

Sage Care Limited

Sagecare (Bournemouth)

Inspection report

Unit 8
Churchill Court, 33 Palmerston Road
Bournemouth
BH1 4HN

Tel: 01202399669
Website: www.sage-care.co.uk

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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 (Bournemouth) is a domiciliary care agency. It provides personal care to people living in their own homes. 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. At the time of our inspection the service was supporting 65 people in Bournemouth and Poole.

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

People, their relatives and staff told us that Sagecare (Bournemouth) provided care and support in a safe way. People had care plans and risk assessments in place, the service was transferring from paper records to an electronic system. We have made a recommendation about ensuring care plans are always person centred.

Infection control procedures were robust and regular checks were made to ensure all staff were working in safe ways. Staff had access to and wore correct personal protective equipment (PPE). Risks associated with COVID-19 for people and staff had been assessed and the service kept up to date with changing guidance. Staff testing was in line with guidance and everyone knew their responsibilities to protect people. Medicines were managed safely by a live electronic system which alerted the service office if medicines were delayed, this was monitored by the office and on call staff.

There were enough staff and recruitment was ongoing. Robust checks were made to ensure staff had the necessary skills and experience. Staff felt training was good and they were supported. Staff understood how to safeguard people from harm and abuse and were confident any concerns would be followed up by the registered manager and provider.

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. Consent was sought and where people needed support to make decisions the necessary legal process was followed.

People and their relatives told us staff were kind and caring. People were supported to be independent and be involved in their care. Staff were proud to work for Sagecare (Bournemouth) and told us the range of ways they helped people in their own homes.

Quality assurance systems were in place to monitor safety and to drive improvements. Systems were robust and checked all aspects of the service. The registered manager understood their responsibilities and people, their relatives and staff had confidence in them. The registered manager was supported well by the regional manager and the provider, additional checks at their level ensured the service was operating safely. The service worked well with external professionals and continued to build on those links within the community.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 30/09/2019 and this is the first inspection.

Why we inspected

We undertook this inspection to provide this service with its first rating. This inspection was prompted by a review of the information we held about the service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 (Bournemouth)

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience who made telephone calls to people using the service and their relatives. 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.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

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

Inspection activity started on 20 April 2022 and ended on 22 April 2022. We visited the location's office 20 April 2022.

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 service improvement and safeguarding teams. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and their relatives about their experience of the care provided. We spoke with and received feedback from nine members of staff including the registered manager, regional manager and care workers. We received feedback from two health and social care professionals who have worked with the service.

We reviewed a range of records. This included six people's care records and six 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, care plans and quality assurance records.

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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People had risk assessments in place for all of their care and support needs. Assessments were thorough and covered all risks relevant to the person. However, instructions for staff were not always clear which meant actions needed to mitigate risks may not consistently be taken. We spoke with the registered manager who took immediate action to rectify.
- Environmental risks had been assessed, this included how the person should be supported to leave their home in the event of an emergency and fire safety.
- Accidents and incidents were recorded and analysed by the registered manager who checked that all necessary actions had been completed.
- Learning was shared with staff through meetings, email updates, supervisions and through the electronic care planning system.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they were safe in the care of Sagecare (Bournemouth). Some comments were: "Yes, they are nice people", "Yes, they make eye contact and they go at my pace", "Yes, I do feel safe", "Yes, my relative [name] accepts them and they seem good at what they do."
- Staff had received training in safeguarding people, and this was updated annually. Staff told us how they would recognise signs of abuse and who they would report them to, both within the service and outside. Staff told us they were confident that the registered manager would follow up concerns. Records showed that safeguarding concerns had been passed to the relevant agencies.
- There was a safeguarding policy and procedure in place. Safeguarding and concerns were discussed within staff meetings, in supervisions and reminders were sent through weekly updates. A staff member told us, "If I have any concerns I always record and report straight away to my manager [name]."

Staffing and recruitment

- There were enough staff to meet people's needs and recruitment was ongoing. We received some mixed feedback about staff arriving on time, we spoke with the registered manager and they told us they are continually working on improving timings and keeping good communication with people. People and their relatives told us overall, they saw the same members of staff.
- The service had a robust recruitment process. Processes demonstrated that staff had the required skills and knowledge needed to care for people.
- Staff files contained appropriate checks, such as references, health screening and a Disclosure and Barring Service (DBS) check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers

make safer recruitment decisions.

Using medicines safely

- The service managed people's medicines safely and specific risk assessments were in place. Staff responsible for the administration of medicines were trained and had their competency assessed. A relative told us, "Staff give my loved one [name] their medicine and make sure they take it before they go."
- Medicine Administration Records (MAR) had information about when a person took their medicines. Prescribed creams had details of where to apply and how often.
- Medicines and MAR were managed through an electronic planning system which meant that changes were made immediately. Staff used this to ensure they were supporting people with the correct medicines at the correct times. The system was always monitored by office and on call staff.
- Where people were prescribed medicines that they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.

Preventing and controlling infection

- Staff understood their responsibilities for keeping people safe from the risk of infection.
- Staff had enough supplies of PPE and stocks were maintained. Spot checks ensured staff were compliant with wearing correct PPE. A relative said, "Yes, they [staff] always have PPE on."
- Staff had received training in the control and prevention of infections. The registered manager told us that the provider had made sure they received the most up to date information regarding the COVID-19 pandemic.
- The service was participating in the COVID-19 staff testing in line with current government guidance.

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 newly registered 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 had been assessed before the service started. Senior staff attended people's homes to ensure needs were documented and care could be delivered safely.
- The completed assessments formed the basis of people's care plans and provided information to enable staff to meet their needs. Records showed people and their relatives and friends had been involved in the care plans as needed.

Staff support: induction, training, skills and experience

- Staff received a thorough induction based on the standards of The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- The induction combined face to face and online learning as well as supporting staff to shadow more experienced members of the team. Completion of a workbook enabled new staff to digest their learning and for the registered manager to monitor their performance and progress.
- Staff supervisions had taken place and were two-way conversations which gave the staff member an opportunity to seek support if needed. Staff had checks while out delivering care to people.
- Staff training included mandatory subjects such as; safeguarding, medicines, infection control and moving and handling. There were annual refreshers called, 'Fitness and Practice.' People and their relatives told us staff were well trained.

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

- People's needs had been assessed in relation to their eating and drinking. Where staff supported people with food and drink guidance was in place which detailed people's likes and dislikes. The electronic care planning system had additional prompts for staff to support people with their food and drink.
- Staff recorded meals and drinks they served for people if it was part of the agreed plan. This meant they could monitor if a person was eating or drinking enough to keep healthy. An example was where a person had a catheter, they were encouraged to drink plenty of fluids.
- Where people required specialist input for their eating and drinking this was sought from speech and language therapists and dieticians.

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

- People had access to medical and health services where necessary. Records showed that health and

social care professionals had been consulted for people including in medical emergencies.

- Care plan summary documents were present in each home giving a basic overview of needs to aid emergency professionals. People and their relatives told us where the service had sought medical advice this had been done in a timely manner. One relative said, "They [staff] alert the district nurses."
- The service worked with a range of health professionals to contribute to good outcomes for the people it supported. These included; doctors, district nurses and dieticians. One professional told us, "I feel Sage Care communicated in a timely manner and available by phone or email."

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 MCA 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.

- The registered manager and staff had received training in the MCA. Staff had a good understanding of consent and people told us staff always asked their consent before providing care and support. A person told us staff ask for their consent and said, "Oh yes, definitely and at the end they ask if there is anything else, I need."
- Staff respected people's rights. Where the service supported people, who were living with dementia, correct procedures were followed to obtain their consent or work in their best interests.
- Some people had given legal authority to a loved one or relative to make decisions on their behalf should they be unable to do so themselves. In these cases, the service obtained copies of the legal document and involved them in 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 newly registered 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 and their relatives told us staff were kind and caring. Some of the comments we received were: "Yes, we have a good relationship with the carers", "I get on well with them", "Oh yes, definitely, they are lovely", "They are caring, funny, jokey, they are very pleasant."
- People's spiritual and cultural needs were documented in their care plans and any special requirements noted for staff to be aware of. One person said, "They [staff] come early on a Sunday to get me ready for church."
- Staff had received training in equality and diversity. This meant they were aware of the key principles and they told us it was important to them to treat each person as an individual.

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

- People and their relatives told us the service and staff were considerate of their views and wishes.
- People's records showed evidence that people and those important to them were consulted and involved in creating and updating their plans.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Staff had training and the registered manager told us staff had reminders in all meetings and weekly updates and said, "We have to respect them as if they were our family." A relative told us, "They [staff] are very considerate and respectful."
- Encouraging independence was important to staff at the service to support people to remain well in their own home for as long as possible. The registered manager told us, "You want to be at home, around people you love. Comfortable until the end of your days because that's where your memories are."

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 newly registered 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; End of life care and support

- People had care plans in place that were responsive to their changing needs. However, the service had started to move from a paper system to an electronic care planning system, the care plans on this system did not always contain the detail required to be meaningful or about the person. We raised this with the registered manager who took steps to improve the plans immediately.

We recommend the provider seek advice and guidance from a reputable source to ensure care plans are always person centred.

- Staff told us they had enough information to provide care and support for people. A member of staff said, "We are always informed beforehand about all important information about the person."
- People and their loved ones were involved in the creation of their care plans. A relative told us, "We discuss my loved one's [name] needs together."
- The service was not providing end of life care at the time of inspection. However, when they did, they worked with nursing care teams and nurses, often working together for the person. The service had received compliments on their care of people in their final days. We read; 'Thank you [names] for your wonderful care of our loved one [name]. They were always caring, gentle and respectful of our loved one [name] and they were always pleased to see them. They were special.'
- People had been given the opportunity to discuss their end of life care and last wishes, this could be to remain in their own home or whether to receive active treatment.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were clearly detailed in their care plans and prompts on the electronic care planning system. Details and instructions for staff were clear and shared with others as required.
- Records showed people were supported to use their communication aids such as hearing aids and spectacles.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to make a complaint. Information was provided before people

started using the service and reminders were given. The service had a complaints policy and procedure in place. A person told us, "I would ring the office, I have the numbers but that would be an unlikely situation."

- The service had a complaints process in place, the service had not received any formal complaints. The registered manager told us they dealt with minor feedback and requests from people who use the service and their relatives. These were recorded on the care planning system.
- People, their relatives and staff told us they felt comfortable to approach the registered manager if they had any concerns with the service. They were confident their concern would be dealt with. A relative told us, "I would speak to the manager and if I wasn't satisfied, I would take it higher."

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 newly registered 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.

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

- Quality assurance processes were in place and working well which had enabled the service to monitor the standard of care provided. A range of audits and checks were in place within the service. Leadership of the service was multi-layered and checks at provider level were in place.
- A range of audits were carried out and included medicines, accidents and quality. Action plans were clear and had the person responsible for the action and timescales. All action plans had the completion authorised by the registered manager.
- Staff meetings were held, and this included regular updates by email. Meetings had continued throughout the COVID-19 pandemic via video call. Staff told us they were kept up to date.
- There were various processes in place to ensure continuous learning within the service. The registered manager held a weekly, 'Team Talk', with office staff to discuss recruitment and quality. Weekly registered managers meetings chaired by the regional manager was an opportunity to share good practice and updates.

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

- Staff told us they were proud to work for Sagecare (Bournemouth). Some comments we received were: "I always try to make some small changes for the better just to make them [people] happy and smile. I love this job because of this; that I know I can change someone's day", "People are well looked after by the team, we make surprises for the ones that are lonely, remember their birthdays and make their days happier", "I am proud to be a Carer and I thank Sagecare for giving me that opportunity", "I am very proud to work for company I am always treated with respect and in a nice manner. Staff at office are nice and we have got great communication which is important with this job."
- Staff told us they felt appreciated by Sagecare (Bournemouth). The registered manager told us it was important to recognise staff efforts.
- We received positive feedback about the management of the service. Comments we received included: "The registered manager [name] is friendly and supportive", "I feel the registered manager [name] is organised, supports the team and is always there", "I feel the registered manager [name] is supportive. I believe they are great and the right person for this position. And I truly believe they can make this company even better."

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

- The registered manager understood the requirements of the duty of candour, that is, their duty to be honest, open and apologise for any accident or incident that had caused or placed a person at risk of harm.
- Records confirmed the home had made all necessary referrals and notifications, for example, reporting concerns to the local authority safeguarding and social worker teams.

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

- Sagecare (Bournemouth) undertook regular surveys to monitor the standard of the service they provide. Results of a recent survey showed that 100% of respondents said the staff maintained their privacy, were polite and courteous and made them feel safe and well cared for.
- Where improvements had been identified within the survey there was a clear action plan produced and staff worked to complete them.
- The registered manager told us they have a good working partnership with various health and social care professionals. A health professional told us, "I feel they are a good provider and am confident any issues would be raised by carers, and feedback would be taken on board to improve the support provided to clients if necessary."