Sage Care Limited

Sagecare (Peterborough)

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Sagecare (Peterborough) is registered to provide personal care to people who live in their own homes in the Peterborough and surrounding area. At the time of our inspection 200 people were receiving personal care from the service and there were 40 care staff employed.

This unannounced inspection took place on 26 and 27 May 2016.

The service had 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.

The provider's policy on administration and recording of medicines had not been followed, which meant that people may not receive their prescribed medicines. Audits had not always identified issues with medicines management.

People had their needs assessed and reviewed so that staff knew how to support them to maintain their independence. People's care plans contained person focussed information, and this information was up to date for most people.

There was a sufficient number of staff available to ensure people's needs were met safely. The risk of harm for people was reduced because staff knew how to recognise and report abuse. Staff were aware of the procedures for reporting concerns and systems were followed and concerns were investigated.

Staff were only employed after the provider had carried out comprehensive and satisfactory pre-employment checks. Staff were well supported by the registered manager and senior staff through supervisions and staff meetings.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. We found that staff were trained in the principles of the Mental Capacity Act 2005 (MCA) and could describe how people were supported to make decisions.

People did not always receive care and support from staff who were kind, caring and respectful to them. Most staff treated people with dignity and respected their privacy.

People knew how to make a complaint. The provider investigated any complaints and as a result made changes to improve the service.

The registered manager was supported by a staff team that included a regional manager, a care manager,

two care co-ordinators and care workers. The service had an effective quality assurance system in place. People and relatives were encouraged to provide feedback on the service and their views were listened to and acted on.

We found one breach of the Health and Social Care Act (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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.

Staff were not following safe practices when they administered or recorded medicines, which meant people may not receive their medicines as prescribed.

Risks to people's safety were not always managed effectively.

The recruitment process ensured that only suitable staff were employed to work with people using the service. Sufficient numbers of staff were employed to meet the care and support needs of people.

Is the service effective?

Good

The service was effective.

Staff understood the Mental Capacity Act 2005 so that people's rights to make decisions about their care were respected.

People received care from staff who were trained and supported to provide safe and appropriate care. Staff knew the people they cared for well and understood, and met their needs.

Is the service caring?

Requires Improvement

The service was not always caring.

People did not always receive care and support from staff who were kind, caring and respectful.

People were involved in the decisions about their care.

Staff treated people with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People were involved in the assessment and reviews of their care. The majority of people had their care records updated

when changes had occurred to their health and wellbeing.

People and their relatives knew who they could speak with if they had a concern or complaint. A complaints procedure was in place and the registered manager investigated and actioned any concerns or complaints.

Is the service well-led?

Good

The service was well-led.

The registered manager was experienced and staff were trained to provide people with safe and appropriate care. Staff felt supported by the registered manager.

People and staff were supported in case of emergencies as there was an out of hours system in place.

There were systems in place to continually monitor and drive improvement of the standard and quality of care that people received.

Sagecare (Peterborough)

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 on 26 and 27 May 2016 and was announced. The provider was given notice because the location provides a domiciliary care service and we needed to be sure that the registered manager was available. We also requested information prior to the inspection, which was provided by the registered manager of the service.

The inspection was carried out by four inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of caring for someone who uses this type of care service. The expert-by-experience had expertise in advocating for people and had worked with both carers and people who used services.

Before the inspection we looked at all of the information that we held about the service. This included the provider's action plan, which set out the action they would take to meet legal requirements. We looked at other information that we held about the service. These included notifications, which provide information about events that happen in the service that the provider is required to inform us about by law. Peterborough City Council provided us with a copy of the report following their contract's monitoring visit on 16 May 2016.

During the inspection we visited eleven people who used the service and two relatives. We spoke on the phone with six people who used the service and four relatives. We spoke with the regional manager, the registered manager, one care co-ordinator and two members of care staff.

As part of this inspection we looked at records in relation to keeping people safe from harm and medication administration records. We also checked the care plans and risk assessments for fifteen people. We looked at records in relation to the management of the service including audits, complaints and meeting minutes.

Requires Improvement

Is the service safe?

Our findings

We could not be confident people received their medication as prescribed. The provider's policy in recording the administering of medicines and creams had not always been followed by staff. The use of specific codes was not consistent. For example 'O' was used to denote other, but the office staff were unable to explain what that meant in the medication administration records (MAR) charts we showed them; also where 'A' was used to denote the person was absent (from their home), 'A' had also been used to show that the medication had not been available to be administered. There was no record to show what staff had done to keep people safe if their medication had run out.

We saw that one person should have had prescribed creams applied. The creams were not on the MAR and there was not always a record in the care notes to evidence that the creams had been applied. We found that one person had time critical calls for their medication. However, the required timings did not correspond with the MAR chart or the actual times of the calls. Although audits had been completed these had not identified the issues that we saw during the inspection. This meant people could be at risk because staff had not followed the provider's policy in the management, administration and recording of medication.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 Regulated Activities) Regulations 2014.

Staff assisted six of the people we spoke with to manage their medication. One person told us, "They get my tablets out of the boxes and bottles for me as I can't. She [the regular member of care staff] does it automatically as she knows exactly what to do." Another person said, "Staff always remember to give me my medicines." The person also explained that staff administered the medicines in the way that they wanted.

Staff told us they had training in medication administration and competency checks were completed by senior staff. Senior staff told us they observed staff competency in medication administration when they completed spot checks in people's homes. The regional manager and registered manager told us they had already recognised some of the areas that needed to be improved in medication administration and recording. They said that to improve the service they had arranged themed medication training on the impact of inappropriate medication administration. This was due to take place in the next few weeks. They also said that they had nominated medication leads who would go into the field weekly and interview people about the way staff administered their medication.

The level of risk to people was not always managed effectively. We saw that risk assessments about each person's home environment had been completed. Other areas of risk that had been identified included moving and transferring, risk of falls and medication administration. One person said, "Two carers always assist me – if one arrives before the other they never start the care until the other carer has arrived so that they can properly and safely assist me with what I need." However, we saw that risk assessments were not always updated with the most current information. For example, in relation to one person, the information about the use of a hoist was not correct, which meant they could be at risk of inappropriate care by staff

who did not have the necessary information to meet their needs safely. However, the person said they had regular care workers who were aware they did not use a hoist. The registered manager was informed and the care manager said a new risk assessment would be completed immediately.

People told us they felt safe. One person said, "I feel safe. Staff would never hurt me. I've never felt vulnerable. I've got a brochure and would know who to talk to [if I was worried]." Another person said, "I feel safe. The staff are amazing. They understand my needs and more than do their job properly."

The registered manager said all staff had received training in safeguarding people from harm, including refresher training where necessary. Staff confirmed that they had undertaken training in safeguarding people from harm and were able to explain the process to be followed if incidents of harm occurred. One member of staff said, "I would report anything like a bruise to the office [staff]." Another member of staff said, "I have completed safeguarding training. I would report [any incidents of harm] no matter what. It means it can be investigated [by the appropriate authorities]. If nothing was put in place and people were in serious danger then I would take steps to communicate to the local authority, police or CQC."

The registered manager had appropriately referred two safeguarding events to the local authority. Information showed the registered manager had investigated the events and how the service had learned from these. For example risk assessments for one person had been updated and one staff member no longer provided care to people who required moving and transferring until further training could be provided. The registered manager had received information about two other safeguarding concerns, one from the local authority and one from the police. These two safeguarding investigations were still on going at the time of the inspection. The registered manager had taken prompt action to ensure people were safeguarded from harm while investigations took place.

Staff were aware of the whistleblowing policy in the service and where to find all the necessary telephone numbers. One staff member said, "I know who to go to and the [phone] numbers." Another said, "Yes, whistleblowing is when you have any issues about other staff [work practices]." They confirmed how they would raise concerns, but had never had to do so.

People were satisfied overall with the level of care staff and told us there had been calls from the office staff if care staff were going to be late. One person said, "They are usually on time and if they are running late they [office staff] let me know." Another person said, "I have found that if they were late, usually somebody at Sagecare phones me. If it did go on I'd phone them [staff at the office] in case the carer was ill or something had happened to them - to see if they were okay." Another person said, "The carers never rush me. [They] take their time and they make sure I have everything before they leave." However, one person said, "[At] mealtimes I need them to come at a reasonable time as it's a quarter of an hour it's stated, but at the odd time they've tripped up [care staff have not arrived to provide care] and I've had to get it [the meal] myself. But lately they've been good."

The provider followed robust staff recruitment procedures. Staff confirmed the checks that had been completed. For example, a satisfactory employment history, Disclosure and Barring Service (DBS) check, (this check is to ensure that staff are suitable to work with people who use this service) and proof of previous employment. Staff said that they had provided other identity documents including recent photographic identity and a declaration of their health status. There was also evidence that the service had regularly updated DBS checks every three years. Information in the Peterborough City Council provider visit report showed similar findings and that the service demonstrated best practice in relation to checking staff were suitable to work with people who received the service.

Good

Is the service effective?

Our findings

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 and all staff had an understanding of the MCA. The MCA protects people who might not be able to make informed decisions on their own about their care or treatment. Where it is judged that a person lacks capacity, a person making a decision on their behalf must do this in their best interests and in the least restrictive manner. All the people we visited or spoke with were able to make their own decisions. The registered manager and staff said there was no-one who was not able to make decisions about their care needs or who would require a specific assessment under the MCA in relation to best interest decisions.

We saw that staff understood people's needs well. This was by ensuring that the care provided was only with the person's consent, and the people we spoke with agreed that was the case. A member of staff told us that the MCA was, "wishes and choices and how care is delivered. The way of dealing with people positively."

Staff told us about the induction training programme, which provided all the mandatory training expected by the provider. Staff confirmed that following their induction they were supported with shadow visits (working with a more experienced member of staff). This continued until the managers were confident the staff member was able to do their job independently. One person said, "When they've had new people [care staff], they send them with people [care staff] already [providing] the service. I'm quite satisfied and most of the carers are quite good anyway. Most of them know what's needed and they ask is there anything else they can do."

People were supported by staff who had the necessary skills and who knew the people they cared for well. Staff confirmed that their competency was assessed through observations in areas such as medication administration and moving and repositioning people. A matrix supplied by the registered manager showed that the training for current staff was up to date. One staff member told us, "I have done my medication update, MCA update, moving and handling and food hygiene. We get really good support with training."

People told us they felt the staff had the skills to be able to provide their care. One person said, "I certainly think that the ones who are 'in the business' are trained, but the new girls are not quite experienced, but they do their best. If they come a second time they know what to do - they do what you ask them to do." Another person told us, "They've [care staff] had enough training. My [care] staff often have to go for training – they know what they're doing."

Staff told us that they received regular supervision and a yearly appraisal. One staff member told us, "I have one to one with [name of registered manager] once a month to discuss anything." Another member of staff told us, "I've just had supervision. We get one every three months and a yearly appraisal. It's about how well

you're doing, [and if there are] any problems." Staff told us, and we saw, information that showed that there were new group supervisions where different themes were introduced and discussed. The first was in April 2016 when medication administration was discussed. This meant staff were kept up to date about any changes in legislation and best practice. Further areas to be discussed were MCA, food and nutrition and record keeping.

People told us they were supported to cook their meals if needed and they were able to choose what they ate and drank. One person said, "Yes, they get my food ready and my drink. I choose it [food or drink]. Because I'm not eating much at all at the moment one of them tried to get me to have some soup, but I refused. Some are very concerned, but sometimes I don't want to eat." One relative said, "We do that [prepare food and drink], but sometimes we ask them to reheat food in the microwave for tea. We choose what we want carers to do. They leave a drink next to [my family member]."

People told us they or their relatives usually made the necessary appointments for things such as GP visits, chiropody, eye tests and hearing tests. Staff told us that they would ring the emergency services when required and then inform the office staff. There was evidence in some people's daily notes that a GP or district nurse had been called. We saw staff reported any healthcare concerns or issues, which they dealt with in people's homes, to the office staff. This showed that any changes in people's health were monitored and referrals made when necessary.

Requires Improvement

Is the service caring?

Our findings

Although people told us that the staff were caring and kind, we had received information, prior to this inspection, that showed that some people had not been treated with compassion. People said things such as, "Staff are pleasant, efficient and kind," "At the minute I've got the best team of carers I've ever had. I don't have people [care staff] who don't know me. It's very rare that they [the office staff] send someone completely new to me." One person who suffered chronic pain said, "They're always careful. [They] always leave me comfortable."

People told us that they had a good relationship with the staff who provided their care. One person told us, "Yes, my regular carer [name of care staff] can come in and at a glance knows how much or how little help I need. If I can't be bothered [unable] to do things for myself, they will do more than usual - they know me well enough." Another person explained how they had learned to "cope and accept" their disability because of the care given by the care staff.

People were able to speak up for themselves or were supported by a relative who would speak up for them if it was necessary. The registered manager said that, if necessary, an independent advocate would be sought to help anyone if they wanted it. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

People told us staff treated them with dignity and respect. One person said, "Yes they [staff] do [treat me with dignity and respect]. I wouldn't be able to dry myself in the shower. I've got a chair they [care staff] help me on and off. They're respectful. I've got one of these things to sponge myself so I do what I can and [where care is provided by the care staff] it's done with dignity."

Staff told us how they ensured people's privacy and dignity by closing the curtains, keeping doors closed and covering people when providing personal care. They told us how they involved people in their everyday decisions about their care and how they provided choices to them. One person said, "I shower myself and bath, and they sit outside and come in [when ready] to see that I get dried and dressed." People told us they were asked if they preferred a male or female member of staff and their choice was respected. One person said, "I told them I didn't want males [male care staff]. If a male comes there's always a lady with him and she sends him out while doing any personal care."

People told us they were encouraged to be as independent as possible. One person said, "They [care staff] encourage me to be independent. They respect that I want to do it and they encourage me to do it, even though it would be easier to do it themselves. They know when to step in."

Good

Is the service responsive?

Our findings

People said that they had been involved in developing and reviewing their care. However, for two people we saw documentation that was not correct. We went through the care file with one person who confirmed that the care plan was wrong and the information about the use of a hoist was incorrect. The hoist had been removed by the occupational therapist. In another person's care plan we saw that they only needed prompting when having a shower or body wash. Information provided by the purchaser of the service showed that the person was able to manage some elements of their care with verbal prompts. However the person required full assistance from care staff to wash their lower body. This meant care staff did not always have the correct information to meet people's care needs appropriately. We informed the registered manager and care manager about both care plans. They said changes to people's care plans would be rewritten immediately and staff would be informed by phone about the changes.

Three other people we spoke with told us that an assessment of their needs had been carried out before the service started. Care plans had been produced from the assessment, which had been discussed and agreed with them. One person said, "A carer ran through everything with me." We saw that there was not always sufficient detail in a person's care plan. For example there was no information that showed how much the person could do for themselves.

Staff were able to tell us about the people they were caring for and how they supported those people in their own homes. One member of staff said, "I care for people as I would for my family, for my mother and father. I can tell you about each person and whether they are having a good day or a bad day." The member of care staff then went on to explain how they provided extra care for those people who were having a "bad day".

People told us that their care needs were reviewed. One person said, "Three times in the last year people came from different areas of the company." A relative said, "We had one [review] recently. I sat in with [family member] and [a senior staff member] was doing a new reviewed care plan. [Name of family member] heard some of the questions and I discussed it all with [my family member] later." Staff told us that if there were changes in a person's health or care needs they reported them to the office and a senior member of staff would visit the person to reassess their needs. We saw that where some people's health had deteriorated there had been an increase in the number or length of the care calls as a result of their review.

We saw that there had been two social events that people could attend, which meant people were involved in social occasions. One was a Christmas party attended by 33 people who use the service and the other an afternoon tea attended by 20 people. There were questionnaires sent out to each person so that the registered manager could provide further events if they were enjoyed. All the feedback from people about these events was positive.

There was information on how to make a complaint about the service found in all but one person's file in their home. There were details of the telephone numbers including the out of hour's number when the office was closed. People we spoke with were aware that they could complain and to whom. One person told us that they had complained about some of the care staff that they did not get on with very well. They said the

company listened to them and replaced the staff. Another person said, "Yes to be fair, I have had complaints in the past and had a chat with [names of care co-ordinators] at the office, and they invariably sort it out."

We saw that there had been six written complaints since January 2016. There had been detailed investigations made by the registered manager and actions put in place where necessary. There had been at least four follow up phone calls to each person to make sure they were happy with the outcome. Where necessary there was evidence that staff had received written or verbal warnings and this had been followed up by senior staff undertaking spot checks to ensure the improvements were maintained.

Good

Is the service well-led?

Our findings

There was a registered manager in post at the time of the inspection and they were supported by the regional manager, two care co-ordinators, one care manager and care staff. Most people did not know the name of the registered manager but knew the names of the staff who worked in the office. People and their relatives said they were comfortable to telephone the staff in the office because they were "always on the end of the phone if you need them". Staff said they could always talk to the registered manager or staff in the office. One member of staff said, "They [senior staff and registered manager] have told us if we have any problems to 'come and see us'." Another member of staff said, "The support is brilliant. I couldn't ask for a better [registered] manager, and [name of the regional manager] is lovely. We get asked by the [registered] manager about how we feel about our job."

The registered manager told us there were systems and processes in place to monitor the quality of the service provided so that people could be confident their needs would be met. They told us that there was a system of spot checks to observe the care provided by staff on a regular basis as well as quality checks. Staff and three people confirmed that was the case. Seven people could not remember having had a visit to discuss the quality of their care but said they did not have any issues about the service or the care staff. One person said, "Oh, yes. [Name of care co-ordinator] comes sometimes to talk to me. We've got a good relationship. I like them very much." When spot checks and quality checks, both through visits and phone had been undertaken, there were records that showed people had been spoken with. If visits were undertaken then people had signed to agree what had been discussed and written about.

One person remembered receiving a questionnaire from the provider "a matter of weeks ago" and another said, "I've had a couple of questionnaire things from Sagecare. It bypasses the staff so you can say anything and send it straight back to the office." However, other people and relatives we saw or contacted said they could not remember having received anything from the provider asking for their views about the service. The registered manager said every person in the service was sent a questionnaire each year through the head office. This year's questionnaires had been sent out in the last two months and all responses would go to the head office. The responses would be collated and the registered manager would receive details of the outcomes and any concerns or issues that needed to be addressed. At the time of the inspection there had been no report from the provider.

People told us they knew who to contact if they needed to speak with someone in Sagecare (Peterborough). All staff said they would feel confident about reporting any concerns about poor practice to the registered manager and senior staff in the office and that action would be taken where necessary.

All staff told us there were regular staff meetings. Some were all staff meetings, whilst others were geographical area meetings. Minutes from the different meetings showed that where staff requested information, further explanation or asked questions, the response details were attached to the minutes of the meeting. One staff member said they attended the staff meetings and they felt they were useful and used to update staff on changes in people's needs, information on changes to update their practice as well as discussing topics such as medication. Staff also said they were listened to and responded to about the

care they provided and this helped them to improve people's care. One staff member said, "We are listened to in the meetings, and people [staff] listen about things that will make the service more effective. We can make the work easier if we work as team mates."

Records we held about the service, and our discussions with the manager, showed that notifications had been sent to the Care Quality Commission (CQC) as required. A notification is information about important events that the provider is required by law to notify us about. This showed that the registered manager had an understanding of their role and responsibilities.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Although there were policies and procedures in relation to the management, administration and recording of medication, staff had not followed them. Regulation 12 (2) (g).