Sage Care Limited

Sagecare Olsen Court

Inspection report

Olsen Court
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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

A comprehensive inspection of Sagecare Olsen Court, took place on 25, 28 and 29 January 2019. This inspection was announced.

Sagecare Olsen Court is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It offers a service to older and younger people living with dementia, learning disabilities, mental health conditions, physical disabilities and sensory impairments.
The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. At the time of our inspection there was no person with a learning disability using the service.

During our inspection there were 33 people using the service. The provider registered with the Care Quality Commission (CQC) on 9 October 2017; this was the provider's first inspection.

We found a lack of completed and accurate records. Care plans did not always detail people's specific needs and one body map was inaccurate. Medicines administration records (MARs) did not always record when staff had administered medicines and re-positioning charts were not always completed by staff to show when they had supported a person. We made a recommendation for records to be improved.

Although people we spoke with said they received their medicines, instructions on MARs were not accurate and there were no protocols in place for those people who needed 'as required' medicines to ensure staff knew why and when these medicines would be required. We made a recommendation to ensure medicines were managed safely.

The provider had robust systems and procedures in place to keep people safe. Staff were competent in their knowledge of what constituted abuse and how to safeguard people.

Risk assessments had been completed and reviewed regularly. Accidents and incidents were managed effectively and action taken to prevent future risks.

Staffing levels were appropriate and flexible to meet people's needs. The rota's we looked at showed consistency where possible and people told us they usually had the same staff completing their visits. Recruitment procedures were robust to ensure staff were of suitable character to work in a caring role.

Staff carried out training to ensure they had adequate skills and knowledge to meet people's needs. Staff were supported with regular supervision and appraisals.

Staff were kind, caring and friendly. Peoples communication needs were identified and alternative communications were used to allow people to make choices about their care. Staff treated people with

dignity and respect and people were supported to be independent.

People received personalised care and support. People had been involved in identifying their needs, choices and preferences and how these should be met. People were supported to do activities to avoid social isolation and promote wellbeing.

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

Care records clearly identified nutritional and dietary needs as some people using the service required specific plans due to their risk of choking. People were supported to live a healthy life and staff supported people to access health care professionals when required.

The provider had not received any complaints but understood their responsibility to act upon and investigate to prevent future occurrences.

People and staff described the management team at Olsen court as inclusive, approachable and supportive. Staff told us they felt supported and felt confident to raise any concerns. Regular staff meetings took place which encourage people to develop their skills and knowledge.

The provider carried out audits to ensure quality assurance checks had been completed. This meant the provider had oversight of what was happening at the service and had identified issues we identified at the inspection. Surveys and telephone quality assurance checks were carried out to gather people's views and ensure actions were taken to improve the quality of care being provided.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

The management of people's medicines was not always robust.

People told us they felt safe. Staff knew how to protect people from abuse and how to respond if they suspected abuse was taking, or had taken place.

Staffing levels were sufficient and safe recruitment procedures were in place for employed staff.

Risk assessments were in place for people who needed them and were specific to people's needs.

Is the service effective?

Good

This service was effective.

The provider followed the Mental Capacity Act 2005 (MCA) guidance.

Training was completed by staff to ensure their skills and knowledge were relevant to support the needs of the people they cared for.

People were supported with their nutritional needs and supported to maintain their health and wellbeing.

Is the service caring?

Good

This service was caring.

Staff were kind and caring towards the people they cared for.

People's privacy and dignity was respected at all times and they were encouraged to remain as independent as possible.

People were involved and staff supported people to make decisions about their care.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and appropriate care plans were in place.

Care files detailed people's preferences, likes and dislikes. People told us they were offered choices about their care.

The provider had a system in place to manage and respond to complaints if required.

Is the service well-led?

Requires Improvement

The service was not always well led.

We found a lack of complete and accurate records.

People and staff spoke positively about the management and felt supported.

Audits had been carried out to monitor the service. We saw surveys and telephone quality checks had been completed to gather people's views of the service. Regular meetings took place with staff which supported people to develop their skills and knowledge.

Sagecare Olsen Court

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 was planned to check 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 comprehensive inspection took place on 25, 28 and 29 January 2019. We gave the service four days' notice of our first visit to the office on 29 January 2019 because we needed to be sure someone would be available to assist us with the inspection. We made telephone calls to staff and people using the service on 25 and 28 January 2019.

The inspection was carried out by one inspector.

Before our inspection, we looked at information we held about the service. The provider sent us a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service, such as notifications we had received from the registered manager. A notification is information about important events which the service is required to send us by law. We sought feedback from the local authority contract monitoring team prior to our visit.

During the inspection, we spoke with four people who used the service, the registered manager, the scheme manager, the area manager and three staff members. We looked at a range of documents and records related to people's care and the management of the service. We viewed three people's care records, medication records, two staff recruitment, induction and training files and a selection of records used to monitor the quality of the service.

Requires Improvement

Is the service safe?

Our findings

People told us they receive their medicines as prescribed. One person told us, "They like to make sure I take medication and I get it on time. The always put down the time when I take my medication so it doesn't overlap with other medicines. They make sure that doesn't happen." Some medicines required to be given at certain times had been accounted for in people's medication risk assessments. The assessment recorded if a person had time critical medicines to ensure people received their medicines at the prescribed times.

We found protocols had not been put in place for those people who needed 'as required' medicines. This meant there was no information to instruct staff of why people would require medicines and when these may be needed. For example, one person had been prescribed paracetamol and ibuprofen but there was no record as to why this was prescribed. We discussed this with the area manager who told us staff would always check the label written on each medication before administering to ensure they follow the prescribed instructions.

We found one occasion where a dose of paracetamol had been given at 18:20pm and then again at 19:15pm. It did not state how many tablets were given and the daily notes were unclear. We could not be certain that the person was given too many tablets within a four hour period. The area manager told us the provider's medicines policy and procedures did not state staff should complete stock checks of medicines at each visit.

Some MARs did not record all the administration details for prescribed medicines. For example, one medication had been written with the instruction to give '10ms.' This was not clear or accurate as the area manager told us this should read as 10mls. Another MAR had medicines written on the chart that were due to be administered. However, there was no record of who had hand written these onto the MAR and when this had been completed.

One body map we looked stated a person had been prescribed a cream for dry skin. The body map did not specifically record what this prescribed cream was and therefore staff might not be aware of which cream to apply.

We recommend the provider ensures they follow safer medicines management.

The provider carried out medication audits which had identified issues. For example, one MAR had four missed signatures. The scheme manager ensured the staff member completed medicines training and took disciplinary action. The provider monitored medicine errors which allowed them to identify issues and again acted to prevent future incidents. The area manager told us, "If it's a recording error, and a first time error from the staff member, then we would look at carrying out supervision and/or training. However, if it wasn't a first error made by a member of staff then we would look at proceeding to disciplinary. We would always assess each case individually and it would depend on the situation of the error and the affects which would define whether we supervise, train or discipline, but in all cases, we would fully investigate first."

The service had appropriate systems and procedures in place, which sought to protect people who used the service from any abuse. Staff were aware of the different types of abuse and a safeguarding policy was in place with clear instructions for staff to follow, should this be required. The provider had managed one safeguarding incident with investigations carried out to ensure people remained safe. Staff told us they felt confident to raise any concerns and they would be dealt with appropriately by management. People told us they felt safe, one person said, "Yes, I do feel safe with the staff in the house."

Risk assessments were in place for those people that required them or when people's needs changed. We found the provider sought to keep people safe in the least restrictive way. The provider used a tool which looked at people's likelihood of risk and severity to determine what measures were required to keep people safe.

We found some risk assessments were not always detailed. For example, one person at risk of falls required two staff to assist them. When transferring the person, the risk assessment plan did not include information about the equipment to use and how this should be used by the staff. The area manager told us staff had a moving and handling plan to follow which included details of the hoist and instructions on how the equipment was to be used. However, this was not recorded within the care plan. The registered manager told us all staff had completed their moving and handling training to ensure safe practice was carried out. We spoke with staff who were knowledgeable about people's specific risks and understood their responsibilities to keep people safe.

We found risk assessments relating to pressure sores, moving and handling, bed rails and falls. People told us staff were responsive when there was a risk. For example, one person told us, "I cracked my head open on the bathroom sink, I lost my balance. I have a personal pendant so I pressed it and within a couple minutes staff were here and then called the ambulance."

Accidents and incidents were managed effectively with actions taken to mitigate future risks. There was an accidents and incidents policy in place which staff followed. Four accidents and incidents had been reported and we found actions had been taken. For example, one person fell whilst attending to personal cares. A district nurse was involved to tend to the persons injury and a referral to an occupational therapy team completed to assess for any equipment that may support the person to prevent future falls.

Staffing levels were sufficient to meet people's needs and rotas confirmed this. People told us they had regular staff attend their visits which ensured the care remained consistent. One person said, "I like having the same carer which I've got now. It's very good." Staff also told us there were enough staff to meet people's needs, comments included, "Yes, good staffing levels" and "Staffing levels are pretty good at the moment. We have had a lot of new staff because we now have new care packages in place so they have increased the staff. The new staff help to meet the demand and they shadow staff."

Staff recruitment procedures were robust. We checked two staff records which showed relevant checks had been completed. This included references, identification checks and a Disclosure and Barring Service (DBS) check. These checks help employers make safer recruitment decisions.

Good

Is the service effective?

Our findings

People told us staff had the relevant skills and knowledge to meet their needs. One person said, "Yes, staff are trained enough." Induction programmes were completed by new staff. This included shadowing of established members of staff, competency checks, completing work hand books and answering questions to ensure staff understood what they had learnt. One staff member said, "I did training and shadowing for five days with staff before working alone. It was good."

Staff were provided with training some of which included, Parkinson's disease awareness, diabetes awareness, stoke awareness, infection, prevention and control, assisting and moving, health and safety, medication (including a test involving MARs), Continence management, pressure care and stoma care, food safety, nutrition and hydration, privacy dignity and MCA, Safeguarding adults and children, dementia, death and dying, first aid and person-centred care.

The registered manager used a matrix to monitor staff training and to ensure this was kept up to date. We found 92 percent of staff had completed their training. Staff told us additional training to support people's specific needs was arranged by the provider. One staff member said, "Yes, we do training. We did specific training for thick and easy administering and we do general training." Thick and easy is prescribed to thicken drinks to prevent people from choking.

Staff told us they felt supported. One staff member said, "The management are pretty good, any problems they have been straight on it. Yes, I have supervisions and they keep us up to date. Any issues they bring it up with me." Supervisions and appraisals were carried out to support staff and monitor their performance.

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. At the time of our inspection there were no people accessing care who did not have capacity to make their own decisions.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We discussed whether anyone in receipt of care from the service had a granted authorisation in place from the Court of Protection, to lawfully deprive them of their liberty in a community setting. The registered manager told us that to their knowledge none of the people they supported had such authorisations in place but should such authorisations be necessary in the future, they would pursue this with the relevant parties.

Staff were knowledgeable about the MCA. One staff member said, "If someone is deemed to have capacity you work with that even if you don't agree with their decisions. For example, if someone did not want to shower for three days, we would have to respect that but also consider neglect if it continued. If someone lacked capacity, for example, a person that doesn't want us to call out a GP but might have a urine infection.

We would discuss with this family and GP. To treat this, we would discuss it in a best interest meeting to make sure they can get the medication needed."

Staff told us they always asked people for their consent. People's communication needs had been recorded which instructed staff on how to obtain people's consent. For example, some people could verbally consent to their care whilst other options were available such as sign language. We found one person was unable to sign their care plan but had indicated via another method to consent to their care.

People were supported with their nutritional needs. Care plans recorded people's preferences for food including their likes and dislikes. This supported staff to offer a choice of foods people enjoyed eating. When people were at risk of choking, staff followed advice from healthcare professionals to ensure the risk was minimised. For example, one person was encouraged by staff to sip their drink after each mouthful to aid swallowing and reduce their risk of choking. The person was also supported with thick and easy supplements which thickened drinks to prevent the risk of choking.

People were supported to maintain a healthy life. Care plans recorded when health professionals were involved in their care. For example, one person had a chiropodist that came to attend to their feet twice a week. The provider used the malnutrition universal screening tool (MUST) to monitor people who may be at risk of being over or under weight. The registered manager said should any changes occur in a person's weight they would continue to monitor this and make appropriate referrals to dieticians for further support and advice.

Good

Is the service caring?

Our findings

People using the service told us staff were kind, caring and friendly. Comments included, "Yes, they are very good and respectful", "I can't fault the service, it's very good. They get me up, shower me and dress me. They are caring" and "Care staff are really friendly and you can have a laugh and a joke with them. they are more than a carer, they are my friends."

People told us they were involved in their care and that staff ensured they were always asked to make decisions. One person said, "Yes, they come around and check the care plan with me, I'm happy with this. I have a book with it all in. They talk to my relatives. I'm involved in decisions about my care, I can mentally make decisions. They do everything unless I ask them not to do it for me."

People told us staff listened to their preferred needs. For example, one person had requested specific carers that they had built a positive relationship with and the provider made reasonable adjustments to ensure this happened. The person told us, "On the whole I'm quite satisfied with the care. Yes, I do have certain carers that I prefer and I know who I've got coming."

Staff respected people's privacy and dignity. One staff member said, "We always close the doors and curtains when doing personal cares. If washing someone we would put a towel over their private area to protect their dignity and make people feel comfortable." People's diverse needs were respected. For example, people's religious beliefs had been recorded in care plans so staff knew to respect their beliefs.

Staff encouraged people to remain as independent as possible. One staff member said, "We give people choices, see what people want to do and encourage them to do things on their own. Some people have walking frames to assist them to walk." One person was at times unable to feed themselves and staff would assist with feeding. Staff told us they always assessed if the person could feed themselves first to ensure they remained as independent as possible. Another person could brush their teeth which staff supported them to do by adding toothpaste and handing the person their brush. One person said, "The staff ask me what I want and try and do things at my pace rather than there's. They do encourage me to be independent. The things they know I can do they ask me to do but watch me to make sure that I'm safe and doing things safely."

No person accessing the service had an advocate. An advocate is a person who can support others to raise their views, if required. The registered manager told us that should anyone wish to have an advocate they used a local agency which people had access to.

Information about people was kept securely in locked cupboards at all times and the provider was compliant with the Data Protection Act. Staff told us they were aware of keeping personal information confidential and they knew how to access this information. One staff told us, "We always keep personal information private."

Good

Is the service responsive?

Our findings

Initial assessments were carried out by the local council and care plans were created using this information. Care plans reflected people's individual needs and people told us staff understood their preferences for care. One person said, "Yes, they aware of my likes, the staff do it before I've even said it because they know. I like the staff I have. I told the manager this and they arranged for them to be my staff, it's nice."

People receiving care told us were always offered choices. One person said, 'I like to dress comfortably in what I choose to wear daily.' One staff member said, "We ask people if they want a wash or shower, what clothes they would like to wear and what breakfast they want. We give people options." People were offered a preference as to the gender of carer they had to ensure people felt comfortable with staff. One person told us, "Yes, they send the staff I prefer if they can't I get someone else. What I get I'm quite happy with."

Some people using the service had specific needs and staff were aware of these. For example, one person suffered from a mental health illness. A leaflet had been enclosed in the person's care file to ensure staff understood the key and common symptoms so they could identify if the person required further support. Life stories were in place which informed staff of people's historical information about their life. This helped staff to get to know people and their history which meant staff could use this to build rapport with people.

Care plans were reviewed annually or when people's needs changed. People told us they had been given copies of their care plans and these were kept in their home.

People had plans in place to reduce their social isolation and encourage involvement in activities of their choice. We saw one care plan which identified the person enjoyed shopping and the staff supported the person to do this. The person told us, "Someone at Olsen court takes me out every Friday afternoon. It's nice for me because I get some fresh air and it's with staff I like. It's always the same person. We get on well together. We go out, have a look around the shops and go wherever I would like to go."

The registered manager told us that no complaints had been received. They were able to explain the process used to investigate any complaints and had a policy to follow should they need to use this. People told us they felt confident to make a complaint and knew who to speak with. Comments from people included, "I would speak to [Manager's name]. They are in charge now. They are approachable and I know who the manager is" and "I have no complaints, they [Staff] are all very very good."

The provider had received several compliments from people using the service and health professionals. Comments included, "Well what can I say apart from absolutely brilliant. [Name] is so complimentary of all the carers, I saw the rota which is brilliant', 'I'm writing to let you know how well we are looked after with all carers and supervisor' and 'I'm writing to you to let you know how we appreciate how you've stepped in to meet all needs over the past weeks, I know how hard you have worked.'

The service did not support anyone who was approaching the end of their life.

Requires Improvement

Is the service well-led?

Our findings

We found a lack of completed and accurate records. Body maps were in place for people that required them. We found one body map which indicated a person needed a cream. However, the person no longer required this medicine and therefore the records in the care file were not accurate.

Some people required re positioning to prevent pressure sores. We found the charts to record these turns had not always been completed. For example, for one week only two entries had been made instead of 28. The persons care plan did not include any details about why the person was being re positioned.

Medicine administration records did not always record when medicines had been administered. We found one MAR where staff had not recorded on five occasions when a cream had been administered. We looked at two other MAR's which both lacked staff signatures for some medicines. For example, one MAR had seven missed signatures and another MAR had five gaps where staff had not recorded when medicines were administered. We found this to be a recording issues as staff had recorded in daily notes that these medicines had been administered.

We recommend that the provider reviews records throughout the service to ensure they are accurate, well maintained and in respect of care delivery, completed in a timely manner.

Although we found recording issues this did not impact people's care they received. People we spoke with said they received their medicines and care in line with their specific needs. Staff told us how they supported people and knew their specific needs. The registered manager told us they always made sure lessons were learnt to follow any errors made.

The provider carried out medication audits which had identified issues with recording on MARs. The provider had an improvement plan in place which sort to address these issues including refresher training of medicines management for staff and themed supervisions based on medicines.

There were systems and processes in place to monitor and improve the service. Audits were carried out to monitor the service and an internal audit completed annually. This focused on best practice initiatives, safety and security, service management, external reviews, comments and complaints, feedback, care plans and staffing checks. We found most identified issues had already been had been actioned.

The registered manager told us due to ongoing recording issues and wanting to improve care plans they were planning to introduce a new electronic system. The registered manager told us this would allow for care plans, MARs and staff rotas to be accessed by a phone which all staff will have access to. The system would not allow any staff to complete their visits until notes have been recorded and MARs signed. They hoped this would help to improve recording issues within the service. They planned to implement this in February 2019.

There was a registered manager in post at the time of our inspection. A registered manager is a person who

has registered with the CQC 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 and staff described the management team at Olsen court as inclusive, approachable and supportive. One staff member said, "The manager is very supportive. If I'm in a call and encounter a problem they deal with it straight away. The manager is very accommodating with gives you the hours you can achieve and pops in to see people using the service to see if they are happy with what we are doing. They make you feel secure in your job role."

The management team ensured staff were rewarded for their achievements. For example, they created an 'employee commendation' for staff which meant they were praised for positive work they had carried out. One staff member received the following commendation from the scheme manager which stated, 'For going above and beyond for the clients. They all said [Name] is lovely, caring and very good at their job.'

There was a registered manager at the service. They were in the process of changing their registration. The scheme manager told us they were planning to register as the manager and had started the process for this.

Quality assurance telephone checks were carried out to gather people's views and to identify if any areas of their care could be improved. Staff asked questions about any missed calls, how the staff were during their visits and if they respected people's privacy, lifestyle, beliefs and dignity. We looked at these checks and found positive feedback from people.

Annual surveys were also carried out to gather people's views. 28 surveys were issued to people in 2017 and they received eight responses. People were overall satisfied with their care. Some people responded negatively to questions. For example, one person said more staff training was required and an action plan was put in place for staff to complete further training. Also, meetings were held with those people to ensure they were satisfied with the actions taken. Surveys carried out in 2018 were not specific to the service and reflected the views from people in the providers other services. The area manager told us they were planning a separate survey for the service.

Staff meetings were carried out every three months. These focused on the improvements the organisation planned to make, learning and development and best practice. We saw the staff were encouraged to broaden their skills and knowledge. The staff meetings encouraged staff to take part in apprenticeship programmes and further education. We also saw discussions had taken place about medical conditions such as diabetes and stroke care to support staff in identifying key symptoms that may prevent further harm to a person.