Sage Care Limited

Sagecare (Biggleswade)

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
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 Biggleswade is a domiciliary care agency providing personal care to people in their own homes. At the time of the inspection 250 people were receiving a service. 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
People had experienced a drop in the quality of the service provided to them in the late summer and autumn of 2019, when the provider had merged another branch of Sagecare with the Biggleswade branch. During this period, care visits were not monitored effectively, and people experienced high levels of late and cut short calls. Complaints had not been managed well and management oversight was poor. People had not always enjoyed positive relationships with staff based in the office and some felt communication was poor.

In recent months the provider had taken steps to address these issues and improvements had been made, with further work to do.

Staff had received training in safeguarding people from harm and understood their responsibilities to report concerns. The management team reported concerns appropriately to the required external bodies. Risks were assessed and regularly reviewed, and people felt safe. However, risk assessments for one person had not been updated to reflect a change in their needs. This was addressed before the end of the inspection.

Staff did not have a good understanding of the provider's systems and processes to report and record accidents and incidents at the service. As a result, individual staff were making their own judgement about whether an incident needed to be reported. This meant some risks to people or incidents of harm were not identified and acted upon.

People's medicines were managed safely, and they were protected from the risk of infection. Where they needed support with this, people were assisted to have enough to eat and drink and staff took action to ensure their healthcare needs were met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were up to date with most training and people said staff knew their jobs well, with some people feeling less confident about new and unfamiliar staff. People reported that care staff were caring and treated them with respect, maintaining their dignity and encouraging them to be as independent as possible.

Newly developed care plans were person centred, written in respectful language and people were aware of their contents, having been involved in their development. We have made a recommendation about improving care planning in relation to people's end of life wishes.

A manager who had previously worked at the service had returned to the role. This was welcomed by people, who had confidence in the manager's ability to stabilise the service.

The manager was ensuring systems and processes were used to effectively monitor the quality of the service, and this was resulting in a reduction in late and cut short calls.

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' (report published 21 July 2017)

Why we inspected
The inspection was prompted in part due to concerns received about late and cut short calls, inaccurate record keeping, how the service responded to complaints and about how conflicts of interest between management and staff were managed. A decision was made for us to examine those risks at this inspection.

We found evidence that most of these concerns had been warranted at the time they were raised and voicing them had prompted the provider to take steps to make improvements to the service. At the inspection, we found the provider and the manager had made good progress with addressing the shortfalls identified, although there was still work to be done to raise the overall rating of the service to Good.

Follow up
We will 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? The service was not always safe. Details are in our safe findings below.	**Requires Improvement**
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 (Biggleswade)

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 two inspectors and an Expert 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 and flats.

The service did not have a manager registered with the Care Quality Commission, although the manager had submitted their application to register. The manager had previously been the registered manager but had left to take up a different post in the provider organisation. They had recently returned to the service. As the manager was not registered the provider alone is 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 24 hours' notice of the inspection visit to the site office. This was because we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 13 January and ended on 5 February 2020. On 13 and 15 January the Expert by Experience began to make telephone calls to people who used the service, and their relatives. On 5 February 2020 two inspectors carried out a visit to the agency's office.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with telephone with 14 people who used the service and/or their relatives. We spoke with nine staff during our visits to the office. These staff included care staff, a field-care supervisor, a care coordinator, the training lead, the manager, and the provider's regional manager.

We looked at a range of records. These included care records for six people, including medication records and daily care notes. We looked at three staff files in relation to recruitment and folders relating to complaints and accident and incidents. We also looked at other records relating to the management of the service such as call monitoring logs.

After the inspection we reviewed information the manager sent to us.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires Improvement. At this inspection this key question has remained the same. This meant people were not always safe and protected from avoidable harm.

Learning lessons when things go wrong

● There were systems to ensure incidents or accidents involving people using the service or staff were documented and managed. During this inspection we found that staff did not always report concerns or log them on this system.

● Incidents that should have been formally recorded on the system were sometimes just noted on the daily call notes.

● During the inspection the manager followed up one such incident with the staff concerned who said they had not raised the issue formally because they had judged it unnecessary. Other staff we spoke with were not familiar with the reporting process.

●This meant there was a risk that some reportable incidents were not picked up and action was not taken to minimise the risk of reoccurrence. Unidentified incidents could not be used to learn and make improvements to the service.

Staffing and recruitment

● Before this inspection, we received information that staff were not always attending care calls on time or staying for the agreed length of time. We were told some staff were not using the correct process to accurately record the length of time they spent at each care visit. We were also told that some staff were recording the times of visits inaccurately to suggest they were spending longer at a call than they actually had.

● People and relatives we spoke with during this inspection gave mixed feedback about whether they received care at the right times for the duration they expected. One person said, "They are normally on time to within 15 mins or so." However, another person said, "There have been times when I have wondered if they have forgotten me, so I have had to ring them."

● We found that, in the latter part of 2019, the number of incidents of late and cut short calls were high, which meant people were not receiving the right amount of support at the times they needed it.

● We found the provider had now taken action to address late and shortened calls. They had also updated the call logging in process to make it impossible for staff to log in inaccurately.

● The manager had taken steps to ensure call monitoring systems were used effectively and, as a result, the number of late and cut short calls was reducing steadily each month.

● Where issues relating to care calls identified matters of staff misconduct, we saw evidence that this was appropriately addressed, and action taken in line with the provider's disciplinary policy.

● The provider had a safe recruitment process to help make sure staff employed by the service were suitable. This included checks such as references and disclosure and barring checks that were carried out

before employees started work. This kept people safe because it helped the manager make sure that only suitable staff were employed.

Assessing risk, safety monitoring and management

● Risks to people's health, safety and well-being were assessed, and measures were put in place to reduce the risks as far as possible. However, we found records for one person had not been updated to reflect changes in their needs following discharge from hospital. The manager took immediate action to address this.

● People's homes had also been assessed to identify and minimise any hazards that could put them or staff at risk of harm.

Systems and processes to safeguard people from the risk of abuse

● People told us they felt safe with how staff supported them. One person said, "Having them around makes me feel safe."

● Staff knew how to keep people safe from avoidable harm or abuse. They were able to tell us how they should report concerns to the registered manager and to the local authority.

● One staff member told us, "I would always report anything that worried me. You never know."

Using medicines safely

● People told us they had been supported well with their medicines. One person said, "I have to have help with my medication, both the pills and the creams. They always wear gloves before creaming me and will check I have taken my pills. I feel well looked after."

● Medicines people took had been recorded on a medicine administration record (MAR). This enabled the service to show that people had been given their medicine as prescribed by professionals.

Preventing and controlling infection

● The provider had systems in place to prevent and control the spread of infection.

● People told us they were protected against infection because staff wore gloves and aprons when required.

● Staff told us they were trained in infection prevention and control. They also confirmed they had enough disposable gloves and aprons.

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 the last inspection this key question was rated as good. At this inspection the rating for this key question has remained the same.

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed in line with good practice before the service started to provide care to them.

- These assessments formed the basis for care plans, developed to guide staff on how to meet people's needs, in line with their personal preferences.

Staff support: induction, training, skills and experience

- Staff were given training to gain the skills needed to support people effectively. The training lead explained how training in line with the care certificate was provided to ensure staff had the essential skills required to care effectively for people. They also told us about training they accessed, usually through the local authority, to provide staff with the skills to support people in relation to individual care needs, such as specific health conditions.
- People and their relatives said most staff were good at their job but had more confidence in the staff they saw regularly. One relative said, "I am sure they know what they are doing although the main carer has much more of a handle on things as they really notice any changes to [family member] both physically and mentally".
- Staff told us about the induction and training they had completed. One staff member said, "We get lots of training, and I can ask if there's things I need that I haven't done."
- Staff told us they were supported in their work through regular supervision and more informal contact with the management team.

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

- Not everyone was supported by the service with their food and drinks.
- People who were supported by staff said this had been done well. One person said, "They will ask what I want to eat which is usually a microwave meal, although from time to time, I will ask them to bring me some nice fresh fish and chips in."

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

- Staff did not routinely support people to attend health care appointments as relatives or friends would usually do this.
- Staff monitored people's health and well-being as far as they were able to. If they had any concerns, and if

the person wanted them to, they spoke to people's families or contacted the office if they felt a person needed to see a doctor or a district nurse. One relative told us, "They will tell me if they notice anything has changed, like if he has any red areas so I can ring the district nurse."
● The manager and staff also worked with other professionals when required to ensure people received consistently effective care.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

● Staff told us they asked people for their consent before providing care. People confirmed this. One relative told us that they checked their family member was happy to receive care and, "Explain everything as they go along."
● Most care staff did not have confident understanding of the MCA and DoLS legislation, but with prompting were able to explain how they worked with people. What they described demonstrated that they worked within the principles of this legislation.
● The manager told us that they planned to re-issue MCA prompt cards to all staff to support their understanding of this.
● The manager had good understanding of the need to complete capacity assessments if they believed a person lacked the capacity to make a specific decision. They understood the need to follow 'best interests' processes where decisions were made on people's behalf.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people felt well-supported, cared for and treated with dignity and respect.

Ensuring people are well treated and supported; equality and diversity

- People and relatives made positive comments about most of the care staff. People's comments included: "They are nice and caring staff; we have a laugh now and again. They treat me nicely" and, "They are all very caring and she has a nice relationship with them" and, "They are polite and caring."
- Staff spoke enthusiastically about offering kind care that was sensitive to people's differences. One member of staff said, "The people are the best thing about the job. They have had interesting lives and I like to make sure they have the good care they need."

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

- People told us they had a plan of care and said they felt involved in planning and making decisions about their care. One person said, "My care plan covers all my needs and my (relative's name) will check it. I had a visit last summer from someone from the office to redo the folder."
- There was evidence that people and their families were involved in making decisions about their care because, where care plans were developed using recently revised format, there was detailed information about their wishes and preferences.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us that staff supported people in a respectful manner. One person said, "They ask me what I like to be called and call me by my name. They are respectful and always explain what we are going to do."
- People and relatives told us staff protected their privacy and dignity, particularly when providing personal care. No one had any concerns about this.
- People told us staff supported them to maintain their independence. One person said, "They support me to do as much as I can for myself. They take an interest in me which is lovely."

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery

Improving care quality in response to complaints or concerns

- Before this inspection we received concerning information about how the service managed and responded to complaints. This information related to poor communication from the office staff and a lack of response to complaints raised both formally and informally.
- During this inspection, people and their relatives gave us mixed feedback about how the service responded to concerns they raised. However, most people told us that, although things were very poor a few months ago, they felt there had been some improvement in recent weeks.
- We found evidence that, although the concerns shared with us had been warranted at the time they were raised, the provider had now taken action to improve how complaints were managed. This had included addressing performance issues with staff and, where necessary, some changes in personnel to ensure improvements were progressed and maintained.
- We looked at how complaints had been managed since the provider implemented these changes. We found complaints had been logged and responded to appropriately and in line with the provider's policy.
- Office staff we spoke with had a good understanding of the provider's expectations in relation to the management of complaints.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The management team were in the process of updating care plans for every person using the service. This was because the previous system had not been used to provide enough detail about people's needs, wishes and preferences to enable staff to provide fully personalised care.
- We reviewed samples of both the old and new care plans. The new care plans provided very detailed information about people and how they liked their care provided. They also had more information about each person as an individual; their strengths, interests and life history (where the person wished to share this).
- This helped staff build positive, respectful relationships with the people they were supporting.
- Staff got to know people's needs well and were able to explain how they liked their care to be provided.
- The manager told us that they always tried to ensure that people were supported by staff who were known to them. Where two staff were required on a care call, at least one of the staff would know the person well to ensure care was provided in the way the person preferred.

End of life Care

- In some instances, care plans contained basic information about end of life arrangements, such as who to contact and preferred funeral service.
- The manager said that, in most instances, healthcare professionals would most likely take the lead in

developing care plans in relation to people's end of life needs when the time came.

● At the time of the inspection the service was not supporting anyone who required end of life care. However, we discussed with the manager that, sudden events can occur at any time, resulting in them needing to understand people's needs and wishes for the end of their life. Best practice would be to have this information recorded for all people happy to share it.

We recommend the provider considers up to date good practice guidance in relation to end of life care and update their systems and practice accordingly.

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.

● The manager ensured information was in given in a way suited to people's individual needs. For example, large print or by using pictures to support understanding.

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 the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care

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Continuous learning and improving care

● The service had experienced difficulties during the summer and early autumn of 2019. This had led to some people experiencing a poor-quality service, including poorly managed care calls, poor and sometimes rude responses from office staff, a failure to respond to or act on complaints and poor management oversight of these issues.

● Decisions made at provider level contributed to the shortfalls of the service. This included the decision to merge another branch of Sagecare with this one, significantly increasing the remit of the management team who were being led by a new and inexperienced registered manager.

● This decision was implemented at a time of year when staff absence was high due to school holidays. The retention of operational staff from the closing branch was relied upon to facilitate this merger successfully but fell through when these staff resigned in quick succession in August 2019.

● In the past, the service had experienced similar problems when a decision was taken to increase the geographical reach of the branch. They took on a high number of new care packages all at once, without ensuring systems, processes and human resources were able to manage this well. This had resulted in very poor-quality care being provided to people.

● We spoke with the manager and the regional manager about our concerns that the provider had taken this action despite the impact on people last time. The provider had taken more swift action to address the issues that resulted from their decision on this occasion. However, their decision to merge the two branches, without fully identifying and managing the risk of it not going as planned, demonstrated a failure to learn from previous events.

● The manager and the regional manager told us that lessons had been taken from the events that took place in 2019. They confirmed that, in future, any restructuring plans would take into consideration issues such as ensuring periods of high annual leave were avoided, and that the structure and the experience of the management team was strong enough to implement plans well.

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

● Before the inspection we received concerning information about how the service engaged with people and their relatives, particularly when they raised concerns about the service they received. This information included people and/or relatives feeling their concerns were ignored, that office staff were rude, and complaints were not fully investigated and resolved. Concerns were also raised about how any potential

conflicts of interest between managers and staff were managed.
● The concerns raised largely related to people's experiences of the service during the summer and early autumn of 2019, when the service quality had deteriorated. We found these concerns had been warranted at the time and were a factor in bringing to light the shortfalls in the service.
● At this inspection we found the provider was taking action to address the shortfalls in the service, although this was a process that would take time to complete and embed. The provider had made the decision to stop providing care services to the most recently acquired geographical area to make the workload of the branch more manageable.
● Where needed, they took action to address staff conduct issues that had emerged during this time in line with the provider's policy. They made personnel changes, including bringing back a previous and very experienced manager to stabilise the service. People we spoke with were pleased that this manager had returned to the service and expressed confidence in their ability to make improvements.
● There had been other changes in office personnel. Office staff we spoke with were able to demonstrate they understood the provider's expectations of their conduct when dealing with calls from people and their relatives. Although some people still gave negative feedback about their experiences of communication with the office team, most confirmed that, although not perfect, it had improved recently.
● The regional manager confirmed they were confident that any conflicts of interest between staff and managers were declared and managed in line with the provider's policy. They were able to provide examples of when this had happened.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;
● The manager had tightened up the way the provider's systems were used to support effective management oversight of the service. They had a good understanding of their responsibilities in relation to relevant legislation and regulations.
● Care calls were now logged and monitored effectively. As a result, numbers of late and cut short calls, although still too high, were reducing month by month.
●Staff were supported to understand their roles and their accountability. They were supported to develop their skills and their achievements were recognised.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● The manager promoted a person-centred culture and encouraged staff to get to know people as individuals. This was reflected in the new care plans being developed at the time of the inspection.
● The manager worked hard with staff to organise events and fund raising to support people to form friendships and reduce the risk of social isolation. This also supported people to feel part of the local community.
● People we spoke with were complimentary about the manager and many people spoke highly of a recent Christmas party they had attended, and other events the manager had organised. One person said, "I have met (manager). They do a party every Christmas which is nice, and you get chance to chat to [manager], she is very approachable".

Working in partnership with others
● The service worked in partnership with health and social care professionals who were involved in people's care. This helped ensure that people consistently received the support they required and expected.