Care Quality Commission

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

Overall summary

Sagecare (Peterborough) is registered to provide personal care to people who live in their own homes. At the time of our inspection 258 people were receiving a personal care service.

We last inspected Sagecare (Peterborough) in August 2014. At that inspection we found the service was meeting all the essential standards that we assessed. This announced inspection took place on the 6 and 7 August 2015.

The service had a registered manager in post. They had been registered since 2013. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the scheme. 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 scheme is run.

The providers' policy on administration and management of medicines had not been followed by staff which meant

Summary of findings

that people may not receive their prescribed medicines. Audits had not always identified issues with medicine management. Where issues had been identified the required action had not always been taken or recorded.

People's needs were assessed and staff were able to support people and meet their needs. However some care plans contained limited information.

Risks to people's safety had not always been assessed. Staff had no recorded information on how to deal with incidents should they occur.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We found that people who used the service had not had their capacity to make day-to-day decisions formally assessed.

The risk of harm for people was reduced because staff knew how to recognise and report abuse.

The recruitment process ensured that only suitable staff were employed to provide care to people using the service. There were sufficient staff to meet the needs of people receiving a service.

The provider had quality audits in place to monitor the safety and wellbeing of people using the service. However, issues had not always been identified. Where they had been identified, the action taken had not always been recorded.

People's privacy and dignity was respected by all staff. People were aware that there was a complaints procedure in place and who they would contact. People found communication with staff in the office to be less than efficient.

Staff felt supported by the managers and they were able to raise any concerns or discuss any ideas they had.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not always safe.

Staff were not consistently 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 recorded or 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.

Requires Improvement

Is the service effective?
The service was not always effective.

People's capacity under the Mental Capacity Act 2005 had not always been assessed to ensure decisions that were taken were in their best interests.

People received care from staff who had received most of the appropriate training they needed.

Requires Improvement

Is the service caring?
The service was caring.

Staff were kind and treated people with dignity and respect.

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

Good

Is the service responsive?
The service was responsive.

People's needs were assessed and staff were able to support people and meet their care needs.

The service was flexible in the way it provided care.

People were aware of how to raise any complaints or concerns and who to speak with.

Good

Is the service well-led?
The service was not well led.

Staff felt supported by the registered manager and they were able to raise any concerns as well as discuss ideas.

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

Requires Improvement

Summary of findings

Audits had been completed but did not always identify areas for improvement or detail what actions had been taken when areas for improvement were identified.

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 was undertaken by one inspector and took place on 7 and 8 August 2015 and was announced. 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 in.

Before the inspection we asked the provider to complete 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. The provider completed and returned the PIR form to us and we used this information as part of our inspection planning. We asked for information from people who commission the service.

During the inspection we telephoned five people who received a service and spoke with two relatives. We spoke with the registered manager, the regional manager, four care staff, one field care supervisor, one co-ordinator and one administrator.

As part of this inspection we looked at five people's care records. We looked at other records such as accident and incident reports, complaints and compliments, quality monitoring and audit information and policies and procedures.

We looked at other information that we held about the service including notifications, which provide information about events that happen in the service that the provider is required to inform us about by law.

Requires Improvement

Is the service safe?

Our findings

Most people and relatives told us that they administered their own medicines, although some said staff prompted them to take the appropriate medicine. Where staff assisted them with their medicines, one person said, "They [staff] give me my medication [medicines]."

Staff told us that they had received training in the administration of medicines and that their competency was assessed. This was confirmed by the registered manager. The provider had a policy in respect of the administration of medicines. We found that this policy had not always been followed and as a result we could not be confident that people were receiving their medicines as prescribed. The regional manager said they had recognised that the level of competency in the administration and recording of medicines was not sufficient to ensure people were kept safe. Further training was to be provided and more spot checks were to be made to ensure the medicine policy was followed.

We looked at the medication administration records (MAR) of five people and noted that staff had not adhered to the providers policy on medicines. We saw that where people had been prescribed one or two tablets, the amount administered had not always been recorded. In addition, one person's record showed that an antibiotic should have been administered four times a day for seven days. The person had not had the four staff visits required to administer the medicine. The record showed the person had only been given their medicine twice a day and therefore had been at risk as the course of antibiotics had not been administered as prescribed. The registered manager was not able to provide evidence to show why the medicine had not been appropriately administered.

People told us they felt safe. One person said, "The carer [staff member] keeps me safe. They have a key to get in and then lock my door when they leave." One relative told us they felt their family member was safe and treated well by all staff who provided care.

The provider had submitted notifications to us that showed they had followed the correct local authority safeguarding procedures in the event of people being placed at any risk of harm. Staff told us about their roles and responsibilities in relation to protecting people and the training they had received. They understood what signs of harm to look for and were confident in how to escalate any concerns they had in respect of people's safety. One staff member said, "I would ring the office [staff] and if nothing was done just keep going to the next person." There here was information in the office about how to report any incidents of harm, which included external telephone numbers. This showed that people were kept as safe as possible and the risk of harm was reduced.

Most people told us they usually had regular workers who visited them. However, some told us that although they had the weekly rota sent to them there were often staff changes that they were not told about and one relative told us their family member had been missed off the staff rota altogether. One person said, "They shouldn't keep changing carers [staff]." One relative said, "Twice I have been let down. Now I have to wait to make sure they [staff] will arrive before I go out." Another relative told us that their staff were changed without being told which upset the routine for their family member.

Most people and relatives said that the staff arrived and usually stayed for the correct amount of time. Information provided by the registered manager showed that there had been one missed call for people who used the service, out of 3771 calls during a seven day period. Staff told us that they covered staff who were on holiday or went sick. One member of staff said, "We cover staff, and we're really quick to get and cover." We saw that there were enough staff to meet people's personal care needs.

There were risk assessments in place for areas such as moving and transferring people, the person's home environment, falls and skin integrity. Other evidence showed that where people had risks relating to their moving and transferring needs, appropriate equipment was in place to ensure their safety. There were, however, no risk assessments in place where people had behaviour that challenged themselves or others. We saw that there was information in one person's file that said that they could become, "agitated" and had, "bad behaviour". There was little information for staff on how the agitation presented itself or what they should do. This meant people and staff could be at risk.

Staff told us that safe and effective recruitment practices were followed. They told us they had only been able to start work once all the checks had been made to ensure they were of good character, physically and mentally fit for

Requires Improvement

Is the service safe?

the role and able to meet people's needs. A visit from the local authority contracts monitoring team showed they had found robust recruitment procedures in place and were satisfied that all recruitment checks were in place.

Requires Improvement

Is the service effective?

Our findings

The registered manager had an understanding of the Mental Capacity Act 2005 (MCA) and

Deprivation of Liberty Safeguards (DoLS) and had received training in the MCA. They knew what steps needed to be followed; however there was no system currently in place to assess people's capacity to make formal decisions about their care, support and consent. The registered manager confirmed that some people using the service had not had a mental capacity assessment and best interest meeting to ensure that they were protected. Some staff told us they had received limited training in the MCA but were able to explain about people's rights and decisions. The regional manager said that training for all staff on MCA and DoLS would be completed by the end of September 2015.

The registered manager stated that staff who had been recruited attended an induction training programme, which provided all the mandatory training expected by the provider. Newly recruited staff worked with more senior staff until they were competent to work alone, and staff confirmed this. Competency was assessed by the co-ordinators through observations in areas such as medicine administration and moving and repositioning people.

Staff told us they received a range of training that supported them with their roles, such as fire training, safeguarding people from the risk of harm and first aid. Training records showed that staff had attended training which included safeguarding, moving and positioning, communication and recording and reporting. One member of staff said, "I have completed all my refresher training. I am asked what areas I want to improve in." However, some staff said they had not received any training in managing behaviour that challenges people or others, or dementia. A member of staff said, "I've done loads of training, including diabetes, training on hoists we need to use; but I would like training in dementia [awareness]." One relative told us, "My [family member's] usual carer [staff] has definitely had training in dementia but I don't think some of the others [who have provided care] have."

Some staff told us that they were supported by face to face supervision meetings, but not on a regular basis. One staff member said, "I get supervision to ensure good practice." Another staff member said, "I get supervision every three to six months as well as spot checks. We also get [yearly] appraisals too."

People told us that staff supported them to prepare their meals or cooked them for them. One person said, "I don't need help with washing or anything, but staff get my meals for me." They confirmed they were able to choose what was prepared for them. Staff were able to tell us how they encouraged and supported people to eat their meals, and explained how people with visual difficulties and people living with dementia were provided with a choice of meals.

People's health and wellbeing were monitored by staff and care records showed that staff had taken appropriate steps if they had any concerns. For example there was evidence that staff had telephoned the GP when necessary as well as telephoning 111 or 999 where appropriate. We saw that staff liaised with other health professionals such as the district nurse, occupational therapist and speech and language therapists when needed.

Good

Is the service caring?

Our findings

People told us the staff were caring and kind. One person said, “There are some changes but all of them [staff] are fine.” Another person said, “The carers [staff] are very good. When they’ve done [what they need to do] they ask me if there’s anything else I need.” A relative told us, “No-one could ask for a better carer [staff]. She always asks me how I am too.” One compliment had been sent into the service which showed that all the staff had made the final weeks of the relative’s family member “as comfortable as possible and took great care and attention in giving her the best service possible.”

People and their relatives said that they had talked to staff about the information used to create their care plans and they had made decisions about the care that they wanted from the staff. However no-one had been asked if they wished to be cared for by a male or female staff member. Some people told us that they would have liked to have been asked and one relative said their family member would have requested females only.

People and their relatives told us that they had a good relationship with the staff who provided their care. One relative told us, “My [family member] knows who is coming and what they do.” Another relative said, “[Staff name] knows exactly how to persuade [family member]. She is excellent.” One staff member said, “I love the job. The people are special.”

People and their relatives told us they felt the staff treated them with respect. One person said, “I thoroughly trust [staff]. She waits for me to finish my meal before coming in.” A relative told us that the staff ensured their family member was covered when providing personal care to guarantee their dignity. All staff were able to tell us how they respected people’s privacy and dignity. One staff member said, “We [staff] try to provide the best care with dignity we can give.”

Most people were able to speak up on their own behalf or had 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. Information and phone numbers of advocates were available in the office.

Good

Is the service responsive?

Our findings

People or their relatives told us they were involved in their plans of care through discussions with staff at Sagecare, and there was evidence in the care records to confirm this. One relative said, "The [care] plan was updated [for their family member] after I had been in hospital and not able to do so much." We found that care plans contained limited information, especially in areas such as mental health and behaviour that challenged people and others, although staff were clear about the care they provided to people.

The regional manager said that the level of competency for staff writing the care plans and risk assessments required further training, which would include new documentation to support staff caring for people living with dementia. Some people and relatives told us that some staff did not read the care plan to check what care needed to be provided, but all the staff we spoke with told us they always checked the person's care plan in case there had been any changes made.

People and their relatives told us they felt the service provided by Sagecare was flexible and responded to their changing needs and support. One person said, "I've come on in leaps and bounds, possibly because of the care I've been given." A relative told us the staff had a 'flexible' approach and said, "Anything I need they do it. They told me I was the boss."

People were protected from the risks of social isolation and loneliness because the service provided social contact by arranging 'get togethers' twice a year for some of the people who received a service from them.

People told us that they knew how to raise any concerns and were confident that any issues they raised would be dealt with. People told us they had no concerns and were aware of the complaints procedure. One person said, "If I've got something to say I let them know." A relative said, "I have raised a concern and it was dealt with to my satisfaction." Five complaints had been received in the last 12 months and they had been dealt with according to the provider's policy. There was evidence that lessons had been learnt from the complaints and as a result information had been given to staff to improve the service. For example one complaint was that staff had not locked a person's door as requested. Staff had been informed and no further incidents had been raised by the person.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in post at the time of the inspection who was supported by a regional manager and field care supervisor and co-ordinators based in the office. Most people did not know the name of the registered manager but knew the names of the other staff based in the office. People and their relatives said they felt comfortable with the staff that worked with them regularly or had contact through the office.

Staff said the management was open and transparent and staff were aware of their roles and responsibilities. One member of staff said, "I get good feedback [about their work] and feel part of the company." Another staff member said, "I find the managers listen. When I need help I speak with [co-ordinators] or [registered manager]. The [registered] manager is always available to speak with." People and staff received support from the registered manager, co-ordinators and field care supervisor. They were aware that there was an out of hours system available so that staff could respond with urgent concerns. One member of staff said, "After 5:30pm there is the out of hours [telephone contact] for emergencies only. When I have phoned they [staff covering the out of hours telephone] have always come back to me."

The registered manager, field care supervisor and co-ordinators checked the quality of the service provided so that people could be confident their needs would be met. However, where shortfalls had been found, action to bring about improvement had not always been taken or recorded.

A number of audits had been carried out. For example, although audits of the MAR were completed monthly, some errors had not been noticed. This meant the errors had not been followed up or used to improve the service. Where errors had been noted we saw that action was sometimes evidenced, but not always. For example we saw evidence that a member of staff had been spoken with in relation to the administration and recording of medicines, and their competency had been checked. An audit of daily care notes found that staff had not followed correct recording procedures. During the next staff meeting staff were informed of the issue and how it was to be addressed and should not occur again. The registered manager said there would be a further audit to check staff were compliant with any instructions.

Staff said they attended staff meetings and that they were useful. One staff member said, "Staff meetings give us information after any complaints or investigations to improve the care. There are one or two meetings each quarter. My ideas have been taken forward." We looked at the last meeting minutes dated 18 June 2015, which showed log books (which included areas such as daily notes, skin integrity checks and food charts), confidentiality and MARs were discussed. There was information to evidence what actions had been taken after the previous meetings, which showed there was a drive to improve the service.

Every year a satisfaction survey was undertaken. Information in the 2015 survey showed there were positive comments from people in relation to their care needs being met. However, there were comments that during the week the care was good but less so at weekends or when other staff covered during holidays or sickness. Specific comments were made such as, "…weekends are hit and miss," and, "…cover carers aren't as good, they don't have enough information." Other information was that the staff, whose punctuality had improved, listened and treated people with courtesy and respect. The registered manager said that any comments made by people who left their name would be addressed and an action plan in relation to any issues raised in the survey would be written by the end of September 2015. Information would also be used at the next staff meeting to make continued improvements in the service.

Staff were clear about the values held by the service that ensured people were supported to be as independent as possible. One staff member said, "The philosophy is that the client [person] is all and we should provide the best possible care." Another staff member said, "Everyone is an individual. We make sure the care we give is dignified and respectful."

Staff were aware of the whistleblowing policy and about the importance of reporting any poor practice. They had the necessary phone numbers and one staff member said, "I know about whistleblowing, I'd tell the [registered] manager or contact the office and not write in the book [to maintain confidentiality]. The information, like phone numbers, is in a staff pack that we [staff] are all given."

People and their relatives told us that communication with staff based in the office was not as efficient as it should be. People told us, and staff confirmed, that they (staff)

Requires Improvement

Is the service well-led?

informed the office when they were running late but this was not always passed on to the person or their relative. People and their relatives also commented that when they had telephoned the office and been told they would receive a call back, no call was ever returned.