Sage Care Limited

Sagecare (Camden)

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

About the service
Sagecare (Camden) is a domiciliary care service which provides personal care and support to people in their own homes. At the time of the inspection there were 80 people using the service. Everyone using the service lived within the London Borough of Camden and had their service commissioned by the local authority.

People's experience of using this service and what we found
Risks to people were minimised because there were effective systems and processes in place. Risk assessments detailed information about how to support people to make sure risks were minimised.

Care staff had been recruited safely. Their personnel records showed pre-employment checks had been carried out to make sure new care workers were of good character to work with people.

Improvements were being made in relation to staff punctuality. The service had invested in an electronic monitoring system to log all care calls made by care workers. Care workers were being allocated according to geographical areas, which reduced travel time and therefore improved timeliness.

Systems and processes were in place to support care workers to understand their role and responsibilities to protect people from avoidable harm. Staff were knowledgeable about the actions required to protect people from abuse.

There was a process in place to report, monitor and learn from accidents and incidents. Guidelines were in place for care workers on how to report accidents and incidents.

People were protected from the risks associated with poor infection control because the service had processes in place to reduce the risk of infection and cross contamination.

There were systems in place to ensure proper and safe use of medicines. Care workers had received medicines training so that they were competent to administer medicines.

Care workers had received regular training and support, so they could carry out their roles effectively. They had also received an induction before they could provide care and support to people.

People were supported to have sufficient amounts to eat and drink. They told us care workers left food or drink within reach before leaving people's homes.

People had access to healthcare services. The service worked with other health care services to ensure people's health needs were met.

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.

People's privacy and dignity was respected. Confidential information, such as care records were only accessed by staff authorised to view it.

People received support that met their individual needs. Care workers were knowledgeable about their needs. They could describe to us how people liked to be supported.

There was a complaints procedure, which people and their relatives were aware of. A range of other quality assurance processes such as audits, spot checks, accidents and incidents, were used to drive improvements.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Why we inspected
This was a routine comprehensive inspection and in line with our timescales to inspecting newly registered services.

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

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was 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?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Sagecare (Camden)

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, 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 team consisted of one inspector and two Experts by Experience. 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
Active Care & Support Ltd is a 'domiciliary care service' where people receive care and support in their own homes. Therefore, the CQC only regulates the care provided to people and not the premises they live in. The service had a manager registered with the Care Quality Commission. This means that they and the 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. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 30 July 2019 and ended on 6 September 2019. We visited the office location on 30 July 2019.

What we did before the inspection
Prior to the inspection we reviewed information and evidence we already held about this service, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the service. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also viewed the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well and improvements they plan to make. This information helps support our inspections.

During the inspection
We spoke with one relative and eleven people who used the service. We spoke with the registered manager and five care workers. We reviewed six care records of people using the service, seven personnel files of care workers, audits and other records about the management of the service.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We received information relating to the provider's governance systems. This information was used as part of our inspection.

Good

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 Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

• There were sufficient care workers deployed to keep people safe. Most people told us care workers were always on time and stayed for the allotted time. One person told us, "Yes staff arrive on time. They let me know if they're running late."

• However, some people raised concerns about punctuality. One person told us, "Sometimes staff are late." The service was addressing concerns around late calls. They had invested in an electronic monitoring system to log all care calls made by care workers. This alerted management should care workers not attend a visit. This helped to ensure the management team had oversight of calls and could respond to any concerns immediately.

• Care workers had been recruited safely. They underwent appropriate recruitment checks before they could start work at the service. Pre-employment checks such as references, proof of identity and Disclosure and Barring checks (DBS), had been carried out. The DBS helps employers make safer recruitment decisions and prevent the appointment of unsuitable people.

Systems and processes to safeguard people from the risk of abuse

• People told us they felt safe being supported by the service. One person told us, "I feel safe receiving care from the service. My main carer will do anything for me without asking. I cannot fault him. He is a wonderful man." Another person said, "I just trust staff. Believe me if I didn't trust them, I would say something."

• There were safeguarding policy and procedures in place and staff were aware of this. Care workers had received safeguarding training to protect people from avoidable harm. They knew how to recognise signs of abuse and what to do should they witness any poor practice. They were aware they could report allegations of abuse to the local authority safeguarding team and the Care Quality Commission if management staff had taken no action. Where there had been concerns raised, these had been promptly investigated.

Assessing risk, safety monitoring and management

• There were effective systems to minimise risks to people. Risk assessments were completed when people started to use the service. These covered a range of areas, including the environment and the medical conditions people were being supported with. For example, one person was at risk of developing pressure ulcers and their support plan contained a set of instructions to reduce the risk. This was kept under review with the involvement of the person, or their representative.

Using medicines safely

• There were systems in place to ensure proper and safe use of medicines. People received their medication safely. There was a medicines policy and there was a guidance from the National Institute for Clinical Excellence (NICE). People told us their medicines were safely managed.
• Medicine administration records (MAR) were completed appropriately and regularly audited.
• Care workers had received training in medicines administration and had their competency assessed. One person told us, "I am supported with medicines. I receive my medicines on time and appropriately." Another person said, "I self-medicate. However, staff ask if I have taken my medicines."

Preventing and controlling infection
• The service had processes in place to reduce the risk of infection and cross contamination. There was an infection control policy in place. Care workers had completed training in infection control prevention. They received personal protective equipment (PPE) such as gloves and aprons, which were readily available at the office.

Learning lessons when things go wrong
• There was a process in place to monitor any accidents and incidents. We saw evidence all accidents were logged and monitored to identify any trends and to ensure appropriate action had been taken to prevent them from occurring again.
• There were 11 incidents recorded since September 2018 and we saw any learning from these incidents had been shared with staff through team meetings, themed supervisions or published in the providers newsletter.

Good

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 Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• People's needs were assessed across a wide range of areas, including social and medical needs, and their choices. Relevant guidelines were in place, including from sources such as National Institute of Health and Clinical Excellence (NICE).

Staff support: induction, training, skills and experience
• Care workers had received regular training and support, so they could carry out their roles effectively. They had received training in areas such as infection control, safeguarding, moving and handling, equality and diversity and medicines handling.
• Care workers also received an induction before they could provide care and support to people. The induction followed the Care Certificate framework. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
• Furthermore, new care workers shadowed experienced members of staff until they felt confident to provide care on their own. This meant they could be prepared before they carried out a visit before they carried out their first visit to people's homes.
• Care workers were knowledgeable about people's needs. They could describe to us how people liked to be supported. One person told us, "My care worker is extremely knowledgeable. We chat and laugh together. He understands my condition and looks after me well."

Supporting people to eat and drink enough to maintain a balanced diet
• People were supported to have sufficient amounts to eat and drink. People's relatives prepared people's meals. However, where required, care workers supported people to prepare and eat their meals. One person told us, "My main carer helps me with food preparations and sometimes, she even does the children's breakfast. Meals are good, and the kids love them."
• People told us care workers left food or drink within reach when they leave. One person told us, "My care worker always asks what I want before leaving. She is one in a million."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

• People had access to healthcare services. The service worked with other health care services to ensure people's health needs were met.
• The service liaised with social workers, or other health care professionals when they had concerns with

people's medical needs.

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.

We checked whether the service was working within the principles of the MCA
• People signed their own care plans. These showed consent to care and treatment had been obtained. We asked people if care workers asked permission before carrying out any care. One person told us, "Staff do actually tell me what they're going to do."
• Where people had been unable to consent to their care, best interest decisions had been made to provide support.

Good

Is the service caring?

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 Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Respecting and promoting people's privacy, dignity and independence
• People's privacy and dignity was respected. One person told us, "The care workers are very caring and understanding." Another person told us, "My care worker is wonderful, and I cannot fault him." People told us care workers rang doorbells or knocked on doors before entering their homes.
• Care workers supported people to maintain their independence. Care workers knew each person's ability to undertake tasks related to their daily living. Care workers supported people to participate as fully as they could. One person told us, "Care workers support me to remain independent, as far as I can manage."
• Confidential information, such as care records were only accessed by staff authorised to view it. Confidentiality policies had been updated to comply with the new General Data Protection Regulation (GDPR) law. People's care records were stored securely in locked cabinets in the office and, electronically, which meant people could be assured that their personal information remained confidential.

Ensuring people are well treated and supported; respecting equality and diversity
• The service treated people's values, beliefs and culture with respect. Steps had been taken to meet people's needs. For example, practical provisions had been made to support people's gender preferences. One person told us, "I choose who supports me. I insisted from the beginning that I had a male carer, and this has been respected." Likewise, care workers had been matched to meet people's languages. People who spoke Bengali were matched with care workers who spoke their language.
• Care workers had received equality and diversity training as part of their induction.

Supporting people to express their views and be involved in making decisions about their care
• There were systems and processes to support people to make decisions. As stated, the home complied with the provisions of the MCA 2005. Care workers were aware of the need to assess people's capacity to make specific decisions.
• People told us they had been fully consulted about their care. Their care records contained information about their choices and independence. We asked people if they were involved in the planning of their care. One person told us, "The assessment was all done by my relative, but I was present and had an input."

Good

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 Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
• People received person centred care. People's care plans gave a comprehensive account of their likes, dislikes and needs, and actions required to support them. Care plans were regularly reviewed to ensure they accurately reflected people's changing needs and wishes.
• People told us they had seen their care plans and that they had been consulted when their care plans were written. One person told us, "I am involved in my care reviews." A relative told us, "The service respects my relative's wishes. His needs are met."

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.

• Each person's preferred method of communication was highlighted in their care plans, which showed people's communication needs had been considered. In some examples, people receiving care had been matched with care workers on grounds of a mutual language. For example, people who spoke Bengali were matched with care workers who spoke the same language.

Improving care quality in response to complaints or concerns
• The service had a complaints policy. People were given a copy of the complaints procedure from the onset. People and their relatives confirmed that they could complain if needed to. A relative told us, "I would call the Office. I think they would deal with the complaint. They're very nice when I have spoken to them before."
• Eleven complaints had been raised since April 2018. Each had been investigated and concluded in line with the providers complaints policy.

End of life care and support
• No one was receiving end of life care at the time of this inspection. The registered manager told us that people did not want to discuss the subject. We discussed the need to find creative ways of engaging people in discussions about end of life care, and their wishes. This is important because people could become incurably ill at any time.

Good

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 Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
• Care was planned to meet people's needs, preferences and interests. The service promoted an open culture, which encouraged people to be involved in their care.
• A range of systems were utilised to promote people's involvement, including spot checks, paper surveys, telephone surveys, and service reviews. One person told us, "Every now and then the supervisor calls me for a review." This ensured they were consulted and given opportunities to comment about their care.

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 leadership complied with the duty of candour. We had been notified of notifiable events and other issues.
• The registered manager had kept care records related to the management of the service well maintained and up to date.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• There were clear management structures in place. The registered manager was supported by a care coordinator, field care supervisor, care manager and a regional manager who visited every fortnight. Care workers were aware of their responsibilities and the reporting structures in place.
• The registered manager was knowledgeable about issues and priorities relating to the quality and future of the service. All care workers spoken with confirmed that the registered manager was approachable and that they could contact her at any time for support. One care worker told us, "I am supported. What I like about this company is career progression. The company gives opportunities to excel. The registered manager is inspirational, hardworking and a great listener."
• A range of quality assurance processes such as audits, spot checks, accidents and incidents, were used to drive improvements. For example, the registered manager had implemented an electronic rostering system and a call monitoring system to improve staff deployment and punctuality. Furthermore, care workers were being allocated according to geographical areas. This had reduced the amount of time care workers had to travel between calls.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

• The registered manager was knowledgeable about the characteristics that are protected by the Equality Act 2010, which we saw had been fully considered in relevant examples. We saw evidence the service had made practical provisions to support people in relevant examples. For example, assistive technology in the form of 'voice to text' was used to involve people, who could not write on their own.
• The service regularly sought people's views to monitor quality. This included an annual survey and regular telephone calls to people and their relatives. This ensured they monitored the quality of care provided to enable them to take immediate action if concerns were raised. For example, some people had raised concerns with some care workers, and this had been addressed.
• There was an open culture within the service. Staff told us they could raise any issues at team meetings and felt confident and supported in doing so.

Continuous learning and improving care
• Accidents and incidents were monitored for trends and learning points. All accidents were logged and monitored for trends. Regular checks and audits had also been carried out and improvements were always made where shortfalls were identified.

Working in partnership with others
• The service worked together and with other health and social care professionals. The service liaised with social workers, or other health care professionals such as district nurses when they had concerns with people's medical needs.