

Sagecare Limited

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Inspection Report

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Summary of findings

Overall summary

Sagecare Limited is a large domiciliary care agency that provides personal care to about 460 people living in their own homes in Welwyn Garden City and the surrounding areas. Although there was a manager in post at the time of our inspection, they were not yet registered with the commission.

Staff had been given training about how people should be treated with kindness and how to promote people's dignity, respect and privacy. People who used the agency told us that staff treated them with dignity and respect and when they had raised any concerns they had been dealt with effectively. One person told us, "They do an amazing amount of work carefully in such a short time." Another person told us, "The carers are my friends and they do all that is requested of them and a bit more".

People had been involved in the planning of their care. Important information about people's history and preferences, which helped the staff get to know people and how they would like to be cared for, was recorded in their care files. However, the written information provided about how staff should support people and how risks to their welfare should be minimised, varied in the style and the amount of detail according to which member of staff had completed it. This could lead to people receiving inconsistent care and support because of lack of information or guidance. The manager must ensure that staff have all the information they require to meet people's needs consistently.

Although staff had received training during their induction on the Mental Capacity Act 2005 there were no capacity assessments or best interest decisions in place for people who used the agency. The manager must ensure that where needed, these are completed so that people who cannot make decisions for themselves are protected.

All of the people that we talked with told us that they felt safe and that they would know what to do, and who to contact, if they thought they had been mistreated in any way. There were systems and processes in place to reduce the risk of people suffering any abuse. Staff had the support, skills and competencies they required to meet people's needs.

Care staff told us that they had attended all of their mandatory training and could request extra training if needed. New staff had been given the appropriate time to get to know the people they would be working with before they were expected to work on their own.

Staff had received training in the administration of medication and were aware of the agency's policies and procedures.

There were effective systems in place to monitor and improve the quality of the service provided, which took into consideration the views of the people who used the agency. Staff felt that they could discuss any concerns with the manager and that there was an open culture within the agency.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

People who used the agency told us that they felt safe and that they would know whom to talk to if they were unhappy with any aspect of the service. One person told us, "They (the carers) are all particularly nice and I always feel safe, totally safe."

The risk of abuse to people who used the agency was minimised because staff were aware of what procedures and policies they should follow if they suspected anyone had suffered any kind of abuse.

Although risk assessments were in place, the quality of the information recorded in the risk assessments regarding people's safety and their individual plans of care varied. The manager must ensure that staff have the information they need to reduce the risks to people who used the agency.

Medication training for staff, and policies and procedures were in place, to ensure that people received their medication as prescribed.

The staff had received training in the Mental Capacity Act 2005 so they knew how to protect people who could not make decisions for themselves. However, the manager must ensure that the Act is used in practice and where needed, people's mental capacity is assessed.

Are services effective?

We found that people and their relatives had been involved in their needs assessment and the planning of their care before they started to use the agency. The manager told us that this helped to ensure that people received care and support in the way that they preferred. People had also been asked by the agency at regular intervals if they were happy with the service they received.

People who used the service told us that staff knew them well and were aware of how they liked to be supported. One person told us, "They treat me with respect and are always friendly, never cross or angry and we always communicate well. We have a chat and they know me and my needs." Staff received training, supervisions and appraisals to ensure they had the support they required to meet people's needs. The staff we talked with felt that they had all of the training they required and that, if needed, they could request any further training.

Summary of findings

Are services caring?

Discussions with the manager and other staff showed that they had a strong person centred culture which aimed to put the people that used the agency at the centre of everything they did.

People told us they felt that they were treated with kindness and compassion and that the staff understood how they liked things to be done. One person told us, "They are good carers, I have no complaints, time keeping is good and I always have a laugh with them. They are never rude and treat me with respect and dignity. Communication is good, they ring if they are delayed and my needs are always well cared for. I am very lucky and would hate to lose them. I love my regular carers and have no complaints at all."

Are services responsive to people's needs?

People told us that their care was personalised and that the care staff knew them well and responded to how they were feeling. One person commented, "I had a fall in February and they found me on the floor, they looked after me and called the ambulance. They are all good at picking up changes and help me really well."

People were supported to express their views about the agency they received and any information was acted on by staff.

Staff worked in partnership with other healthcare professionals to make sure that people's needs were met.

People knew how to raise a concern if they had one.

Are services well-led?

The agency had a manager in post, although they were not registered. The manager had effective quality assurance processes and audits in place so that they could make continuous improvements to the service people received. Accidents, incidents and complaints had been dealt with promptly and any action necessary had been taken to avoid any reoccurrence.

Care staff told us that they found the management team approachable and that if they had any concerns that they could discuss them. They also told us that they could request any extra training and that this was organised so that people who used the agency had staff that were competent in their role.

The agency's values in relation to promoting people's dignity and independence were evident through discussions with staff, written information for people who used the agency, and discussions with people who used the agency.

Summary of findings

What people who use the service and those that matter to them say

We visited five people who used the agency and talked with them and their relatives. We also phoned 28 people and asked them for their views about the service they had received.

People we spoke with were generally very positive about the care that they received from the agency. People received a wide range of care and support, which included assistance with washing and dressing, administering medication (creams), preparation of drinks and snacks and assistance with household chores.

We received a number of comments regarding the carers and the care they provided including; "I'm very happy with the agency" and "I am more than happy with my care – I am looked after wonderfully, prompts to take pills, help with toileting and so forth" and, " They do an amazing amount of work carefully in such a short time and for so little money – the agency is very lucky to have them – they never ever complain".

People we met told us that they felt that the carers were knowledgeable and well trained regarding the care they provided during each visit.

People told us that they had been involved in discussions regarding their care and we saw copies of up to date reviews in people's care files. However not everyone we talked to was aware that there was a care plan that told the staff what support they required. People felt that their independence was encouraged by care staff and that staff responded to any changes in their needs. One person told us, " The carers react well to any changes in my condition and that is why I am glad that I have a consistent group of carers. They are all particularly nice and I always feel safe, totally safe".

People told us that they received care from the same group of carers as much as possible but realised that carers less familiar to them might be supplied when their usual carers were ill or on leave. They told us that, " They treat me with respect and are always friendly, never cross or angry and we always communicate well. We have a chat and they know me and my needs". One person told us, "Generally the carers are the same apart from at weekends, their time keeping is good. I am just so pleased to be able to be at home and have them come in. They are always friendly and although they are busy, they do chat with me and look after me. They are never rude and always make me feel safe. I am really very happy".

People confirmed that they had contact with the agency's management team although not everyone was aware of who the manager was. One person told us that they had raised a concern with the management team and it had been dealt with appropriately, however another person told us that they had made a complaint but had not received a response.

People said that the carers were generally on time and they were informed if the carer was running unavoidably late. One person told us, "They are good carers, I have no complaints, time keeping is good and I always have a laugh with them. They are never rude and treat me with respect and dignity. Communication is good, they ring if they are delayed and my needs are always well cared for. I am very lucky and would hate to lose them. I love my regular carers and have no complaints at all".

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Detailed findings

Background to this inspection

Our inspection team was made up of a lead inspector, a second inspector and an expert by experience who had an understanding of dementia care.

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 was meeting the Regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process called 'A Fresh Start'.

The lead inspector visited the office of the agency on 08 May 2014 and talked to the operational manager, the manager and carers. We also spent time looking at a range of people's and staff's records. The second inspector visited 5 people who used the agency in their own homes, and an expert by experience telephoned 28 people who used the agency to gain their views about the care and support that they had received. Before our inspection we reviewed information that we held about the agency. We examined notifications received by the Care Quality Commission.

Are services safe?

Our findings

People told us that they felt safe and that they would call the office should any issues arise. One person told us, "I have all the information that I need, out of hours numbers and know who to speak to if I have a problem or concern. They (staff) are all particularly nice and I always feel safe, totally safe." Another person told us, "Whoever comes they treat me well, with respect, make me feel safe and secure." One person commented, "I am just so pleased to be able to be at home and have them come in. They are always friendly and although they are busy, they do chat with me and look after me. They are never rude and always make me feel safe. I am really very happy".

One staff member told us, "Part of my job is to safeguard service users."

Policies, procedures and staff training were in place to reduce the risk of people who used the agency being harmed in anyway. The manager and care staff had received training in safeguarding vulnerable people and were able to tell us what procedures they would follow if they thought anyone had suffered abuse. The manager told us that she was booked to attend the local authority's safeguarding training as well as having completed the agencies in-house training. All of the people that we talked with told us they knew who to contact if they were not happy with how care staff had treated them.

There was an effective system in place to manage accidents and incidents so that their reoccurrence could be avoided. The care staff we talked with were aware of the procedures to follow if there were any accidents whilst they were working.

The manager stated that people were asked during their initial assessment if they had any specific cultural or religious needs that needed to be taken into account in the provision of their care, so that these could be known and respected by staff. The manager and all of the staff had completed training on the Mental Capacity Act 2005 and had a basic understanding of how to protect people who

could not make decisions for themselves. The manager told us that the people that the agency provided care to did not need any mental capacity assessments and that no best interest decisions had needed to be taken as they did not need them. The manager must ensure that if needed mental capacity assessments are completed.

The risk assessment section of the initial assessment of people's needs had been completed in all three of the records that we looked at. The information was clear about what the risk was to the person, but needed to be more detailed about how the risk should be minimised and whose responsibility it was to implement this. We discussed this with the manager and they stated the field care supervisors were responsible for completing people's risk assessments and, although the manager had completed risk assessment training, she wasn't sure if the field care supervisors had. We also found that the medication risk assessment for one person was incomplete. This could mean that staff didn't always have all the information they required to care for people in a safe way. The manager must ensure that risk assessments are fully completed so that staff have the information they require to minimise risks to people. However, the care staff that we talked with were able to tell us how they minimised risks to people.

When we visited five people within their own homes, we checked to see if their medication was being managed safely. The administration of medication had been recorded appropriately in their care notes. The manager told us, and the records confirmed that all staff had attended training on the safe administration of medication. There was a detailed medication policy which had been shared with the staff so that they were aware of the procedures they should follow and what their responsibilities were.

So that they could ensure there were enough staff to meet people's needs, the agency had a rolling recruitment programme and held recruitment interviews every Wednesday and an induction fortnightly.

Are services effective?

(for example, treatment is effective)

Our findings

People we talked with told us that the carers were aware of the way they preferred to have care delivered. They also told us that a pre assessment of their needs was undertaken before the care package was commenced. One person told us, "All my needs were discussed and I agreed what was needed. I am aware of what is in my care plans"; another reported "We have a chat and they know me and my needs. I feel happier with female carers but they have sent a man before, he was nice enough but I like to have a chat with the girls". Another person told us, "The carers are skilled in moving and handling me and I believe that they have had the right training; they just know what they are all doing. The carers are incredible; all the girls are great and are always happy, never moan and are wise beyond their years. They are so dedicated and very respectful of me, observing my privacy but being friendly."

Care staff told us that they had all the training they required to meet people's needs and that if there were any gaps in their knowledge they could request training and it was organised for them. The manager told us that those staff who were more experienced and wanted to have more of a challenge, were booked to attend specialist training for specific health problems. The manager told us that specialist training had included, percutaneous endoscopic gastrostomy feeding and caring for people with heart issues. People who used the agency told us, "My carers have been with me for some years and are experienced and cheerful" and person told us that they thought most carers were untrained but were reasonably competent and that standards were slowly improving.

There were formal arrangements in place to ensure that the needs of people were assessed. The manager told us that

assessments and individual support plans were completed with people who used the agency and/or their relatives so that their choices and preferences were recorded and we saw evidence of this in the care records that we looked at. The care plans stated what the intended outcome was, for example one care plan stated, 'I will be able to maintain my personal hygiene needs.' The support plan was then reviewed six monthly or sooner if a person's needs changed or someone had spent time in hospital. The care staff that we talked with confirmed that, unless it was an emergency, they were always introduced to new people and had time to read their assessments and individual support plans. This meant people could be assured staff were aware of their needs and could meet them appropriately. However the manager must ensure that all of the care plans are of the same standard and contain the level of detail needed, as this varied slightly in the care plans that we looked at.

There was a comprehensive induction in place for new staff. This included shadowing experienced staff until both they, and the member of staff they were shadowing, thought that they were competent to work on their own. Care staff that we talked with confirmed that they felt supported and that they received regular supervisions, training and appraisals. The training and supervision records we viewed confirmed this.

The manager told us that staff always tried to find out about the interests of people who used the agency and then matched these with staff with similar interests. People were also asked during their assessment if they would prefer a male or female carer. When people were allocated a new member of staff, the manager or a field care supervisor always checked that they were satisfied with the care that was provided.

Are services caring?

Our findings

People that we talked with were positive about the care and support that they had received. They told us, "They treat me with respect and are always friendly, never cross or angry and we always communicate well. We have a chat and they know me and my needs." Another person told us, "My regular carer is superb, really reliable and like a friend. We get on so well and can always have a chat and talk about anything. If I had a concern I would talk to her but I have rung the office in the past with a problem. I don't mind saying if I don't like something. The service has improved recently, before there were problems with staff consistency and it can be hard to get a good carer when my regular one goes off. Whoever comes they treat me well, with respect, make me feel safe and secure. I am totally happy, they are all absolutely lovely, and they maintain my privacy and respect me and my home".

The provider had various ways of trying to get the people's views about the agency they were receiving. They had sent all of the people who used the service a survey about the quality of the service they received from the agency. People were also asked over the phone about the agency and someone from the agency's management team also regularly visited people to get feedback from them and their family. The manager also told us that people in the management team also worked as carers so that they could get feedback about the staff directly from people who used the agency.

The care plans had been written in a manner that promoted people's independence. For example one care plan stated, 'Ask me to take my dentures out, give them a clean for me then encourage me to rinse my mouth.' One person told us, "I am more than happy with my care – I am looked after wonderfully, prompted to take pills, help with toileting and so forth."

The agency staff were aware that some people who used the agency were at risk of social isolation. They told us that, as well as spending time talking to people and getting to know them, they had organised social events such as Christmas parties and cream teas in the summer months so that people could socialise with other people who used the agency.

The manager told us that during their induction, new staff they were trained in the values of the agency. The values were also discussed during staff meetings. The care staff confirmed this and told us about the values that were important to them when they delivered care to people. These included promoting independence, treating people as individuals and with respect and dignity, and respecting people's diversity and different cultures and values. One carer told us, "I try to treat people as if they were my mum or dad, even those that can be more challenging. I try to find out their history and interests and encourage independence. I give them choices and talk to them."

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

People who used the agency told us that they felt the care that was provided to them was personalised to what they needed. One person told us, "I had a fall in February and they (staff) found me on the floor, they looked after me and called the ambulance. They are all good at picking up changes and help me really well." Another person told us, "My own carer is a lovely woman who does all that she is required to do".

People were encouraged to make their views known about their care and support needs. The manager told us that the person who received the care, and/or their relatives where appropriate, were involved in the completion of their assessment and support plan and were asked if they agreed with it. We saw that people had signed their plans to show that they had agreed with them. People and their relatives had also been involved in reviewing their needs and support plans to ensure that they were accurate and that staff continued to meet people's needs in the way that they preferred.

The care staff we talked with told us how they responded to people's needs changing. One carer told us that the person they had visited that day had seemed unwell so she had made arrangements with their GP for the person to have tests carried out to see what was wrong. She also told us that she would request the result for the person and any medication that they might need as a result. The manager told us that due to the recent local flooding, a carer had delivered one person's medication by canoe and the manager had had to provide the care to someone who had had to be moved temporarily to a hotel. This demonstrated that the agency worked flexibly to meet people's needs.

People told us that they knew who to contact at the agency's office if they felt concerned or wanted to raise a complaint. We saw that there were contact numbers for the agency and a copy of the complaints procedure in people's care/information file in their home. There was a complaints log in the office. This contained a copy of the complaint and the outcome letter that had been sent to people at the conclusion of the complaint investigation. The manager told us that when they received a complaint people were sent flowers and when complaints had been upheld apologies were given and donations had been made to charities on behalf of the complainant. The manager also told us that when carers had been late to people because of the recent flooding that everyone that this had affected had been sent some chocolates. This meant people could be confident that any concerns or complaints would be responded to and explored.

The manager told us that when people's needs had changed, and if appropriate, they also contacted any health care professionals and the funding authority to ensure they were also aware of any changes. Records we saw confirmed that this had been done.

Two people told us that they were not always satisfied with the way the office staff had dealt with them and said, "My own carer is a lovely woman who does all that she is required to do – but I don't think much of the agency's communication skills – they are rubbish", and another person told us that their mother was not happy with one carer and that they had let the agency know but

nothing had changed. There were both positive and negative comments received about if carers always arrived on time. One person told us, "Communication is good, they ring if they are delayed and my needs are always well cared for".

Are services well-led?

Our findings

From discussions with the manager, operational manager, care staff and people who used the agency, it was evident that the agency had a culture of putting people first and that people's privacy, dignity, happiness were promoted by the staff. As well as the annual quality questionnaire and regular reviews for people who used the agency, the manager was trying to find other ways of obtaining people's views such as the planned social events and going out themselves to provide care. Staff also had regular "spot checks" where they were observed by managers providing care and support to people to ensure that they maintained the standards expected of them.

Systems were in place so that people knew their carers. The manager confirmed that they always tried to provide the same carers for people and that when any changes were made, people were notified about them. The manager told us that the computer system showed which carers had visited people the most and they tried to ensure that people received the same carers.

There was clear information recorded to identify what training staff had completed and when it was due for renewal to ensure that all staff had the skills they required for their role. The manager had also attended refresher training on a number of subjects and had booked to attend refresher training in managing safeguarding incidents to ensure that their knowledge was up to date.

There were systems in place to protect people who used the agency. The manager had responded appropriately when any safeguarding issues had been raised and had

followed the reporting procedures to other organisations and supported them in their investigations. The manager told us that they had advised the staff if they had any concerns, or if they were not sure if it was safeguarding concern, they should always report it and that they used the information from previous safeguarding issues so try and avoid a reoccurrence of the same situation. This also helped to promote an open and honest culture.

Quality assurance systems were in place to ensure that any adverse incidents were responded to and any lessons from them learnt by staff. During the last year there had been a problem with late and missed calls and a new system had been implemented which required the staff to 'sign in' by telephone when they arrived at, and left, the person's house. There was a member of staff responsible for monitoring the system during office hours and the computer system also alerted the out of hours on-call manager to any calls that were late or missed. This meant that when any incidents of late or missed calls had occurred the manager had been alerted and had taken the appropriate action to ensure that people received the care that they required.

Staff had opportunities to get support from their colleagues and share best practice. Care staff that we talked with told us that they felt supported by the management team and that if they had any concerns that they could raise them. They confirmed that they received regular supervisions, attended team meetings and training and could request any extra support that they needed. Staff knew who to contact for support for guidance at all times, including evening and weekends.