Saga Healthcare Limited

Saga Healthcare

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

The inspection took place on 14 September 2017 and 15 September 2017 and the provider was given 48 hours' notice. This was the first inspection since the service registered in September 2015.

Saga Healthcare is a domiciliary care agency providing hourly and live in support to people living within their own homes. They provide support to people with physical disabilities, long term medical conditions and people who are living with dementia. At the time of our inspection there were 53 people receiving personal care.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were kept safe because the provider assessed risks to people and these were regularly reviewed. Where risks were identified, plans were implemented to keep people safe. Where incidents or accidents had occurred, staff took robust action to prevent them from happening again.

Care was delivered in a person-centred way and people's records reflected their routines and preferences. Care plans were reviewed regularly and people received a thorough assessment before staff provided care to them. The provider had systems in place to involve people in their care and ensure that people were supported by staff that knew them well.

People's healthcare needs were met by staff who worked alongside healthcare professionals. People's medicines were administered by trained staff who had access to important information about people's health and prescribed medicines. People's nutritional needs were met by staff that had access to information about people's dietary requirements and food preferences. Staff knew how to offer people choices and staff were trained in how to follow the guidance of the Mental Capacity Act (2005).

The provider's IT systems were being constantly developed and improved in line with the provider's improvement plans. Care calls were rostered on a bespoke rostering system and people told us that staff were on time to care calls. People knew how to make a complaint and the provider responded appropriately to any issues raised by people or their relatives. Regular surveys were undertaken to assure the quality of the care that people received.

People were supported by staff that were trained to meet their needs. Staff had regular contact with management and regular supervision meetings and appraisals. Staff received a thorough induction before working with people. Staff were trained in safeguarding and knew how to respond if they suspected abuse had occurred. People told us that staff were respectful of their privacy and dignity when supporting them. Staff promoted people's independence when providing support and offered people choices to involve them

in their care. Systems were in place to ensure that staff got to know people's needs and backgrounds.

Staff benefitted from regular meetings and involvement in the running of the service. The provider had clear lines of communication in place for people and staff. Before working, robust recruitment checks were carried out on staff to ensure that they were suitable for their roles. The provider had systems in place to ensure staff felt valued in their roles.

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.

Risks to people were assessed and plans were identified to keep people safe.

Where accidents or incidents had occurred, staff responded appropriately and took action to keep people safe.

People were supported by staff that understood their roles in safeguarding people from abuse.

Staff were deployed in a way that ensured they were punctual and were able to spend the required time with people.

The provider undertook robust recruitment checks to ensure people were cared for by suitable staff.

People's medicines were managed and administered safely.

Is the service effective?

Good

The service was effective.

People were supported by staff that were trained to carry out their roles.

The provider undertook regular spot checks and staff benefitted from regular one to one meetings with their supervisors.

People's nutritional needs were met.

People's healthcare needs were met by staff in partnership with relevant healthcare professionals.

Staff understood the Mental Capacity Act (2005).

Is the service caring?

Good

The service was caring.

People told us that the staff who visited them were kind and

compassionate.

People were supported by staff that knew them well.

Staff promoted people's independence and involved them in their care.

People were involved in their care and offered choices.

Staff were respectful of people's privacy and dignity when they provided support to them.

Is the service responsive?

Good

The service was responsive.

People's care was planned in a person-centred way and care plans reflected what was important to people.

The provider carried out robust assessments before providing support to people.

People's needs were reviewed regularly and any changes actioned by staff.

The provider documented and responded to complaints appropriately.

Is the service well-led?

Good

The service was well-led.

There were effective communication systems in place and people were able to easily speak to management.

The provider had a clear vision for the future that included creative technologies to improve the running of the service.

Regular audits were carried out to assure the quality of the care that people received.

People were regularly asked for their feedback on the care that they received.

Staff felt supported by management and systems were in place to ensure management was accessible to staff.

Saga Healthcare

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 and 15 September 2017 and was announced. On 14 September 2017 we carried out telephone interviews with people who use the service, their relatives and staff. On 15 September 2017 we visited the provider's offices and reviewed documentation.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was carried out by two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of caring for someone who uses this type of care service.

Before the inspection we gathered information about the service by contacting the local and placing authorities. In addition, we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of our inspection we spoke with four people and four relatives. We spoke to the registered manager, the provider's regional manager, head of operations, two co-ordinators and three care staff. We read care plans for six people, medicines records and the records of accidents and incidents. We looked at records of audits and staff surveys.

We looked at four staff recruitment files and records of staff training and supervision. We looked at a

selection of policies and procedures and health and safety audits. We also looked at minutes of staff meetings and looked at the provider's scheduling system and improvement plans.

Good

Is the service safe?

Our findings

People told us that the service they received was safe. One person said, "I feel I could always let staff know if I was unhappy, or felt unsafe." Another person told us, "I feel safe when I am in the house. Sometimes they (staff) talk to me about risks." A relative said, "I feel [person] is very safe and Saga work in partnership with other healthcare professionals. They involve me as much as possible to keep [person] safe."

Risks to people were routinely assessed and plans were in place to keep people safe. Individual risks to people were identified at assessments and regularly reviewed. Where staff identified risks to people, plans were created to manage them safely. For example, one person was assessed as being at risk of pressure sores. Staff identified that they spent a lot of time in bed which placed them at increased risk. To prevent the person from developing pressure sores, the person slept on a pressure relieving mattress. Staff regularly checked the person's pressure areas and documented that they had done so. The person was prescribed cream to protect their skin which staff applied daily. Staff provided feedback to healthcare professionals where they had concerns for the person's skin.

People were kept safe when accidents or incidents occurred, because staff took robust action to keep them safe. The provider kept a record of any accidents or incidents and what actions they took in response. Records showed that actions taken in response to incidents kept people safe. A recent incident recorded that staff were unable to gain access to one person's house. The person had a 'care line' system in place. This is a communication device that can be used to alert a call centre if there has been an incident or fall. Staff spoke to the call centre and they were able to use the technology to speak to the person. The staff member was able to gain access and found that the person had fallen. Staff checked the person and the person was able to get up themselves. To prevent a similar accident, staff ensured that the person had a pendant alarm that they could wear and press to call for help if they fell again.

People were supported by staff who understood their roles in safeguarding people. Staff had been trained in safeguarding and demonstrated an understanding of the types of abuse people faced and how to recognise it. Staff knew local safeguarding procedures and were able to tell us how they would respond if they were concerned for people's welfare. Records showed that where staff had cause for concern, they raised it with management immediately who then escalated concerns to the appropriate agencies.

Staff were deployed in a way that ensured people received their care at the time that they were expecting it. One staff member told us, "We get travel time paid which is appreciated. We get the occasional blip but the routes are well planned so we're rarely late." The provider had a system in place to plan visits and it took into account time staff took to travel as well as the care people required on each visit. The provider had developed a bespoke IT system for scheduling and this included a 'robot scheduler' that was able to quickly calculate staff availability and timings where there were last minute changes. People told us that staff were nearly always on time. Where staff were delayed due to unforeseen circumstances, co-ordinators made contact with people and relatives to keep them informed.

The provider carried out robust checks to ensure that people were cared for by suitable staff. Staff files

contained evidence of recruitment checks and these included references, work histories and a DBS check. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services. The provider also carried out an additional credit check on new staff. They told us that this was to identify if prospective staff may have financial problems that could pose a risk to vulnerable people. Where concerns were identified in this area, they were discussed with new staff in order for the risk to be assessed and managed.

The security of people's homes was taken seriously by staff. An assessment of people's home environment was carried out before people received a service. This included looking at fire risks and people's use of space and any trip hazards. Where people were not able to answer the door themselves, staff used a key safe. A key safe is a coded box used to store keys so staff can gain access to people's homes. Information on people's key safes and codes was stored securely so that it was only accessible to staff members who needed to see it.

People received their medicines safely. The provider kept up to date medicine administration records (MARs) and these were regularly checked and audited by management. MARs showed no gaps and where medicines had not been administered, staff recorded the reason why. People's care records contained clear information on their health conditions and medicines, including frequency and dosage. Records made people's allergies clear as well as recording information on how people liked to receive their medicines. For example, one person liked to have a cup of tea before their medicines were administered and this was made clear in their care plan.

The provider had a plan in place in the event of any significant incident or emergency that may affect the continuity of care. The plan provided information on how care would be provided in the event of incidents such as extreme weather, pandemic or IT systems failure. The provider kept a record of all the agencies to inform and work with to assure people's safety.

Good

Is the service effective?

Our findings

People told us that they were supported by staff that were trained to carry out their roles. One person told us, "There are good quality staff, trained and competent. They have made my life easier." Another person said, "I'm always happy with the training and professionalism of carers." A relative told us, "Good training, everyone seems to know what they are doing."

Staff told us that they received training that made them effective in their roles. One staff member told us, "We have up to date training. We can always request training and put ourselves on courses if there is a need." The provider had a selection of mandatory training courses that included health and safety, fire training, food safety and medicines. The provider kept a record of training and ensured that it was regularly refreshed. Records showed that staff were up to date. The provider's offices contained training facilities and the provider also trained staff at satellite offices. Staff told us that this made it easier for them to attend training courses when required. Training delivered to staff reflected the needs of the people that they supported. For example, staff supported people who were at risk of pressure sores and all staff had completed training in this area. One staff member told us, "I look after someone who has dementia and I was given dementia training."

Staff told us that they followed a robust induction period when they started and that this made them confident when they started work. One staff member told us, "We had a trainer that took us through the care certificate; we did a whole week and learnt a lot. We then shadowed an experienced member of staff before working in the field." Records showed that induction courses followed the care certificate. The care certificate is an agreed set of standards in adult social care that staff are trained to.

The provider carried out regular spot checks to measure staff performance and practice. Staff practice was observed at spot checks and any areas for improvement were discussed with staff. Staff also received regular one to one supervision meetings with their line managers. One staff member said, "We have a team leader who we speak to regularly. They are also always on the other end of the phone." Records of supervision showed that they were used to discuss best practice and any training needs. Staff completed an annual appraisal where their performance was measured and development plans were set up. The provider monitored supervision and appraisals and records showed that staff were up to date.

People's nutritional needs were met. One person told us, "The food is appetising , and prepared to a good standard." Important information about people's dietary needs was recorded in their care plans. For example, one person's care plan stated, 'I like things like toast and crumpets for breakfast and will be able to let you know what I want'. One person had a medical condition that meant they were at risk of malnourishment. The risk of malnourishment was assessed and a plan was in place for staff that detailed the types of food the person liked so that staff could encourage them to eat. Staff kept records of what food the person ate and this was used to inform healthcare professionals.

Staff worked alongside healthcare professionals to meet people's needs. One person told us, "Saga work in partnership with healthcare professionals and the office staff are very knowledgeable." Care records

described people's medical conditions with clear guidance for staff. The provider employed nurses to review all assessments and reviews. They used their knowledge to ensure people were referred to the appropriate clinicians and agencies. For example, we saw evidence of staff contacting the local community nurses to obtain equipment to reduce the risk of pressure sores for one person. Another person was living with dementia and their care records contained information from appointments with their psychiatrist. Where there were changes to medicines or equipment, records showed care plans were updated and reviews carried out when necessary.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

At the time of inspection, staff were only providing support to people who had consented to their care. Staff supported some people who were living with dementia, but they were still able to make day to day decisions and had provided consent. Staff had received training in the MCA and demonstrated a good understanding of its principals. One member of staff was able to describe how they would request an assessment of someone's capacity to make a decision if they had any doubts. Another member of staff had a good understanding of the principals of the MCA, they told us that they always presumed that people had capacity until assessed as not doing so.

Good

Is the service caring?

Our findings

People spoke positively about the caring nature of staff. One person told us, "The carers are compassionate and actually care. They seem to have plenty of time and care is never hurried." A relative told us, "They go above and beyond, by carrying out additional domestic tasks which is very supportive." The provider had received a number of compliments about the caring nature of staff. A recent compliment from a relative praised how staff were 'compassionate and really caring'. In another compliment, a relative praised staff who had supported with shopping when they found the person did not have food at home. The theme shown in compliments was that staff were caring and committed to the people that they supported.

People were supported by staff that knew them well. A relative told us, "We usually get the same carers, a core team that support [person]. If someone else is off sick we always get someone we know." The provider had a system in place to ensure that people received consistent care staff and records showed that the same staff regularly visited people. One staff member said, "Having regular clients helps me to get to know them. I can tell if something is not right or they're not well."

The provider took steps to match people to staff based on lifestyle and interests. A relative told us, "They have matched carers very carefully to our loved one, for example we have a dog and carers are happy with this." Staff told us that they had access to the information that they needed to get to know people. People's records contained short life stories that described people's backgrounds, family and any hobbies. The examples seen were detailed and contained relevant information in a concise format. One person had been in the army and had pets. This information was clear in the person's records and staff recorded in their daily notes that they had fed the person's pets each day.

Staff promoted people's independence when providing support. A relative told us, "The whole family are very impressed with the care received, which has helped [person] to live independently." People's care plans reflected their strengths and what they could do for themselves. People told us that staff allowed them time to do things for themselves. Staff understood how to promote people's independence whilst providing care to them. One staff member told us, "I help people with washing and I get them to do what they can for themselves. Some people are able to cook and just need some support from us."

People were involved in their care. One person told us, "I feel I am always involved in the care and support and times of day they come." People's care records contained information about their preferences and routines. Assessments documented people's choices and also made clear where people would want to make a daily choice themselves. For example, one person liked a variety of foods and their care plan stated that staff should ask them each day what they wanted at mealtimes. A staff member told us, "People can choose what they want to wear or what they want for dinner. Sometimes they just need help to see the options to make a choice."

Staff provided care in a way that was considerate of people's privacy and dignity. One person said, "I always feel carers are respectful to me and respect my confidentiality." Staff that we spoke to understood the importance of being respectful in people's homes. Staff were able to demonstrate how they provided care in

a way that promoted people's privacy and dignity. One staff member told us, "Even if I let myself in, I always knock on the door so that people know I'm here." Staff had been trained in how to manage people's personal information and people's care records and confidential information was stored securely at the provider's office. A relative told us, "Carers act with dignity and are compassionate. Especially when we had a night carer in who was very caring, respectful and dignified."

The provider involved people's relatives and took people's social and cultural needs seriously. One person did not want their relative to provide care to them. This was so that they did not develop a caring role and their relationship could be maintained. Staff understood this and the care plan was very clear. Calls were arranged around the person's needs and that of their relatives to ensure that this important relationship was sustained. Information about people's culture and religion was captured during initial assessment and recorded in people's care plans.

Good

Is the service responsive?

Our findings

People received person-centred care and staff knew what was important to them. A relative told us, "The service is responsive to changing needs. I am going away for a few days and I have contacted the agency to arrange additional telephone calls in my absence."

People's care records were person-centred and reflected their routine and preferences. Important information, such as what time people liked to get up or what they liked to wear was clearly displayed in their care plans. One person had a condition that meant their needs changed regularly. This meant that on some days they required more help than others. Their care plan described what help they needed on a 'good day' or a 'bad day'. This ensured that the care plan was flexible and could easily be adjusted to the person's changing needs. Another person liked to attend a club on one day of the week. Their care plan guided staff on what support the person needed before they went and the timings of this activity. Where people had pets, it was clear in their care plan what support they needed from staff to feed them. This showed an attention to detail that meant people's preferences were met. A relative told us, "The carers are also happy to involve the family pet, which is important to [person]."

The assessment process was robust. People received an assessment from a senior member of staff and important information was also gathered from relatives and healthcare professionals. The provider had a team who reviewed all new assessments. The team consisted of senior care staff and registered nurses. This helped to ensure a holistic view of people's needs, and this was reflected in care plans which were detailed. We saw evidence that people's needs were reviewed regularly and any changes in need were addressed through changes to care plans. For example, one person's needs had increased after their condition had deteriorated. Staff carried out a review in response to this change and the person had additional calls added to their schedule.

People told us that they knew how to complain and they felt confident that the provider would respond positively. One person told us, "I would be very happy to raise a concern, the organisation is very open and transparent." There was a clear complaints policy that was given to people. It contained information on how people could raise a complaint with information on how to contact the local government ombudsman if they were not happy with the response. The provider kept a record of complaints and this was very detailed. It showed that the provider recorded verbal complaints and less significant issues raised by people, using them as an opportunity to learn. For example, one person had complained at changes to the staff who came to see them. This was due to staff sickness but had caused a lack of consistency for the person. Management apologised to the person and adjusted the rota. This ensured consistency for this person while their regular staff member was off work.

Good

Is the service well-led?

Our findings

People told us that the service was well-led. One person told us, "I think the service is well-led, there is always good communication and we are always informed of changes." Another person said, "I think the service is well managed, I have met the Operations Manager and Nursing Manager during care reviews." A relative told us, "The staff in the office know exactly what is going on and they are very responsive."

There were clear lines of communication between management and people. Members of the senior team conducted or attended reviews and assessments. The provider had a number of co-ordinators at their call centre who spoke regularly to people. This meant that people could easily contact the organisation if they needed to inform them of changes or make requests. The provider also proactively called people regularly to ensure that they were happy. We saw evidence of the provider making increased telephone contact with people when they were new to the service, going through changes in need or recently home from hospital. This was reflected in what people told us as all people said they had good contact and communication links with the management team. A staff member told us, "The clients get to know the office staff and ask us about them on visits."

The provider was driving improvement through their systems and this improved the quality of the care that people received. The provider had developed their own bespoke scheduling software. This software included automatic scheduling that was done using algorithms created by the provider. The algorithms took into account location, call duration and people's own call time preferences. This 'robot' scheduling meant that office staff could quickly identify whether they were able to make calls when people called to enquire about a service or when people called to change their call time. The system also continually monitored staff punctuality and calls and flagged up to office staff where there had been shortfalls. Records showed that since implementing this system, late and missed calls had decreased.

The rostering software was developed by the provider's creative IT team who were integral to the ongoing plans for the service. The provider had a clear business strategy that they were able to show us. The innovative IT work had been completed earlier than planned which meant that the provider was progressing through their strategy ahead of their own timescales. The efficient systems made it easier for office staff to plan and ensured that important information got to care staff at the right time. The IT team were always within the provider's office so could respond to any issues and ideas for improvements could be communicated to them quickly. The provider made use of technology, such as tablet devices, to ensure staff had all the information that they needed about people when making visits. The software used also looked at maps and the best routes for staff to increase punctuality and efficiency. There was an 'on-call' number that staff could ring. This was previously used only where incidents had occurred. However, this had developed into a number staff frequently used to talk through visits or changes in need. A staff member told us, "They write the care plans and then we can access them on the iPads instantly. We can easily contact the office when we're out and ask about things."

As well as a clear business strategy, the provider kept a detailed ongoing improvement plan. The plan looked at all aspects of care provided and identified actions with clear timescales for completion. The plan

showed that actions were completed within the timescales set by the provider. For example, the provider wanted to start creating more events for people and carers. They added this to the plan and marked it as complete once an afternoon tea had taken place. They also planned to introduce newsletters for people and staff. This had been actioned and signed off on the plan.

Regular audits were carried out to ensure the quality of the care that people received. The provider carried out a quarterly holistic audit that looked at all areas of care, such as documentation, recruitment and medicines. A recent audit had identified that a power of attorney document was missing for one person. This was addressed and the document was added to the person's file. Systems were updated to ensure staff were prompted to ask for copies of these documents wherever they were necessary.

People were regularly asked for feedback on the quality of the care that they received. One person told us, "I have received a quality feedback form and submitted it." At the time of inspection, the most recent survey had just been collated. The comments were very positive and showed high levels of satisfaction from people in all areas of their care. The provider was in the process of addressing minor issues that people had raised. Two people had raised issues about consistency of the care staff that visited them. We noted that people were supported by consistent staff in most cases, but staff changes had impacted on two people. The provider told us that the improvements to their scheduling system would help to address this. We will follow up on the impact of these improvements at our next inspection.

Staff told us that they felt supported and they were involved in the running of the service. A staff member told us, "I have absolute support from managers. The managing director is even available to contact and we can always speak to the nurses." The provider had systems in place to ensure that staff had regular contact with management. The provider covered a large geographical area and had set up satellite offices. These were used for training and one to ones and they helped staff access to face to face meetings with management when required. Regular staff meetings took place and records showed that staff were able to raise any concerns or suggestions that they had about how the service was run. Regular emails were sent to staff keeping them updated on any training, policies or changes in people's needs. People were supported by staff that were made to feel valued. The provider had implemented reward schemes for staff. A 'carer of the month' award was given to staff that had exceeded expectations or achieved positive outcomes for people. Staff received a prize as well as recognition in the provider's newsletter.

The provider understood the responsibilities of their registration. Providers are required to notify CQC of certain incidents and events. These include safeguarding allegations, injuries and deaths. Where appropriate, the provider had submitted notifications to CQC.