Sage Care Limited

Sagecare (Wigan)

Inspection report

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Standish
Wigan
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10 February 2020

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service:
Sagecare (Wigan) is a domiciliary care agency, providing personal care to 309 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:
Quality assurance processes and systems measures were in place however these were not always effectively used. We found several areas of improvement throughout the inspection that the provider had not addressed. The quality and safety of care that was delivered was not always monitored and reviewed.

We received mixed feedback about the skills, experience and abilities of Sagecare (Wigan) staff. Although all staff had completed a period of 'induction' and were provided with training opportunities, feedback suggested that further training and development was required. Staff were also not receiving routine supervision or appraisals.

Staffing levels and recruitment had been an area of concern for the provider. A recruitment drive was under way and new employees were in the process of being recruited. Although staffing levels had started to improve, we received mixed feedback about continuity and punctuality of staff. We have made a recommendation staffing and recruitment.

The registered provider had an up to date complaints policy in place; however, the feedback we received suggested that verbal complaints were not always effectively responded to. People were provided with complaint process information and knew who to contact to make a complaint.

We received a number of concerns in relation to medication administration support that Sagecare (Wigan) staff offered. Medication policies and procedures were in place and staff received the necessary training. The registered and regional manager confirmed that a number of medication errors had occurred, investigations took place and measures were implemented to mitigate future risk.

A person-centred approach to care was provided, care records contained tailored information that staff could familiarise themselves with. People told us that routine staff were familiar with their support needs, however continuity of care was not always provided, particularly of a weekend.

People's support needs and level of risk were as assessed and monitored from the outset. A new digital platform ensured that staff had access to up to date support plans and risk assessments for each person receiving support.

Staff were familiar with safeguarding and whistleblowing procedures. Staff received training in this area of care and understood the importance of keeping people safe. The provider submitted all necessary safeguarding incidents to the Local Authority and CQC accordingly.

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.

We received largely positive feedback in relation to the care and support Sagecare (Wigan) staff provided. One person told us "The staff are brilliant, I cannot fault them." Staff provided respectful, dignified and compassionate care.

Rating at last inspection:
The last rating for this service was 'good' (published 8 September 2017). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected:
This was a planned comprehensive inspection as part of CQC's inspection schedule.

Enforcement
We identified breaches of regulation in relation to 'staffing' and 'good governance'. Please see the 'action we have told the provider to take' section towards the end of the report.

Follow up:
We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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?

Requires Improvement

The service was not always safe

Details are in our 'Safe' findings below

Is the service effective?

Requires Improvement

The service was not always effective

Details are in our 'Effective' findings below

Is the service caring?

Good

The service was caring

Details are in our 'Caring' findings below

Is the service responsive?

Requires Improvement

The service was not always responsive

Details are in our 'Responsive' findings below

Is the service well-led?

Requires Improvement

The service was not always 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 as part of our regulatory functions. This inspection checked whether the registered 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.

Inspection team:
The inspection was carried out by one inspector, two 'Experts by Experience' and another inspector supported with telephone calls to staff. 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 48 hours' notice of the inspection visit as the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in when we conducted the site visit.

Inspection activity started on 5 February and ended on 10 February 2020. We visited the office location on 5, 7 and 10 February 2020. Telephone calls were made to Sagecare (Wigan) staff, people and their relatives on 5 February and we visited three people who received care on 10 February.

What we did:
Before the inspection we reviewed information we held about the service. This included any statutory notifications sent to us by the registered provider about incidents and events that had occurred at the

service. A notification is information about important events which the service is required to send to us by law. We also contacted the commissioners of the service to gain their views.

The provider was also asked to complete a 'provider information return' prior to this inspection. This gives 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 used all of this information to plan our inspection.

During the inspection we spoke with the regional manager, registered manager, eight members of staff, 15 people who received personal care and 15 relatives. We also looked at care records belonging to 20 people receiving support, recruitment records for eight members of staff and other records relating to the management and quality monitoring of the service.

Requires Improvement

Is the service safe?

Our findings

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

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

Staffing and recruitment
- Staffing levels and safe recruitment processes needed to be reviewed and strengthened.
- We received mixed feedback about the punctuality and continuity of staff. One person told us, "Weekends, I don't know what time they [staff] are going to come or what staff are going to arrive."
- Staff confirmed that staffing levels had improved but staff rotas could be better organised.
- Recruitment processes were in place; although we identified that not all application forms were thoroughly completed with sufficient employment histories or references. The regional manager was responsive to this feedback and explained how recruitment procedures would be improved.

We recommend the provider reviews staffing and recruitment systems as to ensure people are safely supported by punctual, consistent and suitable staff.

- Staff told us that staffing levels had improved and the registered manager was filling staff vacancies as quickly and efficiently as possible.
- Staff told us that even when staffing levels have been a concern, the registered manager ensured that people continued to receive the care they required. Staff told us, "Staffing issues are improving" and "[levels] are improving, carers have left but we do work together as a team."

Using medicines safely
- There had been a number of medication errors which indicated that medication administration processes and procedures were not always complied with.
- Medication incidents were investigated, and measures were put in place to mitigate these risks and keep people safe; medication audits were also routinely completed to establish compliance and monitor staff performance.
- Staff received appropriate medication training; people told us they received a safe level of support from trained members of staff.
- Electronic medication administration records (E-MARs) were completed by staff; E-MARs contained all the relevant information that staff needed to familiarise themselves as well as a corresponding 'medication' risk assessment that staff could consult.

Assessing risk, safety monitoring and management
- People's level of risk was assessed, and measures were put in place to keep people safe.
- Areas of risk were regularly reviewed; digital risk assessments and support plans were updated, and staff

received up to date and consistent information in a timely and effective manner.
● A variety of tailored risk assessments were in place; tailored assessments enabled staff to familiarise themselves with the low, medium, high and significant level of risks that needed to be managed.
● Environmental risk assessments were also completed. These included both internal and external risks that staff needed to be aware of when providing care in people's homes.

Systems and processes to safeguard people from risk of abuse
● Effective safeguarding and whistleblowing procedures were in place.
● Staff received safeguarding training; they told us how they would report their concerns if they needed to.
● Safeguarding incidents were appropriately reported to the local authority and CQC; investigations took place as and when needed.
● People confirmed that they felt safe when receiving care and support from Sagecare (Wigan) staff. Comments we received included, "Yes I do [feel safe] because I have a set of carers whom I am comfortable with" and "Oh yes, [I feel safe]."

Preventing and controlling infection
● There was an up to date infection control policy in place; this contained guidance in relation to preventing and controlling infections.
● Staff were provided with personal protective equipment (PPE); they informed us that PPE was always available as and when they needed it.

Learning lessons when things go wrong
● Accidents and incidents were appropriately reported, investigated and lessons were learnt.
● Staff were familiar with the accident and incident reporting procedure; the registered and regional manager maintained a good level of oversight in relation to any significant events that occurred.
● We saw evidence of investigations that took place and actions that were taken to mitigate risk.

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated 'requires improvement'. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Sagecare (Wigan) staff were not routinely supported with one to one supervision or annual appraisals. A number of staff told us they couldn't remember when they last received one to one supervision.
- The providers system of 'spot checks' to establish staff performance and delivery of care were not taking place. The registered manager confirmed that this was an area that hadn't been prioritised.
- Although all staff were expected to complete 'induction' training, which was in line with 'The Care Certificate', not all staff had completed the providers annual 'update' training.
- We received some negative feedback from people and relatives in relation to the skills and experience of staff. One comment we received included, "I think some of the carers could do with more training in Dementia Care."

We found no evidence that people had been harmed however, staff were not receiving effective training, learning and/or development opportunities. This was a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some staff received bespoke training in areas such as epilepsy, choking and percutaneous endoscopic gastrostomy (PEG). Staff were 'matched' to care packages were more complex support was provided.
- The registered manager conducted 'themed supervisions'; staff received these when lessons needed to be learnt from a significant event. For instance, themed supervisions were in place for medication errors, safeguarding and record keeping.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; and staff working with other agencies to provide consistent, effective, timely care

- People's level of support and areas of risk were appropriately assessed before any personal care was provided.
- Care plans and risk assessments contained tailored, up to date, consistent information that staff needed to familiarise themselves with. One staff member said, "Everything is on your phone (digital system) in relation to support and risks. They [phones] are great.
- All aspects of people's health and well-being was assessed. For instance, the initial assessment established details about people's oral hygiene, communication support needs and religious beliefs.
- People received a holistic level of care from external healthcare professionals. Any guidance that needed to be followed was incorporated within people's care records.

Supporting people to eat and drink enough to maintain a balanced diet
● People received the nutrition and hydration support they needed.
● Care records contained important nutrition and hydration information that staff needed to follow; people were also encouraged to maintain healthy balanced diets.
● Staff received the relevant level of training in relation to complex nutrition and hydration support.
● Some staff provided PEG support, one relative told us that staff were 'brilliant' when providing this area of care.

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.

● Care records indicated that people were involved in the decisions that needed to be made about the care and support they required.
● People were supported with day to day decisions and staff asked for their consent before providing personal care.
● People were not unlawfully restricted. For instance, one person required bed rails as a way of managing risk throughout the night. The person had provided consent and the required bed rail risk assessment had been completed.

Good

Is the service caring?

Our findings

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

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

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

- Although people and relatives told us that staff provided kind, respectful and compassionate care. We also received some mixed feedback about the quality of communication between Sagecare (Wigan) staff and people receiving care. This was an area of care that the registered manager was trying to improve.
- People and relatives told us that staff treated them well and provided care that was tailored around their support needs. Comments we received included, "Yes they are really respectful and nice to my husband" and "[Staff] are all very pleasant and very caring."
- Equality and diversity support needs were established from the outset. For instance, the provider ensured they were familiar with people's religious and cultural needs. One care record stated, 'My religion is very important to me and it is essential that I practice my faith.'

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

- People told us that they were encouraged to share their views and were actively encouraged to make decisions about their care. One person told us, "I wanted some changes made (to care package) and this was listened to."
- Regular (face to face or telephone call) review meetings took place; people had the opportunity to discuss their packages of care and share their thoughts, views and opinions. One relative said, "Yes, we've had a phone call to see if [we're] satisfied with the care being given."
- Annual quality questionnaires were circulated to people receiving personal care. Questionnaires enabled the provider to review people's feedback and consider suggestions that had been made.

Respecting and promoting people's privacy, dignity and independence

- People received respectful care and their privacy and dignity was maintained and promoted. One relative told us, "Yes, they respect my dad's privacy by closing the blinds in the front room window and he is always covered when they conduct any personal care tasks."
- People were encouraged to do as much for themselves as possible. Care records contained information such as, 'I am fully independent with washing/dressing but would like 'support.' One person also told us, "I am very independent, I only need morning and night time call [support visit] now."
- People's sensitive and confidential information was safely stored at the registered address and protected in line with General Data Protection Regulations (GDPR).

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated 'requires improvement'. This meant people's needs were not always met

Improving care quality in response to complaints or concerns
- Feedback we received, suggested that verbal complaints about the punctuality of staff and lack of communication had not been thoroughly investigated and responded to.
- People received the complaint process information and told us they knew how to make a complaint if they ever needed to.
- Written complaints were responded to in accordance to company policy; they were responded to, investigated and outcomes and lessons learnt were communicated.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
- A person-centred approach to care was evident. However, we received mixed feedback about the continuity of staff. Some people told us that their 'routine' Sagecare (Wigan) staff knew them well but non-routine staff were not so familiar with their needs and preferences.
- The provider was not always able to provide consistent and routine staff for people receiving care. This was an area of development that the registered and regional manager was addressing.
- Care records contained a good level of information in relation to people's life stories, preferences and wishes. Care records contained specific information such as, 'I am unable to move my arms too much so I like to wear stretchy clothing' and 'I particularly like fish and chips, cut the sharp ends off chips, remove batter from fish.'
- People told us that although they didn't always receive care and support from routine staff, they did receive the care and support they required. One person told us, "I can't fault the staff really."
- People were regularly involved in quality reviews that took place; they had the opportunity to express how their care was delivered and if any changes were required. One review we checked stated, 'All carers are brilliant.'

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
- People were supported to remain as independent as possible, encouraged to maintain important relationships to avoid social isolation.
- It was clear from the care records we checked that people maintained a level of independence and participated in activities they enjoyed. One care record we checked stated, 'I regularly go out with family, I attend a place of worship and I regularly go shopping.'
- Sagecare (Wigan) staff encouraged people to make choices about day to day support they needed. For instance, one care record stated, 'Weather permitting, carers can take me for a little walk around the street.'

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● People's communication support needs were assessed and established from the outset.

● Care records contained important information about the required level of support people needed and how staff needed to provide this support. For instance, care records we checked stated, 'My carer can help me with learning sign language' and 'I have difficulties with talking; please allow me time to speak.

● There was an up to date AIS policy in place and people received support in this area of care as and when it was requested.

End of life care and support

● At the time of the inspection, nobody was receiving 'end of life' care. However, staff received training around this area of care during their induction period.

● There was an 'end of life' policy in place and people had the opportunity to discuss their 'advanced decisions' with Sagecare (Wigan) staff when they chose to.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

Manager's and staff are clear about their roles, understanding of quality performance, risks and regulatory requirements; continuous learning and improving care.

- Systems and processes to monitor the provision of care being delivered were not always effective. For instance, staff support, and development opportunities were not always prioritised and staffing levels were impacting the quality and consistency of care people received.
- Quality performance measures were not always being carried out; people were involved in quality assurance reviews, but staff performance was not routinely assessed. 'Spot checks' were not being completed; staff did not have the opportunity to have their performance assessed or reviewed.
- Improvements around the provision of care people received were not always made. The provider received feedback in relation to staff punctuality, continuity of staff and poor communication, which had not been explored. The registered manager agreed that these areas required improvement.

Systems and processes to monitor, assess and review the quality and safety of care people received were not effectively used. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was aware of her regulatory responsibilities; the relevant statutory notification were submitted to CQC.
- Accidents, incidents and safeguarding concerns were appropriately reported and recorded; investigations took place, lessons were learnt, and measures were implemented as a way of keeping people safe.
- A 'service improvement plan' was in place; Wigan Local Authority had identified areas of improvement that needed to be followed upon; these were being addressed at the time of the inspection.

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

- The registered manager was aware of the duty of candour responsibilities; she endeavoured to maintain open, honest and transparent relationships.

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

- People received care that was tailored around their individual needs and risks; they were included in the decisions that needed to be made and empowered to share their views and suggestions.
- Routine staff were familiar with the people they supported, and care records contained all the relevant

information that staff needed to know.

● The delivery of person-centred care meant that people received support that was tailored around their needs and preferences. One relative told us that the support Sagecare (Wigan) staff have provided, has meant that their loved one has not had to go into full time care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

● People were encouraged to share their views and suggestions around the quality and safety of care provided. Equality characteristics were identified and respected.

● Staff attended regular team meetings and told us they enjoyed working for Sagecare (Wigan). Staff members told us, "[Manager] is lovely, very supportive, I enjoy working here" and "Culture of the company is changing, [manager] I love her, she's on top of everything and committed to providing the care people need."

● The registered manager worked closely with the local authority. The provision of care was routinely monitored and assessed

● Sagecare (Wigan) worked closely with external healthcare professionals. People received a holistic level of care in relation to their overall health and well-being.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes to monitor the quality and safety of care were not effectively used.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff were not always effectively supported with training, learning and development opportunities.