

Sage Care Limited

# Sagecare (Wirral)

## Inspection report

Gateway House, The Gateway  
Old Hall Road, Bromborough  
Wirral  
Merseyside  
CH62 3NX

Tel: 01512030854

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05 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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Sagecare Wirral is a care service providing personal care and support for people living in their own homes. At the time of inspection, the service provided care and support for 135 people.

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 this inspection, 97 people received personal care.

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

People told us that the service was safe, and staff always attended their calls. They also told us that they felt safe with care staff and the care they received at their home.

We have made a recommendation that senior staff review the scheduling of staff visits to people's homes and how the timing and length of these calls are reviewed by senior staff.

People told us that the care staff were very caring, kind, friendly and their approach was always very positive. One person said, "I love my carers. They are marvellous and always come in with a smile." Another person's relative said about the care staff, "They adore him, and he adores them."

People told us that they were listened to and staff supported and encouraged them to express themselves. One person told us about their care staff, "They really listen to my needs." People also told us that care staff encouraged them to remain as independent as possible; and were always respectful towards them and respectful when in their homes

People were supported to make as many decisions as possible for themselves and to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Each person had an individualised care plan that contained details of the care and support they needed and had agreed to. These included specific detail about what was important to a person. Any risks were appropriately assessed and responded to. Each area of people's care and support contained an assessment of the risks involved and guidance for staff on how the reduction of these risks had been agreed. People were involved in this process and risk assessments were regularly reviewed with them.

People were safeguarded from the risk of abuse. There was a system for recording any safeguarding alerts, investigations and outcomes and staff had received training in safeguarding people from the risk of abuse.

There had been recent improvement in the number of staff available and the service now had enough staff. Staff told us they felt supported in their roles and received appropriate training, supervision meetings, team meetings and told us that senior staff were approachable.

People and staff told us that they thought the registered manager was doing a good job. They told us he was approachable and keen to make improvements. The registered manager showed us that they had made a series of improvements and were now focusing on continuity of staff; particularly in the morning when people usually received personal care. They were reorganising their systems so that as much as possible, people received visits from familiar staff.

Staff at the service communicated effectively with healthcare professionals. We saw examples of when effective communication with other agencies had led to changes and improvements in people's care and support.

Staff took appropriate action to ensure people were safe and control the spread of any infections. Staff followed good hygiene practices and used appropriate personal protective equipment that was provided when supporting people with personal care.

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

The last rating for this service was good (published 16 October 2018). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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?

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 not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

# Sagecare (Wirral)

## 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 completed by an inspector, an assistant inspector and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

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

This inspection was unannounced.

Inspection activity started on 19 February 2020 and ended on 5 March 2020. We visited the office location on 19 & 20 February and 5 March 2020. We spoke with people on the phone on 20 and 21 February and visited some people in their homes by arrangement on 5 March 2020.

#### 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 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 12 people who used the service on the phone and visited a further 5 people who received support from Sagecare Wirral. We spoke with 17 relatives about their experience of the care provided. We spoke with eight members of staff including the area manager, registered manager, care-co-ordinators, and care staff.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at four 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 also reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data 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 for this newly registered 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

- People were safeguarded from the risk of abuse. There was a system for recording any safeguarding alerts, investigations and outcomes. The system was detailed and robust, safeguarding alerts had been responded to quickly and information had been appropriately shared.
- Staff received training in safeguarding people from the risk of abuse, this was regularly refreshed. Staff were knowledgeable about how to report any concerns and told us they had confidence that they would be responded to.
- People told us that they felt safe with care staff and the care they received at home. One person's relative told us, "We feel safe. They [care staff] are really good."

Assessing risk, safety monitoring and management

- Risks were appropriately assessed and responded to and people told us that they felt safe using the service. Each area of people's care and support contained an assessment of the risks involved and guidance for staff on how the reduction of these risks had been agreed. Risk assessments were regularly reviewed with people.
- There was an up to date electronic care planning system that staff reviewed when visiting people. This ensured that staff were alerted to any new risks, any increase in risks or changes that staff would need to know to enable them to keep people safe. Staff were also able to read the notes from the previous visits to assess people's safety and wellbeing.
- There was a system in place that monitored people's calls as they happened, which helped ensure that the service was reliable. If a person's call had been missed this alerted staff who then took action to ensure that people were safe and cared for.
- People told us that the service was reliable, because staff never missed a call. However, some people told us that at times their calls were late. One person summed it up by saying, "Sometimes they are late. But they do call." People told us that nearly always they received a phone call if the care staff were running late.

Learning lessons when things go wrong

- There was an electronic system in place that staff used to record any incidents, concerns or near misses that happened. This information was immediately shared with a senior member of staff and the registered manager monitored the responses to these concerns to ensure the service provided was safe.

Staffing and recruitment

- There had been recent improvement in the number of staff available and the service now had enough staff. The registered manager told us that they had been through a recent period of change that for a time had negatively impacted the staffing levels for the service. This had been managed by staff members

working additional hours.

- New staff members had been safely recruited using appropriate checks on their background and suitability for the role.

#### Using medicines safely

- People were supported to take their medication safely. There was a secure electronic system that provided staff with up to date details of people's medication and ensured that staff are prompted to administer and record people's medication. This system ensured that staff cannot move onto any other tasks until they have confirmed that people's medication administration had been safely completed and recorded. This helped ensure that the administration of people's medication was safe.
- Each person had a medication risk assessment identifying their level of support and possible risks as either high, medium or low. When the risks were higher; the administration of people's medication was checked more frequently.

#### Preventing and controlling infection

- Staff took appropriate action to ensure people were safe and control the spread of any infections. Staff followed good hygiene practices and used appropriate personal protective equipment that was provided when supporting people with personal care.
- Infection control was reviewed during quality assurance visits to people's homes.



# 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

- Each person's care and support needs, choices and preferences were assessed by a senior member of staff. These were completed in partnership with any assessment completed by a social worker.
- Information from people's assessments was used to inform their care plans. This included details about people's background, faith and culture and anything else that was important to them; such as what name they would like carers to call them.

Staff support: induction, training, skills and experience

- Staff told us that they received appropriate training and regular training refreshers, which helped them to be effective in their roles. One staff member told us, "The training is very thorough. I felt equipped when I was going out [to care for people]."
- Staff told us that they felt supported, senior staff were approachable and they gave us examples of then they had received additional support from senior staff that was discreet and respectful.
- Staff had supervision meetings with a senior member of staff, attended periodic team meetings and there was a system in place for annual appraisals. One staff member told us that they had found a recent team meeting clarifying information about people's medication very useful.

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

- When needed people received support to ensure that they had a healthy and balanced diet. People told us that care staff always ensured they had a drink and food before they left. One person told us, "The staff make good food and always find out what I would like."
- If people were identified as being at risk of malnutrition this was risk assessed and guidance for staff was included as part of their care plan. The diet of people at risk was recorded and regularly reviewed; if there were any concerns medical advice was sought.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked effectively with other agencies to ensure that people received effective care and support. We saw examples of when effective communication with other agencies had led to necessary changes and improvements in people's care and support.
- Staff helped people to find information and signposted people and their families to other agencies and services that may be able to help them.

Supporting people to live healthier lives, access healthcare services and support

- There was an effective system that staff used to quickly communicate information about people's

wellbeing for care co-ordinators to act upon. This had led to timely communication with people's GP's and district nurses so that people quickly received support at home with their medical needs.

#### 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 were supported to make decisions for themselves and information on how people communicated their decisions was in their care plans. Consent for their care and support was sought and recorded; along with their consent to recording information about them to enable them to be cared for effectively.
- People's care plans recorded any advance decisions that people had made in relation to what medical treatment and support they wish to have if they were unable to make that decision in the future.

# 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 told us staff members were very caring, kind, friendly and always took time to speak with them and ask how they are. It was clear that care staff had very positive and caring relationships with people.
- People's feedback about the approach of staff was very positive. One person said, "I can't fault the carers. They are good lads... I have a laugh with them." Another person told us, "The carers are very good, I enjoy them coming... I was very worried about people coming in [to my home] at first. But they made me feel comfortable; they are not strangers anymore." A third person said, "I love my carers. They are marvellous and always come in with a smile... they are precious to me. I don't call them carers; I call them my family." One person's relative had observed, "They adore him, and he adores them."
- Staff told us that they adapted their approach to ensure that they supported each person in a way that respected their choices, preferences and wishes.

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

- People told us that they were listened to and staff supported and encouraged them to express themselves. One person told us about their care staff, "They really listen to my needs." Another person's relative told us, "My husband lost his speech they are able to communicate with him in a nice gentle way, they are lovely, and they understand him."
- Staff members told us that they received job satisfaction when they built up a relationship with people; and they may then be able to discern even from their tone of voice that they are concerned about something and are able to support them.
- People were involved in regular reviews of their care with senior staff. One person told us, "It's good to be able to give feedback during the review. They have taken note of my concerns." We saw evidence of people being listened to and their feedback from reviews being used to change the service, so that it more effectively met people's needs and preferences.
- Staff told us about the importance of gaining people's views and choices before providing any day to day care. One staff member told us, "One lady was very nervous. I spent some time reassuring her, held her hand and asked her how she wanted me to care for her and made sure she felt safe with me." Another person's relative told us that this approach from care staff reassured them. They told us, "They always ask [name] what she wants and act upon it."

Respecting and promoting people's privacy, dignity and independence

- People told us that care staff encouraged them to remain as independent as possible. Information in people's care plans ensured that staff were aware of what people were able to do for themselves and to encourage people to use these skills. One person's relative told us, "The carers who come are really nice.

They support dad to be independent, they encourage him to try and do things for himself and make choices."

- People told us that staff are respectful towards them and respectful when in their homes. We saw examples of staff seeking people's consent and asking people's permission, in a friendly and everyday manner before taking any action in their homes.
- We saw that people's personal and sensitive information was treated with respect.

# 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

- Each person had an individualised care plan that contained details of the care and support they needed and had agreed to; along with what areas in which they are independent. These plans outlined for staff what they needed to do to meet people's needs and preferences and ensure they remained as safe as possible.
- The service was part way through changing the format of people's care plans. New care plans highlighted a set of agreed outcomes that people wanted support to achieve. Care plans were electronic and could be updated whenever a change was needed. Care staff told us that this meant they always had and were working from the most up to date information.
- People told us that they had been involved in completing and regularly reviewing their care plans. They also said if they want to make any changes in-between reviews, they only have to call the office. One person said, "The care planning was very good. I was involved in all the planning."
- We saw examples of when people's care, and support had been quickly and creatively adapted, in partnership with people and their social workers to help ensure that it met their needs and matched their family dynamics. One person told us, "They have been extremely responsive to our needs."
- People told us that it was important to them that as much as possible they had visits from carers who were familiar with them. Feedback about this was mixed. Some people were very positive and told us, "I have the same carers which makes me feel safe." and "I have the same little group of carers." Some people's relatives told us that this was a concern. One relative told us, "It can be different people looking after mum which isn't ideal." The registered manager told us that there was now a focus on continuity of staff; particularly in the morning when people usually received personal care. They were reorganising their systems so that as much as possible people received visits from familiar staff.

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.

- Each person's care plan contained information for staff on how people communicated, how they may indicate decisions and how they give consent to their care and support.
- People received information in a variety of ways, including in writing, by email and in person during visits from senior staff.

Improving care quality in response to complaints or concerns

- People and their relatives told us that if they had any concerns, they knew who to contact and told us they would feel confident raising an issue. One person told us, "I'd feel confident going to the manager with any complaint." Another person said, "If there are any problems, I am confident they will sort it."
- Any concerns raised with or highlighted by a member of care staff was recorded and addressed using the electronic care planning system. Care staff told us that new systems in place enabled them to have the most up to date information and be more responsive to any concerns that arose. Any concerns were reviewed by a senior member of staff to ensure that they had been responded to.

#### End of life care and support

- If people chose, they could be provided with end of life care in their own homes. This would be provided in partnership with medical professionals. Staff told us of the importance of dignity when providing end of life care and that they felt skilled and confident to do this.

# 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 requires improvement. In some areas leadership of the service was inconsistent and had not always ensured that procedures in place promoted the delivery of 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

- Not all of the information available to the registered manager and senior staff was being used to assess the quality of the service being provided.
- There was no consistent method used for allowing the travel time of staff in between scheduled visits to people's homes. There was an assumption amongst staff that they would clawback time from some calls where less support may be needed to keep close to the planned schedule. However, this was not always possible.
- Some staff told us that to allow for this they started their first call early or changed the order of the agreed schedule to ensure they were able to complete time sensitive visits close to the agreed time. One person told us that some carers swap the calls around so that he gets close to the time slot that he prefers. They added that this led to, "Different guys, they come at different times." Electronic call information at the service showed some staff regularly starting their first visit 30-45 minutes earlier than scheduled.
- Some people lived close together and staff told us that these schedules were "manageable". For other people's calls that were further apart or during busy times, this was more difficult. One of the co-ordinators who put together staff schedules told us the system did not tell them if visits that they were allocating back to back were geographically close together or far apart.
- The differences and inconsistencies in how people's visits were being scheduled and staff members response to this was clearly shown on the electronic information on call times that was readily available to senior staff. However, this data had not been analysed to look at these trends, explain them and work towards a solution.

We recommend the provider review the procedure for planning and reviewing the scheduling of people's visits.

- The safety and quality of the service provided for each person was regularly reviewed during a quality assurance visit or phone call. The review was based upon feedback from people cared for and their family members; the majority of this feedback was positive. The review included people being asked about the punctuality of their visits and the length of visit being appropriate. However, the information held on the call management system was not used as part of this process to inform any reviews on the quality of the service.
- Other systems had been used effectively at the service. Staff praised the system for sharing important information and for recording the care and support provided. Also, the reviewing of safeguarding concerns, safe administration of medication and care planning had all been very effective. The registered manager

told us that the internal audit score from the provider for this location had made significant improvements in recent months.

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

- People told us that they thought the registered manager was doing a good job. One person's relative told us, "I had a good conversation with the manager he's very accommodating, he's running a tight ship...they are excellent." We saw examples of the registered manager being sensitive to people's feelings and taking these into account when making plans.
- Staff told us that they enjoyed their roles. They said the registered manager supported them, was approachable, very thorough, keen to make improvements and was "a good teacher". One staff member told us, "It is nice to be supported in our role. I'm very happy at the moment."
- One person told us that they had a good experience was contacting the office. They said, "They are such a lovely team of people." Care staff told us that senior staff in the office were approachable. They said that they felt comfortable and welcome coming into the office for any help and support. The responsiveness of office staff helped them to provide effective care that met people's needs.

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 was candid. They had been open and transparent when investigating anything that had gone wrong at the service and had shared appropriate information with the local authority and CQC.

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

- The majority of people told us that they felt communicated with and involved in the planning, delivery and reviewing of their care and support. One person told us, "They keep me up to date with any changes." Another person said, "The communication is good." If appropriate people's family members can go onto the electronic system and look at their family members most up to date care records.