

Sage Care Limited

Sagecare (Wigan)

Inspection report

Number 1 Smithy Court
Smithy Brook Road
Wigan
WN3 6PS

Tel: 01257478720

Date of inspection visit:
16 June 2021

Date of publication:
16 July 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Sagecare (Wigan) is a domiciliary care agency, providing personal care to 271 older people and children living in their own homes in the Standish area of Wigan. Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects services where people receive personal care. They receive help with tasks related to personal hygiene and eating; we also consider any wider social care provided.

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

Since the previous inspection, improvements had been made to recruitment systems and the staff files now included all required documentation. There were still some issues with staffing levels at weekends, but the service managed to cover the calls and was continuing to recruit more staff to address this. The registered manager had implemented regular one to one supervisions and staff were now having these on a regular basis. Training and development needs were identified and all required training had been completed by staff and refreshers were on-going.

The service had systems in place to help safeguard people from abuse and staff had completed appropriate training. People told us they felt safe with the care staff who visited. Individual risks were thoroughly assessed and managed by the service. Medicines were managed safely. Staff were aware of the processes to prevent and control the spread of infection. All staff were following the guidelines in place due to COVID-19.

People's care needs were thoroughly assessed and their care plans included relevant health and personal information. People's individual needs, preferences and choices were taken on board. The service supported people to maintain a healthy and nutritious diet and worked with other agencies to ensure good, joined up care.

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.

The management team demonstrated an understanding of quality assurance and regulatory requirements. The service engaged with people via telephone reviews and quality monitoring. The service took learning and improvement from the results of audits, which were undertaken regularly. Complaints were dealt with in a timely and appropriate way and the service had received a number of compliments.

Staff felt the management team were supportive and communication was effective. Observations of staff practice were now being completed regularly. Staff spoke positively about their roles and felt morale had improved due to the new management structure.

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 4 March 2020) and there were two 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 we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Sagecare (Wigan)

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 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.

Service and service type

Sagecare (Wigan) is a domiciliary care agency, providing personal care and support to older people and children who live in their own homes.

The service had a manager registered with CQC. This means that they and the registered 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 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 16 June 2021 and ended on 22 June 2021. We visited the office location on 16 June 2021.

What we did before the 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. 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 23 people who used the service and five relatives about their experience of the care provided. We spoke with twelve members of staff including the area manager, registered manager, two care coordinators, two administrators and six care staff.

We reviewed a range of records. This included electronic care records and multiple medication records. We looked at five 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 validate evidence found. We looked at training data and quality assurance records. We contacted with two professionals who regularly visit the service to gain their feedback.

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 as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At the previous inspection we found recruitment systems were not as robust as they should be. There were issues with staff punctuality and continuity of staff.

We made a recommendation that the service review recruitment systems and staffing.

Enough improvement had been made to recruitment systems. There were still some minor issues with staffing, generally over weekends, but there had been significant improvement in this area, and the service continued to recruit staff to address this.

- Staff files included all required information and documentation to help ensure safe recruitment.
- Some people reported minor issues with timekeeping and one person said visits had been missed on two occasions. One person said, "Sometimes they [care staff] are a bit late. They might have had a problem with a previous client, but then they sometimes spend extra time with me if I need it." Another person said, "I have never been missed and timekeeping is good. If not, they phone."
- People felt they had consistency of care staff during the week, but some felt weekends presented a problem. Comments included, "Monday to Friday is fine with regular carers but weekends, especially Sundays, are a totally different matter. I never know what is happening, not even who is coming" and "More or less the same I know who is coming, I don't do so bad."
- Staff said care coordinators helped out when shifts needed cover and care staff were not available to cover.
- Staff felt cover was usually available. One staff member told us, "Staff cover is OK on our area. Occasionally we are asked to cover a weekend. We always find cover."

Systems and processes to safeguard people from the risk of abuse

- There were appropriate systems in place to help ensure people were safeguarded from the risk of abuse.
- Safeguarding concerns were logged and escalated as required. Clear records were maintained.
- Staff had completed training in safeguarding and were aware of how to report a concern. They knew how to whistle blow if they witnessed any poor practice and said they would not hesitate to do so if needed.
- When asked if they felt safe people told us, "Quite safe, no reason not to"; "Yes, more or less, I feel safe, they do the job" and, "Oh yes definitely."

Assessing risk, safety monitoring and management

- Risks were assessed, monitored and managed by the service.
- Individual risk assessments were in place with regard to issues such as mobility, falls, nutrition and medicines. There was guidance for staff on how to mitigate the risks.

- Required health and safety checks and audits were completed, actions recorded and addressed.

Using medicines safely

- The service had systems in place to help ensure medicines were managed safely.
- Staff had completed initial and regular refresher medication training.
- Competence checks of staff took place regularly and included observation of medicines administration.
- Staff were aware of the procedure to use in the event of a medicines error.
- Staff completed electronic medication administration records and these were complete and up to date.
- People felt medicines were given safely. One person told us, "Carers make sure I take my medicine, they know what I am taking."

Preventing and controlling infection

- There were effective systems in place to help prevent and control the spread of infection.
- Staff training was completed and the service had provided extra training and guidance with regard to COVID-19 and the use of personal protective equipment (PPE).
- People told us staff used PPE as required. Comments included, "They always have a mask"; "They do dispose of them and have new for the next person" and, "They use clean apron and gloves, go out with them on and put them in the bin at the end."

Learning lessons when things go wrong

- The service ensured lessons were learned from any incidents.
- Accidents and incidents were documented appropriately and followed up with actions where needed.
- These were audited to look at any themes and trends to inform improvements.

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

Staff support: induction, training, skills and experience

At the previous inspection staff were not routinely supported with one to one supervision or annual appraisals. Staff were not completing annual refresher training.

This meant the service was in breach of regulation 18 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.

- Staff were now having regular one to one supervision sessions, where they discussed employment and work issues. Training and development needs were identified and staff were given the opportunity to raise any concerns or make suggestions.
- Staff had noticed an improvement. A staff member said, "Supervisions have improved. The registered manager is a good organizer, if you go to her it gets done."
- Annual appraisals were documented and included discussions around the role, reflection on the previous year and the implementation of a personal development plan for the coming year.
- New staff told us the induction was thorough and training records evidenced up to date training and refresher courses for subjects considered by the service to be mandatory.

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

- Care plans evidenced that people's needs were thoroughly assessed and this process was on-going.
- People's support needs and choices were documented. Some people were aware of their care plans, others were unsure, but felt staff knew their requirements. One person said, "I have got a care plan, it tells you what carers are allowed and not allowed to do." Another person told us, "I ask questions of carers, carers sort out any changes if they can."
- We spoke with a health and social care professional who told us, "Care plans and risk assessments are extremely good and all have been reviewed within six months."

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

- People were supported to maintain a healthy and nutritious diet.
- People's individual nutritional and hydration needs were documented and support given as required.
- Risks relating to dietary needs and hydration were assessed and guidance followed.

- Medical, cultural or religious diets were recorded and people were supported follow these requirements. One person who had a special diet said, "[Staff member] gives me food that is suitable for me, always makes sure I have a drink at my side."

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

- Staff supported people with appointments, where appropriate and followed guidance from other health and social care agencies and professionals.
- People were supported in all aspects of health and well-being and care plans reflected this.
- Contact details for healthcare professionals involved with the person's care were recorded.

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.

- The service was working within the principles of the MCA and ensured people were involved in decision making where they were able.
- Consent was gained for all aspects of support provided and the way in which people were able to give consent, for example verbally, was recorded.

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 as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last inspection systems to monitor quality of care were not always effective. Quality assurance was not always undertaken, staff performance was not always assessed. Improvements to care provision, following feedback, were not always completed.

This was a breach of Regulation 17 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 17.

- The management team were clear about their roles and demonstrated an understanding of quality assurance and regulatory requirements.
- Staff told us spot checks, which included observation of practice, were now being completed regularly. Documentation evidenced these checks of staff skills and competence.
- The electronic quality assurance system created reminders to ensure all checks were completed in a timely way.
- A health and social care professional told us the actions on the service improvement plan implemented following the last inspection had been completed. They said, "We have seen some positive changes."
- Staff spoke positively about their roles. Comments included, "I absolutely love it, the best choice ever"; "Care is the best bit, you can give [service users] a little bit extra".
- Staff understood the need to read care plans and told us they gained further information into people's needs by talking to them. One staff member said, "I read care plans. If I'm unsure of anything I will ask. I chat and get to know people." Another staff member said, "We are made aware of any changes to care plans."

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

- A positive, person-centred culture was promoted by the service. There were individual desired outcomes within care plans, which people were supported to work towards.
- There was evidence that the service had gone over and above what was required throughout the pandemic, to help ensure people's well-being. For example, a small celebration had been organized at the

office for a person's special birthday, which they had really enjoyed. Extra visits had been put in for people whose day centres visits had been suspended, to help ensure they remained fully supported through the lockdown.

- We spoke with a health and social care professional who told us, "Office staff are welcoming and speak to people in a lovely manner."

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

- The provider had a good understanding on how to act on the duty of candour.
- Responses to complaints were open, honest and timely.
- One person said, "We have had to report a few niggles to the office but they will listen and try to sort things out."
- Other people we spoke with told us they had no complaints. Comments included, "Oh God no, they are lovely"; "No none whatsoever" and, "No complaints in the last year."
- The service had received a number of compliments and thank you cards. Comments included "[Staff member] really does go above and beyond."
- Notifications of significant incidents, such as falls and serious injuries, were submitted to CQC as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Documentation evidenced regular telephone reviews and face to face quality checks where appropriate.
- People said they were contacted regularly. One person told us, "Had a call from the office to see if we needed any increase after I had been in hospital, didn't need any extra but at least I know it is on hand."
- People's diverse backgrounds, characteristics and needs were documented clearly and staff demonstrated a good understanding of diversity and inclusion.
- The management team communicated well with staff, who reported being kept up to date with all current guidance and requirements.
- Staff team meetings were now being arranged at the office, for small groups of staff at a time, to facilitate social distancing.
- Staff felt well supported and comments included, "Management support is great. We are a good team. It's like my second family" and, "Culture amongst staff is better since our move to the new office. Less stressful."

Continuous learning and improving care

- The service was committed to continuous learning and improving care.
- We saw evidence of audits, the results of which were analysed to inform improvement to care provision.
- There was a branch weekly 'team talk' at which quality and improvement was discussed.

Working in partnership with others

- The service worked well with other agencies and professionals.
- We saw evidence of the registered manager's attendance at provider managers' meetings, where all aspects of care provision were discussed.
- One health and social care professional told us, "The service has worked through the action plan from the previous inspection and done really well in completing these actions."