

Sage Care Limited

Sagecare Olsen Court

Inspection report

Olsen Court
Olsen Rise
Lincoln
Lincolnshire
LN2 4UZ

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Tel: 01522589856

Website: www.sage-care.co.uk

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 Olsen Court is a domiciliary care service providing personal care to people living in their own homes within an extra care housing complex which contained a number of flats in one building . At the time of the inspection there were 29 people using the 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

Risks to people had been assessed and reviewed on a regular basis, and their care plans provided staff with guidance to meet their needs safely. They were supported with administration of their medicines when required. People using the service were protected from the risk of abuse as staff understood their roles in keeping people safe.

People were supported by staff who had received appropriate training for their roles and who knew people well. Staff recruitment processes ensured staff were suitable and safe to work with vulnerable people.

There were enough staff to provide consistent care for people. People were supported to maintain their health, and had received health care services when needed. Where needed, staff supported people to prepare food and drink to meet people's dietary needs and requirements.

Staff followed procedures to protect people from infection. They were supervised, and their practice was checked to ensure they provided care that people needed.

People made decisions about their care which were documented in their care plans and respected by staff. 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 supported by kind and caring staff who they trusted. People's privacy, dignity and independence was promoted. Their communication needs were met and understood by staff.

People received person centred care. Staff had a good understanding of people's needs and their individual preferences. Care plans were personalised and took account of people's lifestyle interests. Staff worked flexibly to enable people to maintain their independence and contact with family and the wider community. People had the opportunity to express their wishes in relation to end of life care.

People and staff felt the management team were approachable and responsive. There were systems and

processes in place to assess and monitor the quality of care provided. The manager was aware of their legal responsibilities and notified the Care Quality Commission as required. The views of people, relatives and staff were sought. The manager shared information and learning with the staff team when things went wrong. People were confident complaints would be listened to and acted on.

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 Requires Improvement (published 30 March 2019).

Why we inspected

This was a planned inspection based on the previous rating. The overall rating for the service has improved to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sagecare Olsen Court on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our findings below.

Is the service responsive?

Good ●

The service was responsive .

Details are in our findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our findings below.

Sagecare Olsen Court

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

This inspection was carried out by one inspector.

Service and service type

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

At the time of the inspection the service did not have a manager registered with the Care Quality Commission in post. However, there was a manager in post who was in the process of applying for their registration with us. We will continue to monitor their application. Registered managers 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

This inspection was announced. We gave the service notice of the inspection. This was because we needed to be sure that there would be staff in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included notifications. We sought feedback from the local authority who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with six people who used the service, and one relative by telephone prior to our visit to the service and one person on the day of the visit to the service. This was to gain the views of the people who used the service. We also spoke with six members of staff, which included the branch manager, the regional manager and four care staff. We reviewed a range of records. This included three people's care records and 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 audits, and policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from management to validate evidence found during the inspection.

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 improved to Good. This meant people were safe and protected from avoidable harm.

When we last visited the service there were improvements required in the information in people's care plans in relation to their risk assessments, and the way medicines were managed. We recommended the provider ensured they follow safer medicines management. At this inspection the manager had followed our recommendations and medicines were managed safely and they had made improvement to the information in people's risk assessments.

Using medicines safely

- The processes in place for supporting people with their medicines were safe. Staff showed us the new electronic system they used which included checks to ensure medicines were administered safely. Where needed, when people took medicines on an as required basis there were clear guidelines for staff to follow.
- People told us staff had worked with them to provide them with the level of support they needed. Their care plans contained guidance for staff on the level of support people required.
- Staff received appropriate training to safely administer medicines. Staff told us they had received competence checks as well as regular training. The regional manager and manager undertook regular audits of the records and fed back any issues from their findings to staff via staff meetings to reduce the risk of errors.

Assessing risk, safety monitoring and management

- The risks to people's safety had been assessed and there were measures in place to mitigate these risks. Staff knew how to reduce risks and told us they used the information in people's care plans to guide them. when we visited one person we saw the equipment identified in their care plan was in place to support them in their home.
- There was evidence to show staff had worked with people and health professionals to assess and manage risks to people when accessing the community safely.
- People's environment was assessed and particular risks identified, for example, if people wished to cook in their own flats. Staff showed a good knowledge of how to manage the risks to people should there be a fire at the complex. There was information should people require evacuation from the complex in an emergency.

Staffing and recruitment

- The majority of people told us they were happy with the consistency and level of staff who supported them. One person said, "I know my staff and they always turn up when I expect them." However, one person said there had been a lack of continuity of staff recently. We discussed this with the regional manager. They told us there had been a couple of staff leave and a member of staff on long term sick leave. This had resulted in some changes to staff call rotas. This had been addressed as new staff had been employed and

people would get consistent staff moving forward.

- Staff told us they and the manager worked to ensure there was enough staff. They told us they worked together as a team. The regional manager told us they had recently replaced the on call system to better support staff at Olsen Court. If staff were held up on a call they could ring the on call person who would let the remaining clients know there would be a delay.
- Safe recruitment processes were in place to ensure people were supported by fit and proper staff. Staff files showed the manager had used the disclosure and barring service (DBS) to make checks to ensure potential staff had no criminal convictions which could affect people's safety.

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

- The manager had systems and processes in place to support staff to protect people from the risks of abuse. We saw the manager had recently supported one person with a safeguarding issue to ensure all the relevant agencies were involved to work towards a good outcome for the person.
- People and relatives had confidence in the staff to highlight and address any issues of concern they found.
- Staff had good knowledge of the types of abuse people could be exposed to. They understood their responsibilities in keeping people safe. Staff had confidence that the manager would deal with any concerns raised.
- We saw there was learning from events to prevent reoccurrence of risks for people.
- Issues of concern were discussed at staff meetings and addressed, handover meetings and via a communication book.

Preventing and controlling infection

- People were protected from the risks of infection as staff had received training in infection prevention and showed a good knowledge of safe infection control practices.
- People and relatives told us staff undertook safe practices when providing care for people.
- Staff used personal protective equipment to protect people from acquiring infections. They told us there was always enough supplies of this equipment for them to use.

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 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 physical, mental and social needs had been assessed when they started to use the service and were reviewed regularly. This ensured staff had the skills needed to provide care and if further training was required to meet specific needs.
- Assessments were complete in line with best practice guidelines and reflected the Equality Act. People were involved in this process to ensure their individual needs, their culture, age and disability were recognised and met.

Staff support: induction, training, skills and experience

- People were supported by staff who had received appropriate training for their roles. People told us staff used equipment safely and in line with the instructions for use. One person said, "My care is excellent and my carer is trained and knows her job."
- Staff told us they received regular training, both face to face when they first started with the company followed by on line updates to keep their knowledge current. All the staff we spoke with were happy with their training.
- Staff received regular supervisions and new staff told us they had been supported when they had first started work, with an induction period. During this time they undertook mandatory training and shadowed experienced members of staff whilst they got to know the people they cared for.

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

- People who required support with nutrition received this. People told us the support was tailored to their needs. Some people used the communal dining area in Olsen Court and had their meals prepared for them. Other people required help to make their meals in their own flats.
- Staff showed good knowledge of people's diets and the need to ensure people were left with both hot and cold drinks before they left them. Staff we spoke with told us if they had any concerns about people's nutrition they would escalate their concerns and involve the relevant health professionals to ensure people's needs were met.

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

- People's healthcare needs were well managed by staff. They worked with relatives and health professionals to ensure people received the support they needed.
- Two members of staff told us if people were ill, all staff had access to the details of each person's GP on the electronic care planning system via their phones. This enabled staff to call the GP straight away and record

it.

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.

- The service worked in line with the principles of the MCA. Where people's mental capacity needed assessing the manager had worked with family members and health professionals to ensure assessments had taken place. Staff we spoke with showed an understanding of the principles of the MCA and their role in supporting people and monitoring their mental health.
- Staff asked people's consent before providing support and respected their decisions if they declined care.
- Staff encouraged people to make day to day decisions. A staff member told us it was part of their job to support people to make their own decisions on a day to day basis.

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 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 who used the service were well treated by staff.
- People told us the staff were kind and caring towards people. One person said, "They are wonderful and they will do anything that they can to help. We have some great chats and a bit of a laugh. They are respectful of my privacy and of my dignity."
- Staff we spoke with had good knowledge of the people they supported and they enjoyed working at the service. One member of staff told us they got to know people well and were happy with the way their colleagues supported people. The staff we spoke with thought it was important that people felt comfortable with them when they were providing support

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

- People's views about their care were gathered when the manager assessed their needs prior to receiving support from the service. Staff worked with people to ensure their views were in the care plan. One person told us they were involved with putting together their care plan and they regularly review it. They told us they could always discuss their care with staff. One relative told us the manager had gone through changes in their family member care needs with them. The manager had ensured their views on their care were in line with the information in their plan.
- Care plans described people's individual needs, daily routines and preferences such as how they wanted their personal care delivered or what their religious preferences were.

Respecting and promoting people's privacy, dignity and independence

- All the people and relatives we spoke with told us staff treated people with respect and maintained their dignity when providing care.
- One person said, "Carers do as much as I want them to." They went on to say staff supported them with their independence and were mindful of their privacy and dignity.
- Staff gave examples of how they maintained people's dignity and treated them with respect. They told us they always knocked on people's doors. They all recognised the importance of keeping people covered, and closing curtains and doors when providing care. All the staff we spoke with understood the need for confidentiality in relation to people's care.

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.

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; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were cared for by staff who understood how to support them. People and their relatives had been involved in planning and reviewing their care with staff.
- Care plans gave staff clear information about how people wanted their care delivered. This included the level of independence people wanted, and how staff should be led by people's choices and wishes. For example, one person liked to make their own meals. There was information in their care plan on how staff should support the person manage the risks involved with this, while supporting the person's independence and choice.
- People's care needs were recorded in an electronic care plan system. Staff told us the system enabled them to access information on people's care easily and helped them ensure they clearly recorded care. The relative told us this, unfortunately meant they were unable to read their family member's day care records when they visited. This had given them reassurance and kept them up to date with their family member's care. The manager told us they were arranging for people and relatives (with permission) to access this part of the records so people felt more in control of their records and care.
- Staff had good insight about people's family and interests. They worked to develop good relationships with people and their relatives. They supported people by working flexibly to enable people and their relatives to maintain links with family, friends and the wider community. For example staff, supported people to attend the social activities available in Olsen Court, or supported people to access the community when needed.

Meeting people's communication needs

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

- People's communication needs had been assessed and when required the manager provided information in a format people could understand.

Improving care quality in response to complaints or concerns

- People told us they knew who to complain to should they need to. One person told us when they had complained the management team had been responsive and had addressed the issue raised to their satisfaction. We also saw evidence of a concern raised by a relative had been investigated with clear learning

from the issue.

- We saw there was a copy of the complaints procedure at the office and all the staff we spoke with were aware of it. People had also been given a copy of the procedure as part of their service agreement pack. Staff we spoke with were aware of their responsibilities should anyone raise a complaint to them.

End of life care and support

- At the time of our inspection no one at the service was receiving end of life care and the service was not commissioned to provide this aspect of care. However, people were given the opportunity to make their advanced wishes known. We saw evidence of this in care plans when people had wanted to discuss this aspect of their care.

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 Requires Improvement. At this inspection this key question has improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection the concerns we found in relation to the lack of detail in some risk assessments and medicines management showed there was a lack of oversight of the quality monitoring relating to these aspects of care. During this inspection we found the provider had addressed these issues.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- At the time of our inspection there was no registered manager in post at the service. However, following the previous registered manager leaving, the service had been supported by the regional manager, and an experienced manager who is in the process of registering with the CQC for this service.
- The provider had met their registration regulatory requirements of notifying the CQC of certain information. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and via their website, where a rating has been awarded. This is so that people and those seeking information about the service can be informed of our judgments. We noted the rating from the previous inspection was displayed on the provider's website and at the service.
- There were robust quality monitoring systems in place which had resulted in good oversight of the service and staff being aware of their roles in maintaining good standards of care.
- Minutes of staff meetings showed discussions had taken place about different aspects of the service provided for people. Staff were able to discuss issues openly and the manager worked with them to address issues raised.
- Staff told us the manager and regional manager undertook regular checks on their practice, and discussed their performance at their one to ones, which they found useful.
- The provider's policies and procedures were in place and accessible for staff to view. The provider had a business continuity plan. This ensured the service delivery would not be interrupted by unforeseen events.

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

- Both people and staff told us there had been some changes recently. This included the management team and staff. Staff told us they felt supported by the present management team. The regional manager confirmed there had been some staff changes as two members of staff had left and a member of staff was on sick leave. However, they told us and their records confirmed, that staff turnover was low and as a result people were sensitive when staff changed and led to them feeling unsettled. Because of this the

management team had worked to keep changes to a minimum.

- People, relatives and staff felt the service was well-led. A member of staff told us they were happy with the leadership at the service. Everyone we spoke with knew how to contact the manager and regularly visited the managers. One person said, "It runs very smoothly, it is comforting to have the staff that we have. They are a really good team and I would recommend them. I have no complaints at all about my care; it really is like a happy family."

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

- The provider sent out regular questionnaires to people to get their views on the service provided. When people had raised issues about aspects of their care they wanted changing, the manager had worked with them to make these.
- The manager worked in partnership with health professionals to improve the quality of the care people received.