

Sage Care Limited

# Sagecare (Bourke Gardens)

## Inspection report

Bourke Gardens  
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Manchester  
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Tel: 01618713618

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05 March 2020  
06 March 2020  
11 March 2020

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Sagecare Bourke Gardens is an extra care service providing care to people living in their own homes in a large gated community. There are 56 one- and two-bedroom flats. At the time of our inspection the service was supporting 37 people with personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Risks to people's health and wellbeing were assessed and plans were in place to monitor people and to assist them in a safe manner. Staff knew how to support people safely, including the use of equipment to assist them to move. Staff were supported and trained to ensure they had the skills to support people effectively. They understood how to protect people from harm and were confident any concerns they raised, would be reported and investigated by the management team.

Medication was managed safely by trained and competent staff. Medication administration records (MARs) were fully completed and regularly reviewed. Staff had been recruited safely and there were enough staff to effectively meet the current packages of care which supported people's needs.

People told us they had good relationships with the staff that supported them. People were treated with dignity and respect. Staff supported people to be as independent as possible and express their views about the service and their care. People and relatives told us the service was person-centred.

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.

People were involved in their assessment and care planning and were asked for their feedback of the service. This helped to support the development of the service. There was a complaints procedure and any received were investigated and responded to.

There was a warm and positive culture in the service. People, relatives and staff told us that management were approachable. People's views were sought in a variety of ways including informally, during regular meetings and in quality surveys. Audits and checks were completed regularly to monitor the quality and safety of the service. There were clear processes in place to drive improvement and to continually develop the service in line with people's needs.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The service was registered with us on 6 March 2019 and this is the first inspection.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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 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 well-led.

Details are in our well-led findings below.

Good ●

# Sagecare (Bourke Gardens)

## 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 was carried out by one inspector.

#### Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 5 March and ended on 11 March 2020. We visited the office location on 11 March 2020.

#### What we did before inspection

We reviewed information we had received about the service since registration and we sought feedback from the local authority. This information helps support our inspections. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with seven people who used the service and six relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, a team leader and care workers.

We reviewed a range of records. This included four people's care records, and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

This is the first inspection for this service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected from harm. People told us they felt safe with the staff who supported them. Comments from people included, "I'm safe. If there's anything wrong, I just tell them [staff], and they sort it. It reassures me," and "I feel staff look after me and make sure I'm ok."
- Staff had received training to protect people from harm and knew how to recognise potential signs of abuse. Staff were confident to share concerns with the registered manager and other essential agencies.
- The registered manager appropriately reported potential safeguarding incidents to the local authority and the Care Quality Commission.
- Appropriate actions were taken in response to incidents, and actions were taken to reduce the risk of reoccurrence.

Using medicines safely

- People were supported to manage their medicines safely by trained staff. Staff followed specific guidance regarding people's support needed to manage their medicines.
- Medication Administration Records (MARs) showed people received their medication as prescribed. These records had been audited regularly by the registered manager and identified concerns had been appropriately addressed.

Staffing and recruitment

- The provider carried out thorough staff recruitment checks to ensure staff were suitable to work at the service.
- People received support from staff in sufficient numbers to meet their care and support needs safely.
- People were supported by a consistent group of staff. People valued having regular staff as they felt staff got to know them well. One relative said, "There's a consistent staff team who support [the person] and they know [the person] well. It helps build relationships"

Assessing risk, safety monitoring and management

- People's care plans contained a wide range of risk assessments with information to guide staff in safely supporting people.
- The registered manager reviewed risk assessments to ensure they reflected people's needs. They liaised with the person and, if necessary, their family, staff and other professionals to do this.

Preventing and controlling infection

- There were arrangements to reduce the risk of infection. People and a relative confirmed staff wore

protective equipment such as gloves.

- Staff told us they had infection control training and knew how to reduce the risk of infection.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they started to use the service to ensure care plans reflected the support required.
- Care and support was planned, delivered and monitored in line with people's individual assessed needs.

Staff support: induction, training, skills and experience

- People were supported by a well-trained and well supported staff team. We received positive feedback from people and relatives regarding staff skills and experience. One person said, "They know what to do and they do it well."
- Staff received a robust induction and completed the Care Certificate where appropriate. The Care Certificate is the recognised standard for training for staff new to health and social care. Staff were required to shadow experienced staff until ready to undertake lone working.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's nutritional needs were met. Where people were supported with this aspect of their care they told us they were happy with the support they received.
- Staff referred people to health and social care professionals where appropriate. People and their relatives told us staff contacted the GP or district nurse when required. Where healthcare professionals provided guidance to staff, this was followed.
- Staff checked on people's well-being and told us what they would do if they had any concerns about people's health. Relatives said staff alerted them to changes in their family members well-being.

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.

- People's care was delivered in the least restrictive way. Policies and procedures supported this practice.
- People had been asked for their consent to decisions where they were able to give this. Where people were unable to make a particular decision, relevant people were involved in best interests' decisions.

# Is the service caring?

## Our findings

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

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

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness, respect and compassion.
- People had developed good relationships with the staff that supported them. People told us staff understood their needs. One relative said, "They [staff] know [person] really well. They show concern for [person] and know when [person] is not feeling well."
- Staff told us they always treated people as individuals. People confirmed this, and they said their support was personalised to their preferences.
- Policies, procedures and guidance were in place to ensure that people's individual rights were promoted and maintained.

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

- Staff encouraged people to discuss what they wanted from their support to make choices and decisions.
- Regular care reviews were held with people and where appropriate their relatives. This ensured people's views were regularly considered.
- People's individual communication needs were clearly documented and staff had guidance on how to meet these needs.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's confidentiality. This included preventing unauthorised access to people's records and checking people could not overhear confidential information.
- People told us staff were respectful and protected their dignity and privacy.
- People's independence was promoted wherever possible. One person said, "I get to keep my independence here. They [staff] support me to do as much as possible myself, but there's no pressure."

# Is the service responsive?

## Our findings

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

This is the first inspection for this service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation

- Staff gave people personalised care that met people's needs, respected their choices and improved their wellbeing. Care plans reflected how people preferred to be supported.
- People were supported by a consistent staff team who knew them well. One person said, "I know the staff and I like them. They know me and what I like."
- Staff supported people to develop and maintain hobbies, educational work and social activities. People were encouraged to maintain relationships with friends and family. One person told us they liked gardening and staff had supported them to be involved with maintaining the outside area of the complex.
- Care plans were regularly reviewed with people and their relatives which ensured people's needs were up to date.

End of life care and support

- No one was receiving end of life care at the time of our inspection.
- The provider had an end of life policy in place to provide support to staff. Staff explored people's preferences and choices in relation to end of life care and where people were willing to discuss it was reflected in their care plan.

Meeting people's communication needs

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

- People's communication needs were identified, recorded and highlighted in support plans. Staff were aware of these and supported people in these ways. One person who was unable to verbally communicate used communication cards and hand gestures to communicate with staff.
- The registered manager told us they could provide information to people in different formats if required.

Improving care quality in response to complaints or concerns

- A complaints system was in place and information on how to complain was made available to people.
- People and their relatives told us they felt comfortable raising any concerns and knew how to. People told us their concerns were listened to and management were mostly responsive to issues they raised.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

- Audits and checks on the quality and safety of the service were completed regularly and were effective at identifying concerns. Clear action plans were in place to address any concerns highlighted as a result of these checks.
- There were clear systems in place for learning following any concerns or complaints raised by people or their relatives.
- The registered manager was clear about their responsibilities and the regulatory requirements of their role. They had notified the CQC when required, of events and incidents that had occurred at the service.
- Spot checks were taking place to ensure staff practice was consistent with the values of the registered provider.

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

- The provider had effective arrangements in place for gathering people's views of the service and those of people acting on their behalf.
- Staff were encouraged to contribute to the development of the service through meetings and supervision.

Working in partnership with others

- The registered manager and staff team worked closely with other agencies to ensure positive outcomes for people. This included working with health and social care professionals, the housing provider and commissioners so that people received person centred care and support to meet their individual needs.
- When referrals to other services were needed, we saw that these referrals were made in a timely way.

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

- There was an open and transparent culture within the service. People and their relatives told us the registered manager and staff were open and honest with them.
- The staff and management team were committed to maximising people's quality of life.
- Staff told us how they promoted a person-centred approach to people's care and support. They discussed with people how they wanted to be supported and involved them in developing their care.

