information we held about the service. This included the provider's action plan, which set out the action they would take to meet legal requirements.

During the inspection we spoke with the registered manager and the area manager. We looked at care records and medication administration records (MARS) in respect of seven people. We checked staff training records. We looked at records relating to the management of the service, including some of the quality assurance audits that had been carried out.

Requires Improvement

Is the service safe?

Our findings

At our comprehensive inspection on 26 and 27 May 2016, we found that people were not always protected against the risks of harm because staff had not followed the provider's policies in recording prescribed medicines that had been administered. Although there had been systems in place to audit the records these had not been completed effectively. This put people at risk of harm and was a breach of Regulation 12.

During this focused inspection we found that some improvements had been made.

We saw that MAR charts had been completed to show, where necessary, the creams that had been administered. The registered manager said that field care supervisors had undertaken spot checks every three months to observe how staff administered medication, to review their competency and to check the records that they completed. There was evidence that this had taken place.

The registered manager said there were now Medication leads in the office who delivered training in relation to the administration of medication, One of the courses was called 'The impact and consequences of getting it wrong'. The medication leads also went into the homes of people who used the service and checked the information that staff recorded in the MAR charts. The registered manager confirmed that only 30 of the 59 staff had completed 'The impact and consequences of getting it wrong' training, although a trainer now came in to the Peterborough office every other week to provide any training required. In their action plan the provider stated that all staff would receive this training by 30 September 2016.

The registered manager said that the weekly audits, to identify any medication errors had not started but there was evidence that audits of the daily notes and MAR chart booklets were audited each month. There was information that showed that where concerns had been identified, appropriate action had been taken. This included additional training being provided to staff.

People were not always safe because we saw that one person's medication administration details had not been recorded adequately for the month of October 2016. The registered manager checked and confirmed that the staff who provided care to the person knew how to administer the medication and when, as the November 2016 MAR chart in the person's home was correct. Since the inspection the registered manager checked the MAR chart that was in the person's home. They provided photographic evidence that the correct dosage and administration advice was in place.

We saw information in one person's file that stated 'Tablets to be put in my food'. However, the registered manager confirmed the person had not been able to agree that the tablets could be administered in their food. There was no information to show that the GP had been involved or agreed with this medication being administered covertly. This meant the person was at risk because the use of covert medication was not subject to proper reviews or safeguards. The area manager was making checks as we left the service to ensure that the person was not being given medication without their knowledge unlawfully. Since the inspection the registered manager had requested a copy of the covert medication agreement from the GP surgery on a number of occasions but none had been provided by the surgery.

During the last inspection in May 2016 we noted that the level of risk to people was not always managed effectively. During this inspection the registered manager and area manager agreed that there were no individualised risk assessments in place for people, where there were risks that had been identified in the person's care plan. For example, we saw one person had swallowing issues that would indicate a risk of choking. There was nothing in the person's file to indicate how staff should minimise the person's risk of choking or what they should do if the person choked. In three other people's files we saw that although the level of risk in the care plan had been noted that the people were at a medium risk of falling, there was nothing recorded that managed the risk to keep the people safe.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at safeguarding referrals made by the service to the local authority. We found that there had been five safeguarding concerns between August and November 2016. The local authority safeguarding team had been informed of the concerns and investigations by the registered manager had either been undertaken or were in the process of being undertaken at the time of the inspection. Appropriate action had been taken to make improvements to the service where necessary such as staff being disciplined and receiving further training.

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 12 HSCA RA Regulations 2014 Safe care and treatment Medication had been administered covertly but there was no evidence that it had been discussed with, or authorised by, a GP. Care and treatment was not provided in a safe way. People's risks of choking and falls were not properly assessed and managed. Regulation 12 (1)(2)(a)(b)(g)