

Sage Care Limited

# Sage Care (West Midlands)

## Inspection report

Castlemill  
Burnt Tree  
Tipton  
West Midlands  
DY4 7UF

Tel: 01212277748

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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?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Sage Care (West Midlands) is a domiciliary care service registered to provide personal care. At the time of the inspection the service was providing care to 295 people in their own homes.

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.

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

Systems and processes in place had failed to identify a number of areas that we found during the inspection. Guidance given to staff to ensure people received their medicines as prescribed was not consistently followed for one person. Staff were not routinely provided with travel times between calls and call monitoring systems were not effective in identifying where people's calls were consistently late or had been changed by care staff.

Systems were in place to record and act on accidents and incidents, but these were inconsistently recorded. Where these events had been recorded, there was a lack of analysis taking place of the information gathered. This meant opportunities could be lost to learn lessons from events. People's views of the service were sought through telephone and face to face surveys, but where concerns had been raised, they were not consistently responded to and acted on.

The service had been taken over by new providers approximately 12 months ago. Staff felt well supported and described the process of transferring from one provider to another as seamless.

People were happy with the service they received and felt safe when supported by staff in their own home. Staff were aware of the risks to the people they supported and had been provided with the training and information required to support people safely.

People were happy with the support they received with their medication, but we found systems had failed to identify gaps in recording in Medication Administration Records [MARS]. Staff used correct equipment, such as gloves and aprons when assisting people.

People were supported by staff who felt supported and listened to and had their competencies regularly assessed to ensure they continued to support people in line with their care needs.

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.

Staff were aware of people's individual needs and preferences and where support was required at mealtimes, this was provided. Staff were aware of people's individual healthcare needs and supported them to access a variety of healthcare services where appropriate.

People considered staff to be kind and considerate and had positive relationships with the care staff who supported them. People were given choices and supported to make their own decisions where possible. Staff supported people to be independent and ensured their privacy and dignity were maintained.

People and their relatives felt involved in the development of the care plans. Care plans were reviewed and updated and staff were kept informed of any changes in people's care needs. The service was responsive to people's changing needs. Where people had raised complaints, they were responded to appropriately and people told us they were happy with the outcome.

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

This service was registered with us on 26 February 2019 and this was the first inspection.

#### Why we inspected

This was the first planned inspection of the service.

#### Enforcement

We have identified a breach in relation to Regulation 17 in relation to the management and the oversight of the service.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

**Good** ●

### Is the service caring?

The service was caring.

**Good** ●

### Is the service responsive?

The service was responsive.

**Good** ●

### Is the service well-led?

The service was not always well led.

**Requires Improvement** ●

# Sage Care (West Midlands)

## 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

The inspection was carried out by an inspector, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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 Care Quality Commission. 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 the service 48 hours' notice of the inspection. This was because we wanted the provider to contact as many people as possible to enable us to call them before, during and after the inspection. Inspection activity started on 21 February 2020 and ended on 26 February 2020. We visited the office location on 24 and 25 February 2020.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection under the previous provider. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection-

We spoke with 16 people who used the service and 10 relatives about their experience of the care provided. We spoke with 19 members of staff including the registered manager, regional manager, care co-ordinators, care field officers and care workers.

We reviewed a range of records. This included five 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.

# Is the service safe?

## Our findings

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

This was the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- Call monitoring systems in place were not consistently effective. We came across examples where calls were not being carried out at the agreed time and call monitoring had not identified this.
- Staff told us they did not always get travel time between calls, but the majority of their calls were close together and they did not consider this to be a problem. However, from our conversations with staff and people it appeared some staff were changing the times of some of their calls without the knowledge of the office and this was having an impact on care delivery for some people. For example, one person told us, "At one time the morning call was a 6.00 am. It has been moved a number of times and it's 7.30 am, but I'd prefer it at 6.30 am."
- We raised our concerns with the registered manager and the regional manager regarding the lack of travel time between some calls and the experience that some people were having with regard to their calls being late. The registered manager advised they would look into each individual concern we raised regarding late calls. The regional manager confirmed they were aware of these concerns and were working towards bringing in travel time between calls.
- The majority of people we spoke with told us they had no concerns in relation to the timing of their calls. They told us they had not had any missed calls but occasionally a care staff member may be late. One person told us, "They [care staff] always turn up on time, morning and teatime." However, we spoke with a number of other people whose calls were not always on time. For example, one person told us a call that had been arranged for 7.00am had not taken place until 11.00am that day. They told us they had not received a phone call to alert them and no apology had been received for the lateness. These concerns were immediately raised with the registered manager who agreed they would investigate this.
- There was a recruitment process in place to ensure people were supported by safely recruited staff who provided satisfactory references and completed Disclosure and Barring Checks [DBS] prior to being employed by the service.

### Using medicines safely

- Where people required support with medication which had to be administered at specific times, the service was not always able to meet their needs. For example, for one person, medication had to be administered every four hours, but we saw on a number of occasions staff had not adhered to these times which could reduce the effectiveness of the medication. We raised this immediately with the registered manager who made arrangements to meet with the person and ensure appropriate action was taken.
- Other people spoken with told us they had no issues in relation to the support they received with their medication. One person told us, "Yes it all works really well, one time there was an issue with the medication delivery from the chemist and the care worker actually went and picked it up."

### Learning lessons when things go wrong

- Individual lessons were learnt when things went wrong. Accidents, incidents and safeguarding concerns were reported, investigated and acted upon.
- The provider had identified a possible lack of reporting of some events to the office. It was clear these events were recorded in daily records, and work was underway to check that where appropriate, accident forms were also completed, and this information passed to the office for analysis.
- There was currently no analysis of these events to inform the provider of any potential trends and lessons that could be learnt. The regional manager confirmed the provider had systems in place to carry out this analysis and were committed to ensuring this was done as soon as possible.

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

- People were supported by staff who had received training in how to recognise signs of abuse. Where safeguarding concerns had been raised, they had been reported and responded to appropriately.
- One member of staff described the actions they took when they raised a safeguarding concern, they told us, "I contacted the office and they filled in the form and contacted social services."

### Assessing risk, safety monitoring and management

- People told us they felt safe and supported by staff in their own home. One person told us, "I do feel safe, I have a hoist and that's why it's important to have the same staff, they know what they are doing." A relative said "Yes I do feel person is safe because it's working all right and its regular people." Staff spoken with were aware of the risks to the people they supported.
- Prior to packages of care being accepted assessments were completed to ensure the service was able to meet the needs of the person. These checks included environmental risk assessments and ensuring staff were trained to meet people's particular needs.
- Staff were able to describe how they supported people safely and what they told us was documented in people's care plans and risk assessments. For example, staff described how they supported someone at mealtimes who was at risk of choking. For people who needed to be hoisted, care plans and risk assessments provided detailed instructions for staff on how to do this safely.
- Where people's needs changed, we saw risk assessments were updated and staff told us they were kept informed of any changes in people's care needs.

### Preventing and controlling infection

- People told us staff always wore aprons and used gloves when they supported them. Staff confirmed they had access to these supplies through the office.



# 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 was 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

- People told us they were involved in planning of their care and were happy with the care and support they received.
- The assessment process meant staff were provided with the information they required to meet people's needs. We saw people's needs were assessed to ensure the service was able to support them effectively and safely.
- The registered manager had recently attended an Equality and Diversity workshop and was looking at ways of ensuring all the protected characteristics under the Equality Act were incorporated in the pre-assessment process. Staff spoken with were mindful of the need to consider people's sexuality and gender identity when supporting them.

Staff support: induction, training, skills and experience

- People considered the staff who supported them to be well trained and experienced at their job. One person told us, "Yes, they [care staff] know what they are doing, and they ask me what I need" and a relative said, "They keep comprehensive notes so I can see what's been happening and they always keep me up to date."
- People were supported by staff who felt well trained and supported in their role. Staff spoke positively about the recent changes to the training that was provided and how easy it was to access this.
- Staff told us if they were unsure of anything, they could easily ring one of the office staff for support. One member of staff said, "If you need them [management] they are there, if you message [registered manager's name] and email her she will get back to you." They went on to describe a particular incident involving the person and the additional support that was provided by the registered manager.
- Staff received regular supervision (one to one support) and their competencies were regularly assessed.

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

- People who were supported at mealtimes, were happy with the service provided. One person told us, "[Care staff] warm my dinner up and do my breakfast; ask me what I want."
- Staff were aware of people's dietary needs, preferences, and how to support them safely at mealtimes, where appropriate.

Staff working with other agencies to provide consistent, effective, timely care

- From records seen, we could see staff worked closely with other agencies and each other, to ensure people were provided with person centred and effective care. For example, the assessment process including checking to see if people needed any additional equipment or aids and then contacting those

organisations to access those items prior to care commencing.

Supporting people to live healthier lives, access healthcare services and support

- People were supported by staff who were aware of their healthcare needs and knew how to access healthcare services on their behalf. One person told us, "They [care staff] know me and my health conditions and so they know what I need" and another described how an ambulance had been called for them when they were taken ill.
- Where care plans highlighted people's particular health care needs, fact sheets on each health condition were made available to staff. The registered manager told us, "They are really good and if staff have a new person [to support] they can read about it."

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.

- People told us staff obtained their consent prior to offering support. One person told us, "They [care staff] always ask me what I would like, and don't assume."
- Staff spoken with were aware of the importance of obtaining people's consent prior to offering support.

# Is the service caring?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People felt well treated by the care staff who supported them and described them as kind and caring.
- People told us they looked forward to their carers arriving and described being supported by a consistent group of staff, who were friendly and who they could chat with and have a laugh and a joke. One person told us, "They [care staff] are so gentle and kind" and another said, "Yes [staff have a caring attitude] It's the little things and the attention to detail."
- Two people told us they had been so impressed by the kindness of the staff who supported them, that they contacted the office. One relative told us their family member had an accident and staff helped to sort this out, even though it was not their role and the relative called the office to thank them.
- People told us staff routinely asked if there was anything else they needed doing before leaving a call.

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

- People told us they were involved in making decisions about their care.
- Staff respected people's views and listened to how they wished to be supported.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who respected their privacy and dignity. A relative told us, "They [care staff] know mum and mum knows them. They respect her dignity and talk nicely to her and keep her happy."
- Care records highlighted how staff should be encouraging people's independence. Staff spoken with were mindful to encourage and support people to do as much as they could for themselves and help them retain some level of independence.

# 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

- The service was responsive to people's needs. Staff told us if they felt people's needs had changed and they needed additional time for a call, then they could call their care co-ordinator who would in turn contact the local authority to make the appropriate arrangements to get the call extended.
- People told us they were involved in the planning and review of their care and we saw evidence of this. They told us they were supported by a consistent group of staff who had got to know them and how they liked things to be done. A relative told us, "It works so well as they really know [person] so they can notice things and will do the little things that make all the difference."
- Discussions with staff confirmed they knew people well, what was important to them, how they liked to be supported and any particular routines that staff needed to be mindful of.

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.

- Communication care plans were in place, providing staff with the information they needed to communicate effectively with people. We saw one person's care plan instructed staff to speak slowly to the person and to also ensure their glasses and hearing aid in. We saw the daily notes for this individual and all staff consistently recorded they had ensured the person had these items to hand.
- Where people's preferred way of communicating was through another language, the registered manager ensured these needs could be met prior to taking on a package of care.

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

- Efforts were made to keep in touch with friends and relatives in order to help people maintain relationships and support networks.
- Care records took into account where people required support to access social activities and what activities were of interest to them.

Improving care quality in response to complaints or concerns

- People told us if they raised a concern it was dealt with to their satisfaction. One person described how they were reassured and supported after raising a concern. They told us, "They told me I could re-assign to someone else, that I was perfectly within my rights; they said they would be no comeback to you, you have

to have people you are comfortable with. I complained in the morning and it was dealt with by the evening."

- We saw where complaints had been received, they had been investigated and responded to and where appropriate, lessons were learnt. For example, staff received refresher training and had their competencies re-assessed in response to a complaint received.
- We saw the service received a number of compliments regarding the care people received. Staff were written to and received 'thank you' cards from the management team, in response to this.

# 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 was the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Audits in place had failed to identify a number of areas for action identified on inspection, for example inconsistent call monitoring and a failure to act on concerns raised during the collection of surveys.
- Audits had failed to identify one person's medication administration record [MAR] did not record that particular medication had to be administered at specific times. This meant the medication was not consistently administered as prescribed and could impact on the effectiveness of it.
- Call monitoring systems in place were not consistently effective and had not identified when people's call times had been changed by staff. Call travel times were not routinely included between calls.
- There was no current analysis of information gathered in respect of accidents and incidents, safeguarding concerns and complaints, which meant opportunities to learn lessons from these events were lost.
- Surveys which had identified areas for action were not consistently acted on. We found for one person, the survey had identified some areas which needed following up, but this information had not been passed onto the registered manager for action. This included the person feeling uncomfortable when they rang the office and how they were spoken with. A member of staff had also mentioned they were aware some people were reluctant to ring the office and would ask them to do it. We did not speak to anyone directly who had experienced this but discussed this with the registered manager and the importance of ensuring people felt comfortable when contacting the service and were consistently greeted in a positive manner.
- Audits of daily records had not been completed for several months. The registered manager had acknowledged this, work had very recently commenced, and audits were taking place.

The systems in place to monitor and improve the quality of the service were not all effective in ensuring care was monitored and improved. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff spoken with were aware of their roles and responsibilities.
- The registered manager was aware of the regulatory requirements of their role and had submitted notifications to us appropriately.
- The service continued to run paper and electronic recording systems alongside each other. Some staff complained at the need to duplicate recordings because of this. The area manager confirmed plans were in place to address this in the coming months.

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

- The service had been taken over by another company in the last twelve months. People who used the service, staff and management told us the process had been seamless and the registered manager felt supported by the new provider. They told us, "[Area Manager's name] is always supportive and on the end of the phone."
- People who used the service were encouraged to pass on any positive feedback. In response to this, thank you cards had been sent to those staff who had been received such feedback.
- A 'wall of fame' had been put up in the main office, displaying the compliments received from people using the service. One person had written, "To [care workers name] well done when you took over [person's] care. Their relative said you have made an excellent impression and [person's] face lights up when you arrive."

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 registered manager was open and transparent during the inspection and was receptive to the feedback provided.
- The provider had identified there was a possibility that under reporting of accidents and incidents may be taking place. They were open and honest about these concerns and audits of daily recordings books had commenced in order to identify any potential areas of concern and act on them appropriately. Additional staff training was also being arranged regarding this.

Working in partnership with others

- The service worked in partnership with a number of agencies to ensure people received the care and support they needed.

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 17 HSCA RA Regulations 2014 Good governance  There were insufficient and inadequate systems in place to monitor and improve the quality of the service.