

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

SAGA Homecare Cambridge

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Date of Inspection: 30 November 2012

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2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✗ Action needed
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Nestor Primecare Services Limited
Registered Manager	Miss Rachel Bowyer
Overview of the service	SAGA Homecare Cambridge is a domiciliary care service which is registered to provide the regulated activity of 'Personal care'.
Type of services	Domiciliary care service Extra Care housing services Supported living service
Regulated activity	Personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We carried out a visit on 30 November 2012, observed how people were being cared for, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

People that we spoke with were positive about the care and support they received and commented that, "My carers are kind and very caring." People told us that they felt involved in their care and support and that their views and concerns were listened to and properly dealt with.

Although people using the service expressed satisfaction with their support, care planning documentation needed improvement as it lacked detail regarding the care and support that was to be provided at each visit. Guidelines for staff were not in sufficient detail to ensure that care was being provided to meet peoples' individual preferences.

Staff were trained in safeguarding people from harm and information regarding how to contact the local authority safeguarding team had been made readily available to staff and people using the agency.

There were thorough recruitment procedures in place to ensure that only staff who were suitable to work with vulnerable people were employed.

The agency had an effective system to regularly assess and monitor the quality of the service that was provided to people.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 03 January 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement

powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People who use the service understood the care and treatment choices available to them.

We spoke with eight people who received care and support from the agency and two relatives. People told us that they were involved in the reviewing and planning of their care and support needs. One person commented that, "The carers always ask me what I would like help with." Another person told us that the carers made them feel "safe and confident." Two relatives told us that they had observed care being provided to their family member in, "A respectful and unhurried way."

We saw contracts in care plans, which people or their representatives had signed to show they agreed with the care and support that was to be provided.

We saw copies of care workers' notes and reviews which evidenced peoples' involvement and participation in the delivery of their support.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was not meeting this standard.

People cannot be assured that they receive care, treatment and support that meets their needs and protects their rights as guidelines in care planning documentation needs to be improved .

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

Care and treatment was not planned and delivered in a way to ensure people's safety and welfare.

We spoke with eight people and two relatives about the care and support that the agency was providing. People were satisfied with the care and were complimentary about care staff. One person commented, "I am very happy with the carers and they are always kind and helpful." Another person told us that, "I feel I am in safe hands and feel very confident with my carer."

We reviewed six care plans during our visit on 30 November 2012. The agreed times and dates for care support visits were recorded.

We noted however, that care plans were lacking in detail regarding the care and support that was to be provided at each visit which may impact on the care to be given.. Descriptions were vague and lacked detail regarding peoples' preferences in the way that care should be given. We did see in one care plan where a separate handwritten sheet with more detailed guidelines had been included in the documentation. We saw that care plans were reviewed every six months but it was not clear in the care plan where changes to care had been made. Care plans that we saw were not all signed and dated so it was not clear how up to date the documents were. Risks were assessed and documented but also lacked detail.

Staff that we spoke with also commented that care plans were not in detail and lacked guidelines to specifically follow during each visit to the person. We raised these issues with the manager and they agreed to review the current care planning documentation so that staff had clear step by step guidelines which would be written in a person centred style detailing each person's preferences.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

There were safeguarding procedures in place and staff had received training to ensure that people using the service were protected from harm or abuse. The agency had a copy of the local authority safeguarding policy and reporting procedures. Information regarding how to contact the local authority safeguarding team was also displayed in the agency's office. Safeguarding training sessions were included in the staffs' induction and refresher training was provided. Evidence of ongoing training that we saw was in line with the local authority's policies and procedures.

Staff that we spoke with confirmed that they received safeguarding training during their induction and ongoing refresher training sessions. Staff demonstrated that they would immediately report any incidents of harm or abuse to their manager.

The manager told us about a recent safeguarding issue which had been appropriately reported to the local authority safeguarding team. The manager was aware of their responsibility in notifying the Care Quality Commission of any incidents or allegations of abuse. There were no further safeguarding concerns currently being investigated.

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

Appropriate checks were undertaken before staff began work.

The provider had ensured that there was a thorough recruitment procedure so that only staff who were suitable to work with vulnerable people were employed.

. We saw the personnel records of four members of care staff. Their recruitment documents included application forms, interview records, two references, satisfactory Criminal Records Bureau (CRB) checks and proof of the person's identity. Any gaps in employment were pursued with the candidate during the interview process. All recruitment checks were completed prior to care staff becoming involved in delivering care and support to people.

Each member of staff had received a thorough induction which was in line with 'Skills for Care '(a nationally recognised training organisation) guidelines. Each member of staff received a staff handbook at the commencement of their employment. The handbook detailed the agency's policies and procedures so that staff were aware of their expected conduct and responsibilities. Staff signed to state that they had read and agreed to the agency's policies and procedures. All staff were issued with an identity badge, including their photograph, and a uniform at the commencement of their employment.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

People told us that they had contact by phone, or in person, with members of the agency's management team. People told us they were pleased and satisfied with the agency and did not raise any concerns about the care and support that was provided to them. One person commented that, "I can contact someone in the office and they have always efficiently dealt with my concerns." A relative told us that, "I can contact the office if we need to discuss anything about the care provided"

Audits were carried out by the organisation's Quality Manager regarding the service, support issues, staffing, rotas and appraisals. Regular unannounced 'spot checks' were made by the agency's senior staff to ensure that people's care needs and the care staff's care practice were monitored. The manager told us that any concerns with staff competence would be immediately followed up in supervision sessions. Staff that we spoke with confirmed that they had received 'spot check' visits from members of the agency's management team. The manager had also undertaken regular checks of medication administration records to ensure people's medicines were safely and competently managed.

Annual surveys were conducted with staff and people who used the agency to monitor their views regarding the care and support they were receiving. The results of surveys were analysed and we saw an evaluation report collated in 2012, which indicated that people were satisfied with the service.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services
	How the regulation was not being met: People can not be assured that they receive care, treatment and support to meet their requirements, and protect their rights, as guidelines in care planning documentation needs to be improved .

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 03 January 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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