

Sage Care Limited

Sagecare (Biggleswade)

Inspection report

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06 June 2016

07 June 2016

09 June 2016

13 June 2016

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27 July 2016

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We carried out an announced inspection on 06 June 2016 and made telephone calls to people who used the service and staff on 07, 09 and 13 June 2016.

Sage Care (Biggleswade) is a community based service providing home care support for people living in their own homes. At the time of the inspection, there were approximately 300 people being supported by the service.

The service has 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.

There were risk assessments in place that gave guidance to staff on how risks to people could be minimised and how to safeguard people from the risk of possible harm.

The provider had effective recruitment processes in place and there were sufficient staff to support people safely. Staff understood their roles and responsibilities and would seek people's consent before they provided any care or support. Staff received supervision and support, and had been trained to meet people's individual needs.

People were supported by caring and respectful staff who knew them well. Staff were given the opportunity to get to know the people they supported and relatives we spoke with said that staff were caring.

People's needs had been assessed, and care plans took account of their individual, preferences, and choices.

The provider had a formal process for handling complaints and concerns. They encouraged feedback from people and acted on the comments received to continually improve the quality of the service. The provider also had effective quality monitoring processes in place to ensure that they were meeting the required standards of care.

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.

There was sufficient staff to meet people's individual needs safely.

People were also supported to manage their medicines safely.

There were systems in place to safeguard people from the risk of harm.

There were robust recruitment systems in place.

Is the service effective?

Good ●

The service was effective.

People's consent was sought before any care or support was provided.

People were supported by staff that had been trained to meet their individual needs.

People were supported to access other health and social care services when required.

Is the service caring?

Good ●

The service was caring.

People were supported by staff that were kind, caring and friendly.

Staff understood people's individual needs and they respected their choices.

Staff respected and protected people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People's needs had been assessed and appropriate care plans were in place to meet their individual needs.

The provider routinely listened to and learned from people's experiences to improve the quality of care.

The provider had an effective system to handle complaints.

Is the service well-led?

The service was well-led.

The manager was involved in the day to day management of the service.

Staff felt valued and appropriately supported to provide a service that was safe, effective, compassionate and of high quality.

Quality monitoring audits were completed regularly and these were used effectively to drive continual improvements.

People who used the service and their relatives were enabled to routinely share their experiences of the service and their comments were acted on.

Good ●

Sagecare (Biggleswade)

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 was planned to check 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 over four days on the 06 June 2016, when we visited the offices. On 07, and 09 June 2016 we carried out telephone interviews with relatives and people who use the service. On 13 June 2016 we carried out telephone interviews with staff. This inspection was announced because we needed to ensure that staff were available at the offices to speak with us.

The inspection team consisted of two inspectors from the Care Quality Commission.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service, including the notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the inspection, we spoke with the registered manager. We also spoke with five care staff and 25 people who used the service and three relatives. We looked at the care records of 10 people who used the service and the recruitment and training records for staff employed by the service. We also reviewed information on how the provider managed complaints, and how they assessed and monitored the quality of the service.

Is the service safe?

Our findings

People told us that they felt safe, they said, "I feel safe." A relative also said, "[staff] get on well with [relative] and keep them safe." Another person said, "[staff are pretty good, they make me feel safe."

The provider had up to date safeguarding and whistleblowing policies that gave guidance to staff on how to identify and report concerns they might have about people's safety. Whistleblowing is a way in which staff can report concerns within their workplace. Staff were aware of the provider's safeguarding policy. One staff member told us that if they had concerns then they knew the process they needed to follow in order to report concerns. Staff were aware of external agencies they could report concerns to, such as the local authority safeguarding teams. The provider issued regular updates to staff to inform them of any changes or concerns, for example if there had been an increase in safeguarding concerns. We also saw that staff underwent themed supervisions for safeguarding in which they were observed by a senior staff member and their knowledge checked.

Individual risk assessments had been undertaken in relation to people's identified support needs. These included falls and mobilising, nutrition and skin assessments and medicines risk assessments. We saw that risk assessments were discussed with the person being supported or their family member and were put in place to keep people as safe as possible. Risk assessments looked at areas such as the identified hazard, the harm that could be caused, and how risks could be reduced. We also saw that some assessments went into detail such as people's mental state, medicines, visual impairment, nutrition, medical conditions, foot wear and clothing.

There was a process in place for staff to record and reported on any significant incidents or accidents that occurred. One member of staff said, "I will report any incidents or concerns to the office." They gave us an example of when they had attended a visit but noticed that the person had not opened the door as per their usual routine. Staff discovered that the person had fallen and was unable to open the door. They followed the procedures and informed the office and called the emergency services to gain access to the person. The staff member said that they waited until entry was gained and the person was safe before they moved onto the next call. This showed that staff knew the processes to follow in the event of an emergency.

Staff employed by the service had been through a thorough recruitment process before they started work, to ensure they were suitable and safe to work with people who lived at the home. Records showed that all necessary checks were in place and had been verified by the provider before each staff member began work. These included reference checks, Disclosure and Barring Service (DBS) checks and a full employment history check. This enabled the manager to confirm that staff were suitable for the role to which they were being appointed.

People and their relatives told us that there was enough staff to support them safely. For example, where a person required two people to support them, we saw that the service had provided the correct level of staffing to meet their needs. People we spoke with and relatives said that staff generally arrived at the allocated times and would stay for the times required. They did however mention that earlier in the year

there had been issues with calls being missed but that this had now been resolved.

Medicines records instructed staff on how prescribed medicines should be given including medicine that should be given as and when required (PRN) and how a person should be supported with this. Medicines Administration Records (MARs) showed that medicines had been administered as prescribed. Staff were aware of people's routines and did not rush them to take their medicines, if people refused to take their medicine, they would inform the office and relatives. One member of staff said, "I give the medicine when it's needed, but if they [person] is unwell I will call the doctor, if anything changes then I let the office know." We saw that medicine audits were completed and senior staff carried out themed observations on medicines to ensure staff were competent to provide people with their medicines.

Is the service effective?

Our findings

People received care and support from staff that were trained, skilled, experienced and knowledgeable in their roles. Staff were knowledgeable about people's care needs, and had received the necessary training to equip them for their roles. One person said, "There is no comparison, they are excellent." A member of staff said, "I believe I came into care to make a difference."

Staff told us that they were supported by the provider with regular training and support. We saw from training records that staff had received training in areas such as safeguarding, medicines, infection control and safe movement. Staff also told us that they received refresher training when required.

Records showed that staff had received supervision and appraisals, and staff we spoke with also confirmed this. The staff we spoke with all said that the supervisions gave them an opportunity to discuss any issues and concerns with the supervisor and they felt listened to. They told us that management would also gain feedback from the people they supported. One member of staff said "I recently got a letter from the manager to say that [person being support] was happy with my work, it was nice to get that." We saw that the manager would also role out themed supervisions from time to time to further validate staff understanding of certain areas of work. For example, we saw that staff had recently undergone themed supervisions for medicines. The manager told us that they had decided to role the themed supervision out because they had identified an increase in errors with medicines.

Staff we spoke with demonstrated an understanding of how they would use their MCA 2005 and DoLS training when providing care to people. 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. We found that staff understood the relevant requirements of the MCA, particularly in relation to their roles and responsibilities in ensuring that people consented to their care and support. Staff told us that they would always ask people for their consent before providing support. We saw that people had signed their care plans and consented to the care they were provided with.

Staff always gained consent from people and understood the importance of gaining the consent of people who used the service. One person told us, "They always ask what I want." Staff told us that they worked at a pace that made people comfortable and did not rush them. This was confirmed by the people who used the service they said, "[staff] move at my pace, there is no rushing out the door." Another person said, "[care] is tailored particularly to my needs." The registered manager also said, "We are teaching our carer's to slow down, it's ok to slow down."

Staff supported people where possible to remain healthy, eat well and drink plenty of fluids. For example, when visiting people staff would ask them if they wanted a drink and ensure that they had drinks available during visits. One member of staff told us "I will ask if she wants a drink, but I encourage her to make it

herself, so she can be independent as well."

People were encouraged to maintain their health and wellbeing through regular appointments with health care professionals. Where required staff would attend the visits with them. The provider kept records of people's healthcare providers and were able to call on them when the need arose, for example district nurses and GPs.

Is the service caring?

Our findings

We were told that interactions between staff and people who used the service were kind, caring and compassionate. One person said about their carer, "[carer] is brilliant, knows me really well." Another said, "I'm very happy with them."

People told us that care was provided by a consistent team of staff who knew them well. They said, "[staff] brilliant, knows me really well." Another person said, "[staff] know what to do and how to do it." One staff member gave us an example of a person they supported. They told us that they knew them well so could identify if they were not themselves. For example they could identify if the person was in a confused state or unable to carry out tasks they would normally be able to complete with minimal support.

We saw that many staff had been with the provider for some time. People and their relatives commented positively about the staff. One person said, "There is no comparison, they are very good." While another person who used the service said, staff were, "Brilliant and caring." A relative we spoke with also said that staff were, "Caring and gets on well with [relative]." People did however say that occasionally staff did arrive late and they were not always notified. One person said, "They are good but they don't always let me know if they are late."

When we spoke with staff, we found them to be caring towards the people and positive about the role they played in supporting people to remain in their own homes. One member of staff said, "You would need to ask the person I support, but yes I think am caring." Staff told us that because they had regular people that they supported they were able to get to know them. One staff member said, "I have been with [person] for over two years, I know their routine and what they like." Staff told us they would always show respect towards people they support and families. Staff said that they encouraged people to make decisions about their care. For example, what clothes they wished to wear and if they wanted and shower or a bath. One member of staff said that they would not rush a person and allowed them to work at their own pace even if it took longer than anticipated. They said, "[person] can sometimes take longer and will forget how to shower, so I talk them through what they need to do, sometimes she's not herself. I will get what is usually a 45 minute job moved to an hour if I need to." Another member of staff said, "I'm respectful, if family are around when I need to give personal care, then I just ask them to leave."

Care plans detailed people's individual backgrounds, ages, likes and dislikes and when we spoke with staff they were also fully aware of them. Staff told us that they were given opportunity to read through care plans and shadow a more experience member of staff to help understand the person they were supporting before they started to provide a service. One staff member said, "I support the same person regularly, I know them well, build a relationship, become like friends really, I know them really well."

Staff promoted people's choices and enabled them to be independent where possible. A member of staff said, "I don't do everything for [person], if they want a cup of tea I let them make it." One person told us, "[carer] supports me really well with what I need doing." Staff and people they supported said that because they worked with the same people, they knew the limitations of each person and how best they could

support them. A staff member said, "We get time to chat with people and see how they are... I know them like a friend." Staff respected people's privacy and dignity by encouraging them to wash themselves until they called them for support. One member of staff said, "I wait outside when [person] is having a shower, when they are done they call me to help." This ensured that people's privacy and dignity were observed while allowing them to remain as independent as possible.

People and relatives confirmed that they were involved in making decisions about their care through regular reviews, and discussions. The care records we looked at showed that people were involved and supported in their own care, and decisions. People said that their views were listened to and staff supported them in accordance with what had been agreed with them when planning their care.

Is the service responsive?

Our findings

People who used the service had a variety of support needs and these had been assessed prior to them being supported by the service. The provider told us that, "Care is like a roller coaster." They explained that there was continuous change and staff and management had to be quick at responding to people's changing needs. For example, we were told of a person whose needs changed which meant that the provider did not have enough staff available to fully support them. They told us that they worked with other providers and worked out a way that the person could be supported in their own home. The Registered manager told us, "The team got a lot of satisfaction, we cared for [person] for two years."

We saw that appropriate care plans were in place so that people received the care they required which appropriately met their individual needs. We saw this from the care plans we reviewed and people using the service also confirm this to us. Upon asking a person said, "Yes, I look at [care plan], it's here somewhere." Another person told us that they sometimes got visits from the office for changes and could also contact the office if changes were needed. They did however mention that on occasion it was not always easy to speak with someone in the office. They said "the office is hit and miss, and on call can be a nightmare." The registered manager told us that in past months there had been issues but these had been resolved and they were looking to further improve the way in which calls were dealt with in the office. The registered manager said, "we are not perfect, we get things wrong, but we learn from our mistakes."

There was evidence that the care provided was person centred and that the care plans reflected people's needs, choices and preferences. We saw that regular updates were made and relatives and people were kept informed of any changes in people's care plans through regular review meetings and also daily records.

People using the service and their relatives had been involved in planning their care and in the regular reviews of the care plans. Where required care plans were reviewed more often to reflect people's changing needs.

The manager told us that they provided a very personal service that was bespoke for each person and were looking to further develop this in the future. We saw that they were in talks with local authorities to allow people to have more control on their hours of care. The registered manager wanted to give full control to people on when and what staff supported them with. For example, if a person had three hours support provided through the local authority, they should be given the choice to have staggered visits but if they wished to use the service in bulk for staff to take them into the community for the day, then this could be their choice.

The provider had a complaints policy and procedure in place and people were made aware of this when they joined the service. People we spoke with knew who they needed to talk to if they had any issues or concerns. People told us that they would feel comfortable raising any concerns they might have about the care provided. We saw that the provider had received seven complaints in the past year and both had resolved in accordance with the complaints policy.

Is the service well-led?

Our findings

The service had a registered manager in place. Staff we spoke with felt supported by the registered manager and organisation. People we spoke with also spoke positively of staff and the company. They said, "It's one of the best companies to go to." All people told us that the care provided by the provider was good although communication had been an issue in the past.

People said that they were kept informed of changes in carer or timings but that on occasion this would not always happen. They said, "They don't always let you know if they are running late." And another person said, "I have had missed calls earlier in the year, but its ok now." In our discussions with the registered manager they did inform us that they had recently gone through a period where standards had not been met. The registered manager told us that this had been quickly identified and they had made changes in the way things were done in order to improve the service. They said, "There was a time when we were losing control. We have put some positive changes in and had a lot of intervention." We saw that memo's had been sent out to staff informing them of concerns about deteriorating standards. We saw that the memo to staff provided staff of the strategy being put in place to increase standards. The letter also provided staff with clear indication of areas of service that needed to be improved upon. For example, Medication errors, missed calls, sickness, time keeping, and staff attitude. The manager also told us that they had started to monitor the progress on office staff to ensure that customer service was improved.

The organisation demonstrated an open and transparent culture throughout. Staff told us that they were encouraged to speak out. The registered manager said that all staff worked as a team and were encouraged to whistle blow if they felt they needed to. The registered manager had an open door policy which meant that staff felt empowered to raise any concerns. They said "I am only as good as the team behind me."

Staff told us that the registered manager provided stable leadership, and the support they needed to provide good care to people who used the service. They said that the registered manager was approachable and friendly. They said that they never felt as if they could not go to the manager if they had any problems. They said, "I would say yes, I am being supported."

Staff knew their roles and responsibilities well and felt involved in the development of the service. We saw that there was a 'Carer of the month award', which people using the service voted for a certain care staff to receive. Staff also received letters from the registered manager recognising achievements and good practice. The manager said that this was done in order to recognise good work and motivate staff.

There was evidence that the provider worked in partnership with people and their relatives so that they had the feedback they required to provide a service that met people's needs and expectations, and was continually improving. The manager regularly sought people's views about the quality of the care. Questionnaires were sent to people and their relatives and the results of the most recent survey showed that people who responded were happy with the quality of the care provided. There was also a quarterly newsletter sent out to people using the service. This newsletter kept people informed of changes in staff, the carer of the month and also event and activities happening in the local community. We also saw that the

provider hosted a tea party for people twice a year in which they invited people to enjoy some time with staff and other people who used the service. We saw that this was funded through fundraisers and people looked forward to these parties. The manager said, "People are always asking me when the next one is."

The registered manager had systems in place to regularly assess the quality of the service provided. These included checking people's care records and staff files to ensure that they contained the necessary information and that this was up to date. We found that they had kept robust, up to date records that reflected the service provided at the time of our inspection. The registered manager had understood their responsibility to report to us any issues they were required to report as part of their registration conditions and we noted that this had been done in a timely manner. Records were stored securely and were made readily available when needed.