

Sage Care Limited

Sagecare (Peterborough)

Inspection report

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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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Sagecare (Peterborough) is registered to provide personal care to people living in their own homes. At the time of our inspection a service was being provided to older people, people living with dementia, younger adults, people living with mental health conditions and people living with physical disabilities or sensory impairment. The service has its office in Peterborough and covers the Peterborough and surrounding areas. There were 182 people receiving personal care from the service and there were 71 care staff employed, at the time of this inspection.

This comprehensive inspection took place on 7, 8 and 9 June 2017 and was announced.

At the last inspection on 9 November 2016 there was a breach of the legal requirements found. We found that improvements were needed to ensure that people were protected against covert medication administration and that risks were assessed and managed effectively. The provider told us that they would take the required action by 15 February 2017.

During this inspection we found that the provider had made some improvements in relation to the previous breach. Authorisation of covert medication had been agreed, but clearer information was needed from the GP to ensure people were kept safe. Risks had been assessed and managed effectively. Staff understood the risks and how to minimise them.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Most people had their needs assessed and reviewed so that staff knew how to support them to keep their independence. Staff treated people with care and respect and made sure that their privacy and dignity was respected all of the time.

The provider's policy on administration and recording of medication had been followed by staff. Audits in relation to medication administration had been completed but were not robust, as they did not always identify all areas of improvement required.

People had had their needs assessed and reviewed so that staff knew how to support them and meet their requirements. Most people's care plans contained person centred information which detailed people's likes and dislikes and how they wished to be supported. However, other care plans we saw did not include details of people's preferences.

There was a system in place to record complaints. These records included the outcomes of complaints and how the information was to be used by staff to reduce the risk of recurrence.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and could describe how people were supported to make decisions. Training had been provided by the service and staff were aware of current information and regulations regarding people's consent to care. This meant that there was a reduced risk that any decisions, made on people's behalf by staff, would not be in their best interest and as least restrictive as possible.

The provider had a recruitment process in place and staff were only employed in the service after all essential safety checks had been satisfactorily completed. Staff received an induction when they started work and further training was available for all staff which provided them with the skills they needed to meet people's requirements.

People and their relatives were involved in how their care and support was provided. Staff checked people's health and welfare needs and acted on issues identified. People were supported to access health care professionals when they needed them. People were provided with a choice of food and drink.

People, relatives and staff were able to provide feedback and information. The management provided an open culture. There were systems in place to monitor and audit the quality of the service provided. However, some audits were not effective and this meant that the provider was not always able to drive forward any necessary improvements.

Staff meetings, supervision and individual staff appraisals were completed regularly. Staff were supported by the registered manager, a care manager, two field care supervisors, two co-ordinators and one administrator during the day. An out of hours on call system was in place to support staff, when required.

We found one breach of the Health and Social Care Act 2008 (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.

People were administered their prescribed medication.

Risks to people's safety and welfare had not always been assessed but staff knew how to manage the risks effectively.

People were protected from harm because staff understood what might constitute harm and what procedure they should follow if they thought someone had been harmed.

The recruitment process ensured that only suitable staff were employed to work with people they supported.

Is the service effective?

Good 

The service was effective.

People were supported to meet their needs by staff who had the necessary skills and competencies.

Staff had received training and understood the principals of the Mental Capacity Act 2005.

People had access to healthcare professionals when they needed them.

Is the service caring?

Good 

The service was caring.

People's dignity, privacy and independence were respected.
People were involved in decisions about their care.

People received care that was kind and caring.

Is the service responsive?

Requires Improvement 

The service was not always responsive.

Care plans were not always up to date or sufficiently detailed.

There was a system in place to receive and manage people's concerns and complaints. Outcomes from complaints had been used to reduce the risk of recurrence.

People were involved in the assessment and reviews of their health and social care needs. People received individualised support from staff who were responsive to their needs.

Is the service well-led?

The service was not always well-led.

There was a registered manager in place.

Audits had been completed but issues had not been identified to improve the service. Quality assurance systems were in place to assess the quality of care for people.

Staff were supported by the registered manager and staff in the office.

Requires Improvement 

Sagecare (Peterborough)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 7, 8 and 9 June 2017 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 someone would be available in the office. The inspection was carried out by one inspector and two experts 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. Their expertise was in relation to physical impairment, sensory impairment and older peoples services.

Before our inspection we looked at information we held about the service including notifications. A notification is information about important events which the provider is required to tell us about by law. We also received feedback about the service from representatives of the local authority's safeguarding team and contracts monitoring team; this helped with our inspection planning.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We reviewed the information to assist us with our planning of the inspection.

During the inspection we spoke with 25 people who used the service and four relatives of people who used the service. We spoke with the registered manager, regional manager and seven care staff.

We looked at six people's care records, quality assurance surveys, staff meeting minutes and medication administration records and audits. We checked records in relation to the management of the service such as staff training records.

Is the service safe?

Our findings

At the previous inspection in November 2016 we found that the provider was breaching one legal requirement in this area and was rated as requires improvement. We found at this inspection that the provider had made some improvements because covert medication had been discussed with the GP and risks to some people had been assessed and minimised.

Improvements had been made because we found that information about covert medication had been provided by the GP. However, during the inspection further information was requested by the registered manager because the GP had not listed the specific medications that were to be administered covertly.

There had been some improvements in relation to the physical and health risks that people were exposed to. This was because the level of risk to people was managed effectively for those whose files had been updated. The registered manager said that four of the six files we looked at had not been updated using the new, more detailed risk assessments. Areas of risk had been identified and examples included being at risk of falls, risk of poor skin integrity and the use of equipment for moving and transferring people. We saw information in relation to how risks had been managed. For example, we saw that one person could be in pain when being assisted to move. There was information on the way staff should ensure the person was not at risk or what to do in the event of the risk occurring. Another person had a risk in relation to their skin integrity. There was information to show that the persons skin was checked when they were provided with care. Information in their risk assessment showed that if their skin integrity showed any redness or deterioration the staff would alert the required health professional to visit where necessary. One relative commented, "[Person] is at risk of getting sore skin but they [staff] are so good they notice when there will be a breakout."

One staff member said, "If there are any changes [about the risk assessments] we would sometimes get a call [from the office staff] to tell us." They went on to say that if they saw that a person's risks had increased they would know what to do to lessen the risk and would then telephone the on call staff in the office who would ensure an assessment of risk was made as soon as possible. We were confident that the registered manager would ensure all files had been updated and audited as soon as practicable.

People felt safe with the service and the staff who supported them in their homes. People said things such as, "Yes I do [feel safe]. I have regular carers at the moment and they're good," "They [staff] look after you very well" and "Yes because I know they [staff] wouldn't do anything to put me in danger." One relative said, "Yes. We're happy with all the carers." Another relative said, "Yes I do [feel my relative is safe] because they [staff] look after them responsively and take great care of them and their home security. They ensure doors are locked and windows are shut." One person did comment that the service was much better during the week, as opposed to the weekends where they were less satisfied. The registered manager was aware of the issues around staff rota's and availability of staff at weekends and had already had one recruitment drive for new staff.

Staff confirmed that they had undertaken training in safeguarding people from harm and were able to

explain the process to be followed if incidents of harm were to occur. One member of staff said, "There are different areas of abuse [harm] like financial, emotional, and physical. I would note any bruises [if physical] and contact the office." Another member of staff commented that the office staff would contact social services who dealt with incidents of harm. We saw that training records showed staff had received training in respect of safeguarding adults which was in line with the provider's safeguarding policies.

People were administered their prescribed medications. One person told us, "They [staff] handle it all [medications], they give it to me 4 times a day on time, they take notes and put it in the book." A relative said, "They just do [person's] eye drops, they fill out the chart afterwards." We saw that some people's medications needed to be administered 'as required'. However, we found 'as required' medications did not always have protocols in place. Staff we spoke with knew when these medications should be used and said that people had capacity and had the ability to tell staff if they needed the 'as required' medications. We saw that staff had recorded the number of tablets administered where there was a choice of one or two tablets to be taken. In one person's file we saw that staff had recorded good details of why medications had not been administered but that was not always the case.

Information in the PIR showed that medication management was on an ongoing review basis. There was a medication system where the registered manager was able to identify the level of support people required in medication administration and the risks in relation to that support need.

Staff said, and records showed, that they had undertaken the necessary office based training in medication administration and had their competency checked by senior staff in the service. Further training in relation to the impact on medication, such as missed doses and timing of medications were seen in staff files.

We saw that there was a sufficient number of staff to meet the needs of people using the service. However, there was a mixed response from people. Some said there had been missed calls and therefore they did not receive the care they needed. Some said they 'phoned office staff who sent a member of staff to provide the care necessary for them, and others were very happy and said there had been some late calls but they had always received the care they needed. For example one person said, "There have been times where I have had no care, last week was the last time." Another person said, "There has been a time [when staff did not arrive], I phoned the office, they sent another care worker. There have been no problems recently." A third person said, "Yes I was getting worried when nobody came to put me to bed once but they came eventually." The registered manager was aware that there had been problems with late and missed calls. They had been in touch with the local authority contracts department to discuss the issues and employed a member of staff in the office to 'phone staff in relation to any changes in the rota as well as 'phone staff regularly through the day to check they had completed the calls expected.

People and relatives had mixed views of how the service covered staff holiday or sickness. Some people said, "They always put another one [staff member] in place" and "I am informed and they send a replacement." One relative said, "They send in someone else, usually someone we have seen before." However some people said, "They send someone I don't like and doesn't know my routine" and "They will provide somebody else, but the rota is hit and miss."

We saw that there was a policy in place in relation to recruitment. We saw that staff only commenced working in the service when all the required recruitment checks had been satisfactorily completed. Staff told us that they had provided a number of documents which included an application form, a disclosure and barring service criminal records' check and references. This meant that there were checks in place to make sure that only suitable staff of a good character worked with the people they provided a service to.

Is the service effective?

Our findings

The provider told us in their PIR, "All our staff are induction trained and complete the Care Certificate prior to working independently within the community. All staff complete the annual update training to refresh and update their skills and knowledge." Staff told us, and records confirmed, that they had completed either the Skills for Care Common Induction standards or Care Certificate as well as other training specific to their roles.

Newly appointed staff told us that as part of the induction training there was an English and maths exam together with training workbooks such as medication awareness, moving and transferring, dementia, safeguarding adults and children, diabetes awareness and privacy, dignity, independence and choice. After the completed workbooks had been assessed the staff told us they went out with a more senior member of staff to see how to provide the care that people required. The staff member was then monitored and observed providing care by a senior member of staff to ensure they were deemed to be competent. One person using the service said, "Yes experienced carers have brought in trainee carers to shadow and supervise them doing the care on me."

There was a training plan in place which identified when staff needed to complete the updates for office based courses. The courses were completed by a trainer who then signed staff as competent on completion of the courses. One relative said, "Yes, [staff have had training] because they know what they are doing and are helpful and consult me if they are unsure." This meant that people were being looked after by staff who had received training to support and meet the needs of people living in their own homes.

We checked to find out if people were being looked after in a way that protected their rights. We found that the provider was ensuring that people's rights were respected in line with the Mental Capacity Act 2005 (MCA). The 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.

We checked whether the service was working within the principles of the MCA. We found that people's rights were being protected from unlawful decision making processes. At the time of our inspection the staff we spoke with said that people who received a service had the mental capacity to make decisions about their care.

In their PIR the provider stated that 63 members of staff had received training in MCA and Deprivation of Liberty Safeguards (DoLS), and staff confirmed this. One member of staff said, "People have the right to do what they want and we respect that." Another staff member said, "We let the service user make their own decisions such as what to wear or what to eat. We offer them choices, like showing them two meals for them to choose." People we spoke with said they were able to make choices for themselves. One person said, "Yes they [staff] ask for consent." One relative said, "They ask her things like if she is ready."

There was evidence and staff confirmed that they received one-to-one supervision on a regular basis. One staff member said, "Yes I have had a one-to-one meeting a couple of weeks ago. It's a regular thing. I also had an appraisal that is yearly and that was a couple of months ago." A new member of staff said, "I haven't had a one to one meeting yet but have been to a supervision all together [team supervision] to update medication information." Staff said that they felt well-supported and worked "as a team".

We checked to find how people's nutritional health was met. Some people and relatives we spoke with told us they provided their own meals. Most people who were supported by staff from the service commented positively about the meals. For example one person said, "I will only eat certain foods every day and they know that but they do ask just in case [they had changed their mind]." Another person said, "Yes and I get a choice, they tell me what is in the fridge and when it expires." However one person did comment that they "get carers that can't cook." Staff told us that they usually cooked frozen meals or provided sandwiches for people. People and their relatives told us that drinks were left for them so that they had fluid available. We saw that in May 2017 all staff had been sent information to ensure people had sufficient fluid available for the day to eliminate the risk of dehydration as the weather got warmer.

We found that people's health and well-being was being met. One person said, "If I am not well, they will nag me until I phone the doctor, I told them I was fine recently and it turned out I [was not] so I know to be honest from now on." Another person said, "They always ask me if I am alright when they come in." One relative said, "Yes they [staff] have phoned the doctor before when [person] has been unwell." Staff said that there were procedures in place if a person was unwell. This included ringing the 111 service, 999 if an emergency, recording the incident and telephoning the office staff for them to complete other tasks such as contacting relatives where necessary.

Is the service caring?

Our findings

People and their relatives made a number of positive comments about the staff who provided their care and support. One person said, "Yes the ones I have got [staff], they constantly ask questions in a caring way." Another person said, "Every day they [staff] treat me with respect and check I have everything I need, if I am feeling depressed they will chat with me." Another person said, "Another relative said, "They [staff] are caring and careful with their patients [people using the service] which is good; and capable of having a good laugh with you and serious when they need to be." One relative told us, "They [staff] treat [person] well, they talk to [person] and show an interest."

Relatives and people using the service were involved in decisions about their needs and how they wished to be supported. For example one person said, "Yes [I'm involved] and even changes to my care, if I want something done differently." Another person said, "Yes I do [feel involved] because if a new carer comes and I can't get on with them, if I tell the office they will change them, it is nice to have the same carers all of the time." A relative said, "Yes my [family member] is [involved]; we are both involved."

People and their relatives understood about the plans about their/ their family members' care and that their views were at the centre of the support provided by the staff. One person said, "Yes, they [staff] check it [care plan] regularly, I am involved, they ask me questions." Another person told us, "Yes, every now and then they [staff] come and change the care plan and they tell me what they are putting." Staff told us that they were usually informed if there had been any changes in individual people's care needs but they always read the care plans and risk assessments when they went to the person's home to provide their care. One staff member said, "The information is in the care plan and I follow that." This meant people could be assured that the support the staff provided was up to date.

People and their relatives confirmed they usually had regular staff to support them. Staff told us there were times when changes were made to the rota, which meant they supported people they did not know well. Staff were clear that there would be sufficient information in the person's home to enable them to meet people's care needs. One staff member said, "If there is a new service user there is a care plan in place when you get there. If there was little information I would contact the office and talk to the service user about what they want help with."

People were enabled to remain as independent as possible and remain in their own home with support from staff in the service. One person said, "The carers let me do what I can, such as wash my face." Another person said, "Washing me and helping me to get dressed, I feel like a different person having that." One relative said, "They encourage [person] to do as much as they can without pushing [person]."

Is the service responsive?

Our findings

The registered manager said that they were aware that care plans were not sufficiently detailed but that 70 per cent of the files of people using the service had been updated since they started in the service. The information in the care plans we looked at was individualised but only in two out of six was it detailed. The two files where there was more detail had been written using the new care plan methodology. For example, where two staff were required for moving and transferring this was recorded and staff confirmed it always took place. However, two people we spoke with said they had requested only female staff for their personal care but had male staff provide some care. We spoke with the registered manager who said the new care plans included whether people preferred male or female staff, but the old ones did not. They therefore arranged for office staff to visit those people to write new care plans and to discuss changes in their rota to ensure only female staff provided the personal care they needed.

In one person's file it showed that they had four calls made by staff in the service. However information in the care plan only showed care being provided once a day. The registered manager checked that staff were providing the level of care required and what care was being provided, but was unable to explain why the care plan had not been updated when increased care calls had been agreed. A senior member of staff was sent to update the care plan the next day.

People and their relatives told us they were involved in the assessment and regular reviews of the care and support being provided by the service. One person said, "Yes I have a care plan, a review was a couple of weeks ago and [staff checked to] see if I'm satisfied." One relative said, "Yes, within the last three months there was a review and we are all involved." This meant people had regular opportunities to talk about their changing needs or any concerns about the service.

Staff were aware of the current guidance for each person and could provide the consistent support that people needed. One staff member said, "There is information about people's life histories, illnesses, personality and medication. We talk to people and get to know what people like." People told us that staff knew them because they usually had the same staff team. One person said, "They [staff] know about my food problems."

There was a policy and procedure in place from the provider on how to deal with concerns or complaints. People and their relatives knew how to make a complaint and had the necessary telephone numbers in the service folders in their homes to enable them to do so. Five people told us they had raised a complaint in relation to individual staff members. All said the staff member they had complained about was not sent to provide their care again. One person said, "I would pick up the phone [if they needed to complain]. I had one carer I didn't feel comfortable with and they didn't send them again." Where people had made a complaint they told us that the issue had been dealt with quickly and they had been happy with the outcome. The registered manager told us that 16 complaints had been received in the previous 12 months. The provider had responded to the complainants and ensured that lessons were learned to improve the service. Information in the provider's PIR showed that, "Missed calls had been investigated and disciplinary procedures implemented and action taken to improve the service." This included amending the system of

staff allocation (rota's) to ensure a more effective process. Staff were able to tell us how they would help a person they were caring for make a complaint if they wished to.

Is the service well-led?

Our findings

The provider had a system in place to monitor and improve the quality of the service. There was an audit process to check the record books returned from people's homes. The books contained the daily notes recorded by staff, checks on skin integrity and the medication administration record (MAR) charts. The registered manager said that the audits were completed by staff in the office and signed as correct by senior staff. However, although we saw that books had been audited and signed as correct there were issues that had not been noted and therefore not investigated or actioned. For example, in the daily notes of one person we saw that they had been administered eye drops. There was nothing in the MAR chart about the drops and there was nothing in the care plan. A supervisor said that the person had had an eye operation and had asked staff to administer the eye drops but it had not been recorded in the MAR chart. Information in one person's MAR chart showed that antibiotics had been prescribed by the GP for a three day course. The MAR showed that five days of the antibiotics had been administered. The registered manager investigated and found that a second course had been prescribed but not recorded appropriately on the MAR chart as required by the provider in their medication policy. This meant people could be at risk because errors and omissions in recording information had not been recognised and addressed.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a registered manager in post at the time of the inspection. The registered manager understood their responsibilities and had support systems in place to enable them to manage the service. The registered manager was supported by a regional director, one care manager, two field care supervisors, two co-ordinators, one administrator and 71 care staff.

People had mixed views about how the service was managed. Some people were positive and said, "Yes because whenever you ring up and ask them about something, they always oblige," "Anytime I need them for queries or problems they sort it immediately" and "It seems to run smoothly to my liking." However, other comments were, "No because they [staff in the office] don't listen" and "I just think that certain areas like time keeping and letting people know who is coming could be better." Relatives commented that overall they were satisfied with the management of the service.

The provider had an out of hours 'phone system for people, their relatives and staff to be able to contact senior staff in the case of a concern, issue or emergency. People and their relatives told us they found it easy to contact staff in the office. People made comments such as, "Yes when I ring there is someone," and "I've always managed to get hold of somebody." Another person told us that they had contacted the registered manager as they did not have confidence in the office staff. They went on to say that the issue had been dealt with by the registered manager to their satisfaction. A relative told us that if the 'phone was not answered they left a message and they had always had someone from the office call them back. Staff were aware of the out of hours contact numbers and said there was always someone at the end of the phone to help them.

Staff told us they felt supported by the registered manager and other managers. One staff member told us the registered manager "Is a lot better. Everyone [staff] seems to be getting on." Staff told us the registered manager was very approachable. One staff member said, "The new [registered] manager is really nice and you can talk to her and she listens. She has a friendly approach."

Staff said there were team meetings and we saw minutes of the June 2017 meeting. The minutes included information about issues arising from staff practice such as daily record entries, use of personal protection equipment such as gloves and aprons to be worn for personal care and key rules for completing MAR chart records. This showed staff had been provided with the appropriate information in relation to areas of their work. This meant staff had the information they needed to improve the service.

People could be confident that there were procedures in place to review the standard of care staff performance. This was done through monitoring by senior staff who visited care staff during their visits to people. This was confirmed by staff and people we spoke with.

Care staff were aware of the values and aims of the service. One member of staff said, "It's about looking after people who can't look after themselves. It's a positive service and helps people in need." Staff told us that they would be happy to recommend the service to their friends or families.

The registered manager said that a system was in place to ensure that people's views about the quality of the service were taken into account. Information in people's files showed there were quality assurance visits to people in their own homes or telephone calls from staff in the office to people. Where issues were raised it showed that action had been taken. For example one person had commented negatively about a particular member of staff who provided their care. Changes were made and they no longer had care provided by that staff member. People were provided with information about the provider and the service through newsletters. One person said, "I find them [Sagecare Peterborough] efficient and listen to anything you want to say and I get monthly newsletters, they are a good company." The registered manager said that the provider sent out quality assurance questionnaires each year independently of the service. A report would be sent to the registered manager once the questionnaires had been collated and any issues arising would be sent in a report. The registered manager was expecting a report from the head office in the near future.

The registered manager was aware of any incidents that occurred within the service that they were legally obliged to inform the Care Quality Commission (CQC) about. Records we held about the service, and looked at during our inspection confirmed that notifications had been sent to the CQC as required. A notification is information about important events that the provider is required by law to notify us about.

Staff told us that the service had a policy and procedure in place in relation to 'whistleblowing' so that they could report any poor practice and would do so if necessary. Staff felt they would be supported but had never had to raise a whistleblowing concern.

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>Although appropriate systems and processes were in place to audit the service these had not been completed effectively.</p> <p>Regulation 17 (2)(a)</p>