

Sage Care Limited

Sagecare (Squires Gate)

Inspection report

Unit 6, Calder Court
Amy Johnson Way
Blackpool
FY4 2RH

Tel: 01253344368
Website: www.sage-care.co.uk

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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 (Squires Gate) is a domiciliary care service providing personal care and support. They supported 210 people living within their own homes at the time of inspection. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

Risks were managed well so people felt safe. Staff were recruited safely, and people were happy with staffing arrangements and times of their visits. Procedures were in place to support people safely with their medicines. Safe infection control measures were followed to protect people from harm.

People's needs were assessed, and support was agreed with the person along with times of visits. People were happy with the support they received with meal preparation. Staff received the training and support they required and access to training staff told us was good. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were treated with kindness and respect. One person said, "They are so caring, and nothing is too much trouble." The registered manager provided people with information about local advocacy services, to ensure they could access support to express their views if they needed to.

The service was flexible and care arrangements were changed and adapted to meet people's changing needs and their wishes. One person said, "If you need extra time they are very obliging and when changes occur they are so good and will adapt to our needs." People's communication needs had been assessed and where support was required these had been met. The service listened to people's experiences, concerns and complaints. Concerns received were investigated and action was taken to ensure positive outcomes and lessons learned for future incidents.

The registered manager and management team worked in partnership with a variety of agencies to ensure people received coordinated care which met their needs. People were happy with how the service was managed. Staff felt well supported by the registered manager. The registered manager and provider completed regular audits and checks. This ensured the quality of the service was maintained and continually evolved.

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

Rating at last inspection

The last rating for this service was good (published 19 October 2017). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was the services first planned inspection.

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 (Squires Gate)

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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 we needed to be sure that the registered manager would be in the office to support the inspection. Inspection activity started on 07 February 2020 and ended on 11 February 2020. We visited the office location on 10 February 2020 to see the registered manager, and to review care records and other documentation relating to the service.

What we did before the inspection

We reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people supported by the service. We also sought feedback from Blackpool local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with 25 people who used the service and eight relatives. We also visited the homes of two people who used the service. In addition, we spoke with 14 staff members including senior staff, and the registered manager. We reviewed a range of records. These included care records of two people, arrangements for staff recruitment, medication procedures and records relating to the management of the service.

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.

Systems and processes to safeguard people from the risk of abuse

- The registered manager had good systems to protect people from abuse or poor practice. Staff told us they received regular safeguarding training which was updated and provided them with the knowledge to identify signs of poor practice and abuse.
- People told us they received safe care and had no concerns about their safety. One person said, "I feel safe knowing they provide a good service with reliable staff."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong; Preventing and controlling infection

- The management team had good oversight of everyone's safety and systems in place reduced risks. People and relatives told us they felt reassured by the support they received from the agency.
- Each individual had a risk assessment to ensure people were safe. Senior staff reviewed and updated where required to ensure staff had up to date information to support people safely in their home.
- The management team had safe infection control procedures. Staff told us they had access to personal equipment such as disposable gloves and aprons. One person said, "They always have an apron on and put gloves on when they come to me."
- The management team had systems in place to record and review accidents and incidents. Lessons learned were shared with staff to improve the service and reduce the risk of similar events.

Staffing and recruitment

- Suitable staffing arrangements were in place to meet the needs of people in a person-centred and timely way. People told us staff were reliable and generally arrived at the allocated time. One person said, "I have to say never late for me and they stick with carers that I know mainly."
- Recruitment was safe and well managed. Records of recently recruited staff members confirmed their recruitment had been thorough and this was confirmed when staff were spoken with.

Using medicines safely

- The management team had good systems to manage people's medication safely. They trained staff and regularly checked medication administration was safe in people's homes.

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

- The management team completed assessments which were comprehensive to ensure people's needs could be met. Records were consistent, and staff provided support that had been agreed. People confirmed this when we spoke with them.
- The provider was referencing current legislation, standards and evidence based research on guidance to achieve effective outcomes. This supported staff to ensure people received effective, safe and appropriate care which met their needs and protected their rights.
- Care plans were reviewed and updated regularly or when people's needs changed.

Staff support: induction, training, skills and experience

- Staff were knowledgeable and skilled to effectively support people. Staff told us training was accessible, and the management team supported them to enhance their skills by obtaining professional qualifications. New staff had received a thorough induction and staff spoken with confirmed this. One staff member said, "We have an excellent training programme with organisational support when needed."
- Staff told us they were supported in their roles and received regular supervisions and appraisals, one staff member said, "Yes I have regular supervision but to be honest they are available any time if you have an issue or need to discuss things."

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were well managed. People's dietary needs were recorded so staff had the right information.
- People told us they were happy with the way meals were provided. For example, one person said, "They prepare meals for me and I am lucky to have good cooks."

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

- People were supported to maintain good health and had access to healthcare services when required. Care records looked at confirmed this.
- The service worked in partnership with other health care professionals such as GPs and specialist nurses. This ensured people supported by the service were cared and all their needs were taken care of.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

- People's rights were protected. Records contained evidence to demonstrate care planning was discussed and agreed with people and their representatives. Consent documentation was in place and signed by the person receiving care or their relatives who had legal status to provide consent on their behalf.

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported; respecting equality and diversity. Respecting and promoting people's privacy, dignity and independence

- People were supported by caring, kind and respectful staff. People told us they received continuity of care by being supported by the same staff as much as possible. Staff also confirmed this. One person said, "They are so caring and nothing to much trouble."
- Staff had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting people's different and diverse needs. Care records seen had documented people's preferences and information about their, choices and life history.

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

- The registered manager and staff team supported people with decision making when discussing their care. Care records contained evidence the person who received support or a relative had been involved with developing their care plans.
- Information was available about local advocacy contacts, should someone wish to use this service. An advocate is an independent person, who will support people in making decisions, to ensure these are made in their best interests.

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

- The registered manager planned personalised care for people in line with their choices and requirements. People told us they were consulted on times and visits they required support. Staff spoken with were able to describe people's needs and how these were met.
- The management team and staff recognised the importance of promoting equality and diversity and respecting individual differences, preferences and choices. One relative said, "[Relative] likes to tell people what is required, and staff do respond so well."

Meeting people's communication needs

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

- People's communication needs had been identified and documented in care plans. Information could be made available in a variety of formats to meet people's communication needs. This enabled people to be more independent and make their own decisions.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service supported people to attend social events and provide company for people if this was part of their care needs. Care records gave details of important relationships and how best to support the person. One person said, "I could not do without them they are angels all of them they are great company when I need to go out."

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure that was provided to people when they started the service. People knew how to raise concerns and were confident any complaints would be acted upon and resolved. Records looked at and comments from people confirmed this.

End of life care and support

- People's end of life wishes had been recorded including their cultural and spiritual needs so staff were aware of these. Staff received palliative care training to enable them to support people at end of life alongside healthcare professionals.

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

- The provider planned and delivered effective, safe and appropriate person-centred care. We saw all current and relevant legislation along with best practice guidelines had been followed. People told us they were happy with the service and satisfied with how care was provided.
- The service's systems ensured people received person-centred care which met their needs and reflected their preferences.

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. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood legal obligations and understood their duty of candour responsibilities. People told us good relationships had been developed between staff and management team. One person said, "I have been with them about a year. A brilliant agency run by such competent people."
- The provider and registered manager were constantly improving quality monitoring systems and regular auditing was in place. All aspects of the service, including spot checks on staff practice were monitored. When any issues were found, improvements were actioned, and the service continued to develop.

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

- The registered manager provided an open culture and encouraged people to provide their views about how the service was run. The service had sought the views of people they support and family members through care plan reviews, surveys and meetings. People told us they felt their views were listened to. One person said, "We are involved in improving the service and continually asked for our opinions in surveys and meetings."
- People received safe and coordinated care. There was good partnership working with relevant healthcare professionals and stakeholders to ensure the service provided good quality care for people.
- Staff told us they could contribute to the way the service was run through team meetings and supervisions. They told us they felt listened to.

Continuous learning and improving care

- The registered manager encouraged continuous learning and development. Staff training, supervision

sessions and meetings were used to ensure learning and improvements took place.