Sage Care Limited

Sagecare Fulham

Inspection report

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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 undertook an announced inspection of Sagecare Fulham on 17 and 21 November 2017. We told the provider 24 hours before our visit that we would be coming because the location provided a domiciliary care service for people in their own homes and the registered manager and staff might not be available to assist with the inspection if they were out visiting people.

The service has recently moved to its current address. Prior to that it was in the London Borough of Hammersmith and Fulham. The service was last inspected on 15 and 18 August 2016, when we rated it 'Requires improvement' and found breaches of Regulations in relation to the notification of incidents, need for consent, safe care and treatment and good governance. Following this, the provider sent us an action plan detailing how they planned to make improvements. At this inspection we found the provider had made the necessary improvements.

Sagecare Fulham provides a range of services to people in their own home including personal care. Most people using the service were older people, some of whom were living with the experience of dementia. At the time of our inspection 430 people were receiving a service in their home, including personal care, shopping, cleaning and companionship. All the people using the service were funded by their local authority.

There was a registered manager in post. 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.

Staff followed the procedure for the management of people's medicines and regular medicines audits indicated that people were receiving their medicines as prescribed.

The risks to people's wellbeing and safety had been assessed, and there was information on people's records about how to mitigate these risks.

There were procedures for safeguarding adults and staff were aware of these. Staff knew how to respond to any medical emergencies or significant changes in a person's wellbeing.

The provider had systems in place to manage incidents and accidents and took appropriate action to minimise the risk of reoccurrence.

The service employed enough staff to meet people's needs safely and had contingency plans in place in the event of staff's absence. Recruitment checks were in place to obtain information about new staff before they were employed to care for people.

The registered manager was aware of their responsibilities in line with the requirements of the Mental Capacity Act 2005 (MCA) and staff had received training on this. People had consented to their care and support and had their capacity assessed prior to receiving a service from Sagecare Fulham.

People's health and nutritional needs had been assessed, recorded and were being monitored.

Care staff received an induction and shadowing period before delivering care and support to people. They received the training and support they needed to care for people.

Feedback from people and their relatives was mostly positive. Most people said they had regular staff visiting which enabled them to build a rapport and get to know them.

People we spoke with and their relatives said that they were happy with the level of care they were receiving from the service.

People's needs were assessed prior to receiving a service and care plans were developed from the assessments. Care plans contained the necessary information for staff to know how to support people and meet their needs, and were written in a person centred way.

There were systems in place to monitor and assess the quality and effectiveness of the service, and the provider ensured that areas for improvement were identified and addressed.

There was a complaints procedure in place which the provider followed. People felt confident that if they raised a complaint, they would be listened to and their concerns addressed.

People, staff and relatives told us that the registered manager and the senior team were approachable and supportive. There was a clear management structure to operate the agency, and they encouraged an open and transparent culture within the service. People and staff were supported to raise concerns and make suggestions about where improvements could be made.

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.

Staff followed the procedure for the management of people's medicines. There were regular audits which indicated that people were receiving their medicines as prescribed.

People were involved in assessing the risks to their wellbeing and safety and there was information about how to mitigate these risks.

The provider ensured that action was taken and improvements were made when things went wrong.

The provider had effective systems to protect people by the prevention and control of infection.

There were procedures for safeguarding adults from the risk of abuse and staff were aware of these.

The service employed enough staff and contingency plans were in place in the event of staff absence. Recruitment checks were undertaken to obtain information about new staff before they were employed to care for people.

Is the service effective?

Good

The service was effective.

People's needs and preferences, including their dietary preferences, had been clearly established through the needs assessment process.

The registered manager was aware of their responsibilities in line with the requirements of the Mental Capacity Act 2005 and understood its principles.

People were supported by staff who were well trained, supervised and appraised.

People were supported to have their healthcare needs met, and the service worked with healthcare professionals to ensure

people received the treatment they needed.

Is the service caring?

Good

The service was caring.

Feedback from people and relatives was positive about both the staff and the management team.

People and relatives said the care workers were kind, caring and respectful. Most people received care from regular care workers and developed a trusting relationship.

People and their relatives were involved in decisions about their care and support.

Is the service responsive?

Good

The service was responsive.

Care plans contained enough detail for staff to know how to meet peoples' needs and were written in a person centred way.

There was a complaints policy and procedures in place. People knew how to make a complaint, and felt confident that their concerns would be addressed appropriately.

Is the service well-led?

Good

The service was well-led.

The service regularly conducted satisfaction surveys for people and their relatives. These provided vital information about the quality of the service provided.

There were systems in place to assess and monitor the quality of the service, and these were effective.

People and their relatives found the management team to be approachable and supportive.

The provider encouraged good communication with staff and people who used the service, which promoted a culture of openness and trust within the service.

Sagecare Fulham

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 comprehensive inspection took place on 17 and 21 November 2017. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to assist with the inspection.

The inspection was carried out by two inspectors. Two experts by experience carried out telephone interviews with people and their relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 reviewed the information we held about the service, including notifications we had received from the provider informing us of significant events that occurred at the service. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about.

During the inspection we looked at the care records of 22 people who used the service, 12 staff files and a range of records relating to the management of the service. We spoke with the registered manager, the deputy manager, two operation managers, a care coordinator, an administrator, a recruiting officer, and five care workers. We also emailed 35 care workers to gather their feedback about the service and received a reply from five. We spoke with one healthcare and one social care professionals who were involved with the service on a regular basis.

Following the inspection, we telephoned 48 people who used the service and some of their relatives to obtain feedback about their experiences of using the service.

Good

Is the service safe?

Our findings

At our last inspection of 15 and 18 August 2016, we found that accurate records were not always kept when care workers prompted people to take their medicines. At the inspection of 17 and 21 November 2017, we found that improvements had been made.

People told us they received their medicines as prescribed. One person said, "I get my tablets at the right time and everything is written in the file." People were supported with their prescribed medicines and staff had received training in the management of medicines. Where staff were responsible for supporting people's with their medicines, we found specific risk assessments stating what people's needs were. Medicines administration record (MAR) charts were in place and included details of the person, their prescribed medicines, dose and frequency and the person's allergy status. We looked at the MAR charts for 20 people who used the service which had been completed within the last five weeks. We saw that these were completed appropriately and there were no gaps in staff signatures.

The registered manager told us that every Wednesday they had a 'drop in' service based in Fulham where staff and people who used the service could meet. Care staff were required to bring MAR charts and care notes so that these could be kept at the office for weekly audits by senior staff. The registered manager told us, "The drop in service has worked well so far. The staff bring the care notes and MAR charts every week. This has made the audits much more effective."

The provider had recruited a medicines lead. They ensured that all staff received medicines training and regular refreshers, and had their competencies checked regularly. They also undertook bi-weekly medicines audits where a sample of medicines and MAR charts were checked for accuracy. We saw an email sent to all staff where it had been identified that some staff were not completing the MAR charts correctly. Staff were sent a detailed illustration of the procedure and were informed that spot checks would be increased and action would be taken if further mistakes were found.

At our previous inspection of 15 and 18 August 2016, we found that care and risk assessments were inconsistent, often contained errors and varied in the level of detail included. At this inspection, we found that improvements had been made.

Where there were risks to people's safety and wellbeing, these had been assessed. There were general risk assessments of the person's home environment to identify if there were any problems in providing a service. This included checking for trip hazards and electrical and gas appliances. Risks were assessed at the point of the initial assessment and regularly reviewed and updated where necessary. Individual risks were assessed and included risks in relation to skin integrity, nutrition, medical conditions and moving and handling. We saw that there were measures in place to minimise identified risks and keep people as safe as possible. These included specific advice for staff about what people's needs were for each activity. For example, one person's skin integrity risk assessment indicated they were at medium risk of a pressure sore. There was a check list for staff about how they were to manage this risk and this included instructions such as 'monitor skin condition', 'maintain personal hygiene' and 'encourage mobility and good nutritional intake'.

However we saw that some risk assessments lacked details. For example, one person's mobility risk assessment stated they needed 'extra help' when rising from a chair, but it was not clear what extra help was needed. We discussed some examples with the registered manager who told us they would review risk assessments and make instructions clearer.

People told us they felt safe with the care and support they received. Their comments included, "Oh yes, I'm completely at ease with my carer. They understand what I need and support me well", "I like my carers, they are very good" and "My carer is excellent. I have full confidence in all she does." One person said that their care worker always made sure their home was secure before they left, and another told us that their care worker had helped them to organise furniture to make mobility and movement easier.

There were appropriate procedures in place for recruiting staff. These included checks on people's suitability and character, including reference checks, a criminal record check and proof of identity. Staff confirmed that they had gone through various recruitment checks prior to starting working for the service. The staff files we viewed confirmed this.

Staff confirmed they had received emergency training as part of their induction and this covered what to do in the event of an accident, incident or medical emergency. Incidents and accidents were recorded and analysed by the registered manager and included an action plan to address any issues or trends identified. We saw evidence that incidents and accidents were responded to appropriately and care plans were updated following any incident or accident. We saw an email sent to the person's social worker to inform them that they had fallen and what actions had been taken.

The registered manager raised alerts of incidents of potential abuse to the local authority's safeguarding team as necessary. They also notified the Care Quality Commission (CQC) as required of allegations of abuse or serious incidents. The registered manager worked closely with the local safeguarding team to carry out the necessary investigations and management plans were developed and implemented in response to any concerns identified to support people's safety and wellbeing. A social care professional and records we viewed confirmed this.

Staff told us they received training in safeguarding adults and training records confirmed this. The service had a safeguarding policy and procedures in place and staff were aware of these. They told us they had access to the whistleblowing policy. Staff were able to tell us what they would do if they suspected someone was being abused. They told us they would report any concerns to their manager or the local authority. We saw evidence that safeguarding concerns were taken seriously and addressed appropriately. For example, when a person using the service had made some allegations about a staff member, the provider suspended the staff member whilst a safeguarding investigation was being carried out and involved the local safeguarding team. The deputy manager confirmed that poor practice and failure to deliver appropriate care to people who used the service was never tolerated.

There were enough staff employed to visit people at the time their care was planned and to stay the length of the visit to meet people's needs. However, some people told us that staff were sometimes late but stayed the correct amount of time. One person told us, "Sometimes they're late because they have had to stay longer at an earlier call because someone has not been well but if they are going to be very late, I will get a phone call to let me know." The registered manager told us that staff were expected to call the office if they were running unexpectedly late, then the care coordinator would immediately inform the person using the service.

We discussed lateness with the registered manager who told us all staff were issued with a work mobile

phone which they used to log in and out of a person's home. Any lateness would be highlighted on a live monitoring system visible to all office staff. This ensured that action could be taken without delay and the person waiting for their visit, informed.

The provider had contingency plans in place to ensure that staff absences were appropriately covered and people received their care as planned. Staff told us they were providing care to people on a regular basis and had built a good rapport with them. Their comments included, "All my clients are in the same area. I am rarely late", "I have my same clients every day. You get to know when they are ill, you know their habits, what works for them and what doesn't work. They are all in the same area so not much travelling time", "I get on very well with all my service users. They are all regular people. It's important. You build a relationship with them" and "All my clients are regular. It's important."

People were protected by the prevention and control of infections. People told us that staff adopted high standards of cleanliness and hygiene and always put on fresh gloves and aprons during personal care. The provider supplied the staff with aprons and gloves and they were able to request additional supply when needed. The provider had a procedure regarding infection control and the staff had specific training in this area. The senior staff undertook regular spot checks in people's home. These included observations of the care staff and ensured they followed good infection control and hygiene procedures.

Good

Is the service effective?

Our findings

At our last inspection of 15 and 18 August 2016, we found that the provider did not always meet the requirements of the Mental Capacity Act (MCA) 2005. At this inspection we found improvements had been made.

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. The registered manager was aware of their responsibilities under the MCA. People's capacity to make decisions had been assessed and they had been asked to consent to their care and treatment. Staff told us they received training on the MCA and understood its principles. They explained what they would do if they suspected a person lacked capacity to make a specific decision. They described possible signs people could demonstrate if they lacked capacity and told us they would report this to their manager.

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. We checked whether the service was working within the principles of the MCA. The registered manager told us that where people lacked the capacity to consent to their care and support, mental capacity assessments were undertaken and decisions were made in their best interests. Where a person's next of kin was involved in decisions, the provider ensured they had the legal authority to do so. We saw evidence of this in the care records we looked at.

People were pleased with their regular care workers but not always with their weekend care workers or care workers who covered when their regular care workers were not on duty. People's comments included, "There are some communication problems at weekends and holidays but overall I am satisfied with the service", "The carers that come at weekends do not appear to be properly trained and there are difficulties with communication" and "At first it was a problem. The day rota was wrong. The time of visit was wrong. I spoke to the office manager and they got it all sorted out." We discussed this with the registered manager who told us they were aware of the issues, and had worked with the team to rectify these. They said that there was someone on call seven days a week and 24 hours a day and they had increased the number of office staff to ensure that all calls were covered appropriately. Furthermore they were recruiting more care staff to enable consistency of staff, including at weekends and holidays. The deputy manager told us, "We are aware there have been problems, and are working hard to make things better. We are getting there."

Most people and their relatives spoke positively about the staff and the service they received. People said that the staff knew what they were doing and had the skills and knowledge they needed to support them with their needs. Their comments included, "I'm happy with the carers. I've got lots of health problems by they give me the support I need to keep going" and "They only come once a week but it makes a world of difference to me."

People told us that staff met their healthcare needs. Care records contained information about people's

health needs and how to meet these. A healthcare professional told us, "The main thing is that my recommendations are followed. I have gone with staff on visits and they have always been responsive to instructions." The registered manager told us they communicated regularly with the Homecare Management team and also directly with individual social workers involved with people who used the service. They told us, "The occupational therapists work really well with individual assessments and training for staff. They show carers how to assist with their mobility." We saw that, as a result of these assessments, people's care and support was adapted to their individual needs. This included additional visit time allocated to a person whose needs had increased. This showed that the provider took appropriate steps to meet people's individual healthcare needs.

The provider completed health needs assessments before people received a service. Records of assessments completed showed these considered people's religious and cultural needs, as well as care, nutrition, and behavioural support required. These assessments were used to create care plans which contained different areas of care including continence, medicines, mobility, nutrition and hydration, personal care, and social wellbeing.

Staff told us they would know what to do if they thought a person they supported was unwell. They said they would inform the office straight away, or call an ambulance if it was urgent. Their comments included, "If a person was unwell, I would talk to the family and call the office, or 999. It's happened to me before" and "If I'm concerned about somebody's wellbeing, I report it to the office and write it in the book." We saw evidence of this in the records we viewed. For example, when a staff member had found a person on the floor during a visit, they had informed the office and the person had been hospitalised for further tests.

There were regular team meetings for all staff, newsletters and information sent by email to remind them about good practice.

Staff told us they were able to approach the senior staff to discuss people's needs anytime they wanted. We saw from the care records that any changes to people's conditions were recorded and this prompted a review of their needs, or a referral to the relevant professional. One staff member told us, "The community matrons are excellent and we communicate really well with them. If we have a problem, they will come to the visit with us and together, we work out what needs to be done." We saw evidence that as a result of a joint visit with community matrons, a hospital bed had been supplied to a person. This showed that the service took appropriate steps to meet people's health care needs effectively.

People's care records included information about their dietary requirements. Some people told us that staff supported them by preparing snacks for them or warming up already prepared meals. Other people were supported by their family members. One person said, "The carers look after me well and make sure I take my tablets, eat and drink. They heat up my meals in the microwave but they ask what I want first." People's nutritional needs including their likes and dislikes were recorded in their care plans. For example, 'I can chew well but cannot swallow food with skins such as tomatoes'. Another care record confirmed they could not eat pork due to their faith. Where needed, a Malnutrition Universal Screening Tool (MUST) was used. This gave an indication if a person was at particular risk of malnutrition. This had been recorded in their initial assessment and there was a care plan regarding eating and drinking.

People were cared for by staff who were appropriately trained and supported. All new staff undertook a five day induction programme which included training in the principles of the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. This was followed by a training and development programme which included shadowing an experienced member of staff in order for the people who used the service to get

used to them and for the new staff to learn the job thoroughly before attending to people's care needs. New staff undertook training including person centred care, health and safety, moving and handling, infection control and safeguarding and were assessed at the end of their induction to ensure they were sufficiently trained and able to support people in their own homes. Staff told us they had received a thorough induction before delivering care and support to people in their own homes. One staff member said, "We had two to three weeks training. We came every day to the office then had like an exam. Then we shadowed for the first few weeks. They give you as much time as you need. I did not get new clients until I was used to the job and confident."

People we spoke with thought that staff were well trained. Records of staff training showed that they had received training in areas the provider identified as mandatory. This included training in safeguarding adults, medicines management, food hygiene and infection control. They also received yearly refresher courses. We saw evidence that training was monitored and kept up to date. We looked at training records and saw that staff had completed all the training required by the agency and an induction into their role. The provider employed a regular in-house trainer. One staff member told us they were an "Absolutely fantastic trainer". The agency's offices had a well-equipped training room which included a hoist and other equipment to support training in moving and handling.

Staff told us they were supported through one to one supervision meetings and the staff records we looked at confirmed this. One staff member told us, "We get regular supervisions. They will go through the book, take notes, check about medication" and another staff member said, "We get regular supervision. [Registered manager] is very straightforward. She will say when we make a mistake but praises us when we do well." Staff received a yearly appraisal where they were given the opportunity to reflect on their performance and to identify any training needs.

In addition to regular supervision, the provider had put in place 'themed supervision' sessions. These addressed individual subjects such as medicines, pressure sores, moving and handling and mental capacity. The registered manager told us these sessions were beneficial because they used scenarios to demonstrate to staff the impact poor practice could have on people using the service. Large posters about each subject discussed were displayed and small versions of these were given to staff for them to refer to as and when they needed. Staff told us the themed supervision sessions were useful and made them understand the consequences of errors and poor practice. The registered manager said that the quality of the care had improved greatly since introducing these sessions.

Good

Is the service caring?

Our findings

People and their relatives were complimentary about the service and the care they received. Most people we spoke with said they had regular staff and had built a good rapport with them. People said the staff who supported them were kind, caring and respected their privacy. Their comments included, "They are like family", "The girls are good. They help me to manage", "I am more than happy with the care I get and so is my family", "Very good. They are kind and look after me. I trust them and I am very satisfied with the service", "The carers are all very good thank you", "They are wonderful, capable, kind and respectful. Their visits light up my day, long may it continue", "I am very lucky to have a lovely place to stay and lovely people coming around" and "They are very very good and I feel lucky to have them." One person's representative said, "[Person] has neglected themselves for a long time. The carers are kind and trustworthy. He is a different man since they've been here."

Staff explained how they promoted people's privacy and dignity and gave practical examples of how they did this. One staff member told us, "I am careful when I give personal care. I make sure the doors and curtains are closed."

Our discussions with staff indicated they had a good knowledge and understanding of the people they were supporting. Care records were personalised and included details about people's likes and dislikes as well as particular details about how they wanted their care to be delivered. Care records included life histories. This enabled staff to understand the people they were supporting and facilitated meaningful conversations.

The staff we spoke with demonstrated a good knowledge about the needs of the people they supported and how to meet these. They spoke about people in a respectful and kind manner. Their comments included, "I like to do something good for the people", "You have to respect people, be nice to them. Like your parents, you need to look after them. I know my job. I like to help people", "Care work is my life" and "If you don't have a heart, you can't do a good job."

During the initial assessment, people were asked what was important to them. Their religious and cultural needs were also ascertained and recorded. The care coordinator said that where possible, based on people's preferences or needs, the most suitable staff were allocated. They told us, "Whenever possible, we are able to pair staff and service users with language needs." We saw the communication care plan for a person for whom English was their second language. Guidelines for staff included, "Please be patient with me and give me time to find the correct word". Staff told us they also used picture cards to communicate with some people. For example, pictures of different foods to determine what they wanted to eat. The registered manager told us that people were given a choice of a male or female carer according to the preferences. People we spoke with and care plans we viewed confirmed this.

The provider kept a record of compliments received from people, relatives and stakeholders. Comments we saw included, "[Care worker] is very caring and gentle. She has a lovely personality" and "[Care worker] has managed to build up a steady and good relationship with a challenging client."

Daily care notes were recorded by staff every day. We viewed a range of these and saw that people were given choices and their wishes were respected when they provided care and support. Care notes were written in a person centred way, and included social interactions and the wellbeing of the person who used the service.

Good

Is the service responsive?

Our findings

At our last inspection of 15 and 18 August 2016, we found that care plans were sometimes unclear and lacked detail and did not always take into account people's individual needs and their life history. Therefore we could not be sure that people's needs were fully met. At this inspection, we found that improvements had been made.

Records we viewed showed that people had taken part in the planning of their care. People told us they were happy with the input they had into organising and planning their care and felt involved. One person told us the service was flexible and staff reviewed and changed their care plan as their needs changed. People told us they received the care and support they wanted. Their comments included, "[Care worker] is very good and will do little extra things like opening a letter for me if I can't manage to open it. She really is very helpful" and "The girls come every day and they will do whatever is needed even if it's a bit extra than they should just to make sure you're ok."

Care plans we looked at were clear and contained all the necessary information to care for and support the individual and were based on people's identified needs, the support needed from the care staff and the expected outcomes. These took into consideration people's choices and what they were able to do for themselves and what support they needed. For example, where a person had poor memory, we saw a comment saying, "Please be patient. You may have to remind me" and for a person who displayed behaviours that challenged, "I can get frustrated. Try to reassure me and be patient." There was evidence that comments echoed people's actual words as one comment stated, "I am lovely and charming. No issue at all."

Care plans contained information about the person's background, communication needs, routines, personal care needs, mental health needs and anything specific to the person such as their religion, ethnicity and cultural needs. People described a variety of support they received from the service. Those we asked thought that the care and support they received was focussed on their individual needs. We saw evidence of this in the records we looked at.

Care plans included details about people's recreational interests. These included details of personal activities which were important to the person. For example, one person's care plan stated they enjoyed spending time with their family, going out and watching television, and another confirmed they loved to play chess, dominoes and cards. The registered manager told us that one person using the service had expressed an interest in being involved with staff training and recruitment. They said, "This is planned to happen in the next recruitment interviews.

The registered manager told us that review meetings were undertaken regularly and as and when there were changes to a person's health. This prompted an immediate review to ensure the service could continue to meet people's needs. Records showed that the service worked closely with healthcare and social care professionals when people's needs changed. The professionals we spoke with confirmed this.

The service had a complaints policy and procedure in place. These, and other policies and procedures were supplied to people using the service and available on request in an easy read format, different languages and braille. Most people told us they were happy and had not had any complaint. When people had complained, they were satisfied that their complaints had been taken seriously and their concerns addressed. One person told us, "About a year ago, a carer came that I was not happy with. I contacted the office to express my concern. They listened and that carer never came back."

People were encouraged to raise concerns and we saw evidence that these were addressed and feedback provided appropriately and in a timely manner. For example, where there had been a complaint about a staff member's conduct, we saw that the provider had conducted a full investigation and had taken appropriate disciplinary action. This indicated that the service was responsive to people's complaints and put systems in place to rectify areas of concern.

Good

Is the service well-led?

Our findings

At our last inspection of 15 and 18 August 2016, we found that the provider did not have robust systems in place to assess, monitor and improve the quality and safety of the services provided, and had not always submitted notifications to the Care Quality Commission (CQC) as required.

At this inspection, we found that improvements had been made. The senior staff were involved in audits taking place in people's homes. They included medicines audits, spot checks about the quality of care people received, environmental checks and health and safety checks. The service carried out quality monitoring visits to people who used the service to check if they were happy with the service and if the staff were being punctual. One staff member told us, "There are spot checks when we don't expect them. Sometimes we arrive and [senior staff member] is there. It keeps you on your toes and we make sure we do our job well."

The registered manager told us that during the auditing process, they consulted staff to obtain their feedback, and where they thought improvements could be made. As a result of these, the provider put in place 'serious case reviews' in a range of areas such as report books, medicines, risk assessments and care planning. These highlighted the areas needing improvement, the action taken and the outcome. For example, where staff had noticed some shortfalls with the medicines administration charts, we saw that appropriate action had been taken to address this.

There were processes in place for people and relatives to feedback their views of the service. These included telephone surveys, spot check visits and satisfaction questionnaires which were regularly sent to people and their relatives. These included questions relating to how people were being cared for, if their care needs were being met and if the staff were reliable and punctual. Telephone surveys and questionnaires we viewed indicated that people were happy with the service. Comments from people and relatives included, "Happy with the service", "Very satisfied" and "I enjoy the carers' company." The provider collated and discussed the results of the questionnaires with the staff so improvements could be made where necessary. We saw that an earlier survey carried out in January 2017 revealed that a person was dissatisfied with the service because they were not getting regular staff. We saw that the provider organised a quality assurance visit to discuss the concerns, and as a result, a regular care worker had been allocated. A further survey showed that improvements had been made. All people who used the service were given the agency's details, so they could contact them anytime. This was monitored 24 hours a day, seven days a week.

The provider used and electronic system for the planning and management of visits. This enabled them to organise the staff rota and scheduling of visits to meet people's requirements. A care coordinator told us, "All visits are covered very quickly." One staff member told us, "There is good communication with the office. If someone needs me for longer, they will cover. No problem."

Care and office staff spoke positively about the registered manager and senior managers. Their comments included, "I really like them. They listen. They find a way to keep everyone happy. They take care of us", "My manager is good", "Management is very good. They help me. It's so much better now", "The wonderful thing

about this place, it's a lovely team", "[Registered manager] is such a lovely lady to work with. We communicate well" and "Great team to work in, we all help each other and the carers. Everyone is actually interested and want to contribute. [Registered manager] is the best manager I've ever had. She talks to us and is able to resolve things. She always wants to improve further."

The operations manager thought the service had greatly improved and told us, "Since the last inspection, we have strengthened the team, recruited more staff and things have improved a lot. [Registered manager] is very committed and dedicated. She has so much knowledge about the service users. For a service this size, it's amazing. She has put in a lot of work. We have a great team and they work really well with her." The deputy manager agreed and said, "Changes have been difficult but now all good. Changes can be tough but they bring improvements. Carers needed a lot of encouragement but we got there."

A social care professional thought the service was well led. They told us, "They are doing really well. They are professional, have great telephone manners and good response time. We've always had that from Sagecare. We have a great relationship with [registered manager]. We have never had any complaints about the management team or the staff."

There were regular meetings organised at the service including staff meetings. Items discussed included safeguarding, daily records, training, attendance and any concerns relating to people who used the service. Office meetings were regular and included discussions about staffing, recruitment and any issues raised by people during spot checks. The provider conducted operational staff meetings which included discussions about concerns, business related issues, audits, complaints and recruitment.

Care staff told us that the management team also communicated with them by telephone and emails. These were to inform them about anything relevant to their job and the people they provided care for. Records we looked at confirmed this.

Staff told us they felt valued and appreciated by their managers. We saw that staff's good performance was rewarded by a 'Certificate of appreciation'. Where a senior staff member carried out quality visits to people who used the service and received compliments about individual staff members, the staff member was issued an 'Employee's commendation' detailing the comments received. Comments included, "[Staff member] is an amazing carer" and "[Staff member] is marvellous." Furthermore, the provider issued an 'Employee of the month' award for exceptional time keeping, professional caring attitude and respect and dignity.

The provider promoted a culture that was positive, inclusive and empowering. They used a live electronic branch reporting system which was used in conjunction with their electronic care management system and people planner. This enabled senior managers to continually monitor the quality of the service against their internal quality standards based on the Care Quality Commission's (CQC) standards for quality and safety. The system highlighted any concerns or failures in real time, allowing managers to quickly address issues and develop action plans that identified the root cause of the issues and find solutions to make improvements. The registered manager told us, "Our electronic monitoring system has really helped us. We make sure it is outcome-based. We are transparent and work together to achieve the best for our service users. If something is not achieved, we find a way. We also work with the local authority to ensure people's care is person-centred."

The registered manager told us they attended provider forums, seminars and workshops so they could keep themselves abreast of developments within the social care sector. They also undertook regular refresher training and accessed relevant websites such as that of the CQC.