Sage Care Limited

Sagecare Fulham

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?	Requires Improvement

Summary of findings

Overall summary

About the service
Sagecare Fulham is a domiciliary care agency. It provides personal care to mostly older people living in their own homes in the London Boroughs of Hammersmith & Fulham, Westminster and Chelsea. It also supports some adults who are living with dementia and adults who have physical disabilities. At the time of our inspection the service was providing care and support to 472 people. 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
We received mixed feedback about the timeliness and duration of people's care visits.
People's care plans set out their care needs and preferences and communication support. Sometimes this information was not recorded in a consistent manner.

People told us they felt safe. Staff supported people with their medicines appropriately.
There were procedures for responding to and learning from accidents and incidents.

There were recruitment processes in place to help make sure only suitable staff were employed.
Staff received regular training, supervision and competency checks. This included safeguarding awareness training so staff knew how to report potential abuse concerns.

Staff treated people with dignity and respect and were caring.

The service worked in partnership with other professionals to meet people's needs and help them to access healthcare services.

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.

There were systems in place to monitor the quality of the service and recognise when improvements were required. People and staff were asked to give feedback about the service.

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

Rating at last inspection and update
The last rating for this service was requires improvement (published 6 September 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected
This inspection was carried out to follow up on action we told the provider to take at the last inspection.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our well-led findings below.	**Requires Improvement**

Sagecare Fulham

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 Health and Social Care Act 2008.

Inspection team
The inspection was conducted by two inspectors 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
This service is a domiciliary care agency. It provides personal care to people living in their own houses, flats and specialist housing.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post. A branch manager was also looking to register.

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because we requested some information before we visited and to ensure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 21 October 2022. We visited the location's office on 25 and 26 October 2022.

What we did before the inspection
We used the information the provider sent us in the provider information return (PIR). This is information

providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We used all this information to plan our inspection.

During the inspection
We spoke with a branch manager, the area manager and the provider's head of quality. We also spoke with a care manager, a field care supervisor, a care coordinator and 2 Electronic Call Monitoring officers and 3 care workers. We reviewed a range of records relating to the management of the service including the recruitment records for 10 staff and the care and risk management plans for 9 people.

After our visits we spoke with 11 people who use the service, 11 relatives of people who use the service and 4 professionals who have worked with the service recently. We continued to seek clarification from the provider to validate evidence found. We looked at training, procedures and management records.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment
At our last inspection the provider had not always ensured staff were sufficiently deployed to meet people's needs at all times so they were supported to stay safe. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvements had been made and the provider was no longer in breach of regulation 18, although some improvements were still required.

● There were sufficient numbers of staff to meet people's needs. We received mixed feedback about the timeliness and duration of some people's care visits. Some people reported a positive experience. For example, a person told us, "They stay with me and we talk and I feel happy." Other people's comments included, "[Care staff] seem to be in a rush to go" and "I sometimes think that some of the carers just want to do the bare minimum and then leave." On occasion, staff did not always have sufficient time to travel between care visits. Some people said they were informed if staff were running late, although some said they were not.
● We discussed staff deployment with the managers who acknowledged some difficulties due to staffing capacity at the time of our inspection. The provider was running recruitment initiatives to help address this. After our visit the provider set out other actions it had also taken to mitigate the risk of people not having their care needs met in a timely manner. For example, advising staff of public transport issues and industrial actions that may affect this and liaising with the local commissioning authority. A professional also told us some people experienced issues with the timing of their care visits. They had noted transport issues had contributed to this.
● People were usually supported by regular care staff with whom they could develop relationships of trust. Relatives said, "It helps that we have had the same carer for all these years" and "We have the same carer who is very good and has been coming for the past year, it is really good to have continuity." One relative told us, "If we could have the same group of carers, rather than weeks when there are just different ones, I am sure that would help."
● The provider used electronic call monitoring systems (ECMS) to plan and supervise care staff visits to people throughout the day. We saw office staff used these to monitor staff attendance and check with staff if the systems showed they might be running late or had not recorded when they arrived at a person's house.
● The provider followed appropriate recruitment processes with new staff to make sure they only offered roles to fit and proper applicants. They also established an applicant's experience and employment history and completed Disclosure and Barring Service checks. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

● Most people and relatives told us staff wore personal protective equipment (PPE) personal protective equipment (PPE), but two relatives said this was not always the case. We raised this with the registered manager so they could make improvements. Staff were provided with this and told us they always had access to this.

● The provider carried out spot checks on staff practice and quality assurance calls to people to ensure staff were following infection control procedures correctly.

● Staff had completed training in infection prevention and control and the provider had suitable procedures in place to manage the risk of infection.

Using medicines safely

At our last inspection the provider had not always ensured people's medicines support was managed in a safe way. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

● There were systems and processes were in place to ensure staff supported people to take their prescribed medicines safely.

● People and relatives confirmed staff supported them with their medicines. For example, a person described how staff handled their tablets, made sure they took them and helped with re-ordering a prescription when needed.

● Care plans recorded the medicines support people required and personalised information for this, such as how they liked to take their medicines and where they stored them.

● Staff completed medicines administration training. The provider assessed staff competency to provide this medicines support and reviewed their practice with regular spot checks. Senior staff took action in response to issues these checks identified, such as when staff had used the incorrect coding to indicate if a person had taken or refused their prescribed medicine or cream.

Systems and processes to safeguard people from the risk of abuse

● There were procedures in place to safeguard people using the service from the risk of abuse.

● Staff completed safeguarding awareness training. They were able to explain how to recognise and respond to potential abuse concerns. This included 'whistleblowing' practices to report concerns to other agencies.

● The provider promoted safeguarding awareness in the service through team meetings and 'themed' supervisions that focused specifically on the topic.

● The provider had systems in place for monitoring, responding to and investigating safeguarding concerns. The provider worked with statutory services to do this.

Assessing risk, safety monitoring and management

● The provider assessed and supported people to manage risks to their safety. Risk management plans set out risks to people's safety and actions needed to mitigate those risks. These considered issues such as the person's mobility, skin integrity and personal care needs. Plans were reviewed and updated periodically. Some people's plans also considered the health conditions that a person lived with, such as diabetes, how this affected the person and concise information on actions staff should take if a person became unwell.

● People's plans also considered possible issues presented by a person's home environment, such as fire safety issues, tripping hazards and internal and external lighting. People and relatives told us they felt safe

with the staff supporting them
● The provider had business contingency plans in place to support the service to continue in the event of an emergency, such as a major power or computer systems failure.

Learning lessons when things go wrong
● There were appropriate systems in place for staff to report incidents and accidents. Staff we spoke with knew how to report incidents. Records noted what happened and actions taken in response to this, such as when a person had an accident with their microwave.
● The provider monitored incident and accident recording to make sure these were responded to in a timely manner. This information was analysed regularly to identify any lessons for improving the service at this or another of the provider's branches. We saw learning from this was shared with staff at team meetings.

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.

At our last comprehensive inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 MCA 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 were supported in line with the principles of the MCA. However, people's care plans did not always reflect this clearly. When a person was not able to sign to consent to their care plan arrangements, due to a physical disability for example, the provider had not always clearly recorded this and how the person had otherwise indicated their consent. We discussed this with the managers who identified actions they would take to address this on the digital care planning system.
● Staff we spoke with described how they supported people to make choices about their day to day care and support. A person told us, "I tell them and they do it. They don't do anything unless asking me first." A relative remarked, "[Staff] ask [the person] what [they] want to do and they do it."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● The provider assessed people's needs sufficiently to see if the service could support them. A professional told us that when a local commissioning authority referred new customers to the service the branch manager checked that the service could meet the person's needs. Assessments included aspects such as people's mobility, personal care and medicines support requirements and this informed people's first care plans. These considered people's protected characteristics under the Equalities Act 2010, such as their age, gender, religion and ethnicity.

Staff support: induction, training, skills and experience
● People were supported by staff who received training to support them safely. Staff completed a range of

training that included infection control, dementia awareness, health and safety, moving and handling. We saw the provider had arranged refresher training for staff who required this. New care staff completed an induction to their role. Staff said they found the training courses useful to their work.

● People said they found their regular carers were capable and understood their needs. A relative said, "I find the carers good as they are very competent, we have two main carers who are very experienced."

● Staff received periodic supervisions to discuss their role and performance and said these were supportive.

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

● Staff supported people to eat and drink where this was part of their agreed care arrangements.

● People's care plans set out people's dietary preferences, such as meals they particularly liked and things they wanted to avoid. We saw plans noted when staff needed to check if a person was wearing their dentures to help them to eat. One person told us, "The carers will ask me what I would like for breakfast and will always give me a choice."

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

● The service worked with healthcare professionals, such as district nurses and GPs, to help people access healthcare services and maintain their health. The branch manager and professionals we spoke with felt they had a good working relationship.

● Care records showed staff raised concerns about a person's health when they noticed this had changed. A person remarked, "If they are here and there is anything wrong with me, they will contact the doctor for me." A relative said, "As soon as the carers notice that [person] is not quite themselves, they will contact us."

● People's care plans set out if they needed support to maintain their oral hygiene and guidance for staff on how to help with this.

Good

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.

At our last inspection we rated this key question good. The rating for this key question has remained 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
- People were supported by staff they found caring, kind and respectful.
- People and relatives spoke positively of their care staff. People commented, "On the whole the carers I have are lovely," "My carer is cheerful and kind" and "I think every day they go over and above what they are supposed to do." A relative told us, "[The care worker] is friendly with [the person] and they talk and laugh."
- Staff we spoke with understood how people wished to be cared for and followed support plans by respecting each person's individual preferences and routines.
- People's care respected their equality and diversity and without discriminating against each person's diverse needs and preferences.

Supporting people to express their views and be involved in making decisions about their care
- People and relatives were involved in making decisions about their care. One person said, "I tell them and they do it."
- Staff we spoke with gave examples of how they respected people's choices about how people wanted to be supported. One worker said, "Every step of the care I am providing I make sure they feel in control."
- People and their relatives felt they had developed good relationships with staff who visited them regularly. One relative remarked, "The main carers are very nice people as they have developed a good relationship with my [family member] and know what they are doing; they make jokes with each other and are very friendly."

Respecting and promoting people's privacy, dignity and independence
- Staff promoted people's privacy, dignity and independence.
- Care staff explained how they promoted this, such as when providing people's personal care. This included making sure the area or room was private and communicating with a person throughout so they felt comfortable. A relative told us, "They make sure that [the person] is treated with dignity; when they are changing [them], they always make sure that [they are] covered up, they are incredibly patient."
- Staff helped people to maintain their independence and this was set out in their care plans. One care worker described helping a person to wash their face rather than doing it for them, for example. One person told us, "I am an old [person], and they treat me with respect while encouraging me to be as independent as possible."

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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

At our last inspection the provider had not always ensured care plans were always designed with a view to meeting all people's needs and achieving people's preferences for their care. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

● People received care and support that met their needs and preferences. People and relatives told us they were mostly happy with the care and support they received, particularly from care staff who visited them regularly.
● Care plans reflected people's care needs, choices and preferences. For example, the order in which to provide their care or the products to use when providing personal care. Plans provided clear guidance on how to meet people's needs.
● Plans set out some basic information about people's life history, which helped staff get to know a person better.
● A professional stated they found people received responsive care that consistently met their needs and staff adapted their approaches to help make this happen.

Meeting people's communication needs
Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

● Staff supported people with their day to day communication needs.
● Care plans set out if people had communication needs and basic details on how staff should support these. For example, what their preferred language was, how to speak with a person who was hard of hearing or if a person wore glasses and staff needed to help them wear these. We saw one plan noted the relative who lived with them was involved in their daily care but the plan was not clear how the relative sometimes helped the person communicate with staff. We discussed this with the branch manager so they could update the plan. We also discussed the provider translated plans into people's preferred language and they

said the manager said they would looked into doing this.
● People's plans set out how a person communicated their consent or decisions about their daily care.

Improving care quality in response to complaints or concerns
● The provider had a complaints policy and process in place and used this to monitor how complaints were handled and identify any learning from these.
● People and relatives told us they could report complaints or concerns if they wanted to and these were dealt with when they did. For example, people told us when they had complained about a care worker the provider had changed the member of staff who visited them. A professional also reported the provider handled complaints effectively.

End of life care and support
● The service worked with relatives and other services, such as healthcare professionals to support people at the end of the life. The manager told us no one was receiving palliative care at the time of our inspection.
● People's care plans recorded if a person was receiving end of life care and if a person had chosen to share their end of life care wishes with the service.
● Training records indicated staff had attended awareness training on supporting people towards the end of their life.

Requires Improvement

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.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant that while the service management and leadership was consistent, the systems in place did not always ensure the consistent delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
At our last inspection the provider had not always ensured that systems were consistently robust enough to demonstrate safety and quality was effectively managed. This demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvements had been made and the provider was no longer in breach of regulation 17, although improvements were still required.

- The provider operated a variety of checks and audits designed to monitor the quality of the service and make improvements when needed. This system had enabled the provider to improve areas such as people's care plans and how it monitored the provision of care visits since out last inspection.
- Some information was not always recorded in people's care plans in a consistent manner. For example, in some cases it was not always clear how a person had consented to their care plan or to the use of bed rails, or how a relative might help a person communicate with staff. Some information was also contradictory. For example, while there was appropriate information for staff on the mobility support a person needed, other sections of their plan stated they did not need this. We discussed this with the managers so they could improve this recording.
- The provider conducted periodic unannounced checks on care staff working in people's homes to assess their performance. These assessed how staff treated the person, their punctuality, use of PPE and how they followed a person's care plan. Additional checks took place in response to reported concerns. The provider also worked in partnership with a local commissioning authority to monitor the quality of care and to improve the service.
- The provider completed regular audits of the service. Actions were taken to address the improvement requirements these identified.
- The provider periodically contacted people and relatives to obtain their feedback about the care they received. People confirmed this happened, telling us "Someone from the company comes out and checks up on things" and "They do call quite frequently to ask questions."
- The registered manager and branch manager said they felt supported in their roles by their senior managers.
- The ratings for the last inspection were displayed at the service's office and on the provider's website, as required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

● There was a culture focused on improving the service to help people receive care that met their needs.

● People and relatives spoke positively of the carers they saw regularly and that the care met their needs. A person said, "The manager listens to me and the staff are really very good to me." Some felt there could be better communication between care staff and the office team so staff were always aware of people's needs.

● Most care staff felt they were supported by the office team and could get help when they needed it.

● A professional told us they found people received good care, the managers at the service's branch were committed to providing an effective service and led by example.

● The managers nominated care staff for provider awards in recognition of their work.

Continuous learning and improving 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 managers we spoke with understood their duty of candour responsibilities. We saw the provider had apologised when things had gone wrong.

● The managers investigated concerns and identified learning from these to improve care provision service and mitigate the risks to people using the service. Lessons learnt were shared with staff through meetings and emails. A member of staff told us, "This is a learning organisation." A professional told us the service was "definitely" improving and accepted recommendations for improvements and acted on these. They said the branch manager was "all about continuous improvement and quality."

● We saw the provider had recently developed a new approach to customer surveys to better record and understand people's care experiences so as to inform service improvement work.

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

● There were opportunities for people, relatives and staff to be involved in the service.

● The provider had conducted some customer surveys in the month we visited. The results of these indicated respondents were satisfied with the service.

● People said they could call the service's office when they needed to, although at times some people found it difficult to get through at first.

● The registered manager and branch manager held meetings with staff to discuss care practice and service improvements. Records showed items discussed included 'top tips' for using the provider's digital systems, care staff escalating concerns about people's health, updating care plans and recording notes of people's daily care.

● Managers and supervisors also met staff at 'hub' points in the community when they distributed PPE and used this time to discuss any issues or concerns with them.

Working in partnership with others

● The service worked in partnership with colleagues from health and social care services so people could have access to consistent care and advice when required. This included pharmacists, GPs and social workers. This helped people to receive joined-up care to meet their needs.