

Sunflower Care

Sunflower Care

Inspection report

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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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Sunflower Care is registered as a domiciliary care agency who provide care and support to people living in 2 supported living properties. At the time of inspection 7 people lived in the services, and all received the regulated activity of personal care support.

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

Right Support:

Staff supported people to have the maximum possible choice, control and independence and they had control over their own lives. The policies and systems in the service supported this practice. People were supported by staff to pursue their interests, set and pursue their goals and aspirations. Staff enabled people to access specialist health and social care support in the community. Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs. Staff supported people with their medicines in a way that promoted their independence and achieved good health outcomes.

Right Care:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. Staff understood and responded to people's individual needs. The service had enough appropriately skilled staff to meet people's needs and keep them safe. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. Staff and people cooperated to assess risks people might face in all areas of their life including health and activities. Where appropriate, staff encouraged and enabled people to take positive risks.

Right Culture:

People were supported by staff who understood good practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care tailored to their needs. Staff placed people's wishes, needs and rights at the heart of everything they did. Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. Staff valued and acted upon people's views. Staff ensured risks of a closed culture were minimised so people received support based on transparency, respect and inclusivity.

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

Rating at last inspection

The last rating for the service was good (published 26 April 2017). Since then the provider made changes to their office address so this is the first inspection with those new registration details.

Why we inspected

This inspection was prompted by a review of the information we held about this 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our well-led findings below.

Sunflower Care

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 1 inspector.

Service and service type

This service provides care and support to people living in 2 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

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.

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. 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 4 people who used the service and 2 relatives about their experience of the support and care provided. We spoke with 5 members of staff including the registered manager, deputy manager, senior support staff and support staff. We received feedback from health and social care professionals who work with people living in the service.

We reviewed a range of records. This included aspects of 4 people's care records and 2 medication records. We looked at 2 staff files in relation to recruitment processes. A variety of records relating to the management of the service, including quality assurance audits, training and meeting documents, were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People received safe care and support in their homes. One person told us, "Yes, [I] feel safe. They (Staff) look after me." They also said, "If I'm worried I can speak to anyone (staff)."
- The provider had systems in place to safeguard people from abuse and was aware of how to follow local safeguarding protocols when required.
- Staff received training in how to recognise abuse and protect people from the risk of abuse. They knew about safeguarding and whistleblowing procedures and how to report any concerns.

Assessing risk, safety monitoring and management

- Risks were assessed and reviewed regularly. We saw that support plans were comprehensive and covered a range of known risks including risks to people's health such as falls or nutrition. Information was included in people's care records about specific health conditions, so staff knew how to provide safe care.
- Risk assessments were undertaken for activities people did at home and out and about. For example, bathroom safety, kitchen safety, swimming and car journeys. This encouraged a positive 'can do' approach to risk where people were supported to do what they wanted, facilitated safely by staff. This approach was reinforced in care plans, for example, one care plan prompted staff to, "create a positive environment where [Person's name] feels secure to take risks and make decisions."
- Everyone had a hospital passport in their care records. These ensured essential and person centred information could be shared in the event people were admitted to hospital. For example, one person's hospital passport included useful details such as, "I need to have my medication in liquid form. I don't mind having my blood pressure taken."

Staffing and recruitment

- The provider followed safe recruitment practices. This meant checks were carried out to make sure staff were suitable and had the right character and experience for their roles. We found some gaps in employment histories on application forms. The registered manager rectified this during the inspection.
- There were enough staff to provide safe support to people. There were no agency staff working in the service, which meant people received consistent support from staff who knew them well.

Using medicines safely

- Staff ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured people's medicines were reviewed by prescribers in line with these principles.

- People were supported by staff who followed systems and processes to receive, administer, record and store medicines safely. Staff received medicines training and the registered manager planned to introduce competency checks in line with good practice guidance.
- Regular checks and audits were undertaken of medicines to identify any issues, record what action needed to be taken and ensure this was followed up promptly.
- People were supported to understand the medicines they took and what they were for, which promoted their independence. The registered manager had created a list of each person's medicines and a straightforward explanation of what they were for. This was useful to both people and staff.

Preventing and controlling infection

- Staff undertook training in infection prevention and control and had access to personal protective equipment (PPE) such as hand sanitiser, masks, aprons and gloves when needed.
- Risk of infection was individually assessed for people living in the service. For example, one person was at heightened risk of illness from COVID-19 due to the medicine they took. They wore a face shield when they went out to busy places. Staff had created a photo story (social story) to support the person understand about the risk of infection and why wearing the face shield helped keep them safe.

Learning lessons when things go wrong

- When an accident or incident occurred, this was recorded on an accident and incident form and brought to the immediate attention of the management team to ensure all appropriate actions were taken.
- During the inspection the registered manager reviewed and strengthened the accident and incident form to ensure their management oversight was recorded clearly, along with consideration of any lessons which could be learned.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained 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

- Care plans were detailed, person-centred and up to date. These were reviewed regularly and when people's needs changed. Details of people's equality needs including any cultural, spiritual, religious or other diversity considerations were included.
- An assessment of people's needs was completed before they moved into the service. Where possible a gradual transition took place to support a smooth move at the person's pace.
- Care plans included detail about all aspects of the person, their support needs and preferences. This included a document titled, "The sensational story of me" which gave information about people's personal history. This promoted staff understanding of people's life before receiving support from Sunflower Care, and encouraged a person-centred approach to care.

Staff support: induction, training, skills and experience

- People received support from staff who had the skills and training to undertake their roles. Staff received an induction when they joined the service which included training and time spent shadowing experienced staff members.
- Ongoing training was provided to staff to ensure competence in their roles. Since the pandemic more training took place online. The registered manager planned to re-introduce more face-to-face training to support ongoing learning and development.
- Staff and management meetings took place regularly. Staff received one to one supervision which provided opportunities for staff to reflect on their working practices and discuss training and support needs.

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

- People were involved in menu planning and shopping for food. Some people enjoyed preparing meals for themselves and others, and staff offered support where needed. One person told us they loved cooking and staff said the person was becoming more confident in the kitchen which the person agreed with. This was supported by the use of equipment such as a hot water dispenser which promoted people's independence to make hot drinks safely.
- People were supported with their nutritional and hydration needs. When there was a need to monitor what people were eating and drinking, for example, to encourage a healthy balanced diet or weight loss, this was recorded in a 'food diary'. When additional expertise was required from health professionals this was sought and evidenced in care records. For example, input from the dietician or speech and language team.

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

- Staff told us, and records showed, they worked in partnership with health and social care professionals to maintain people's health. This included general health practitioners such as the doctor, dentist and optician as well as specialists for health and physical needs or conditions. Social care professionals were also involved when required to support people's welfare needs.
- People had health action plans which were used to ensure all health needs and appointments were planned, monitored and recorded. This included routine check-ups as well as specialist appointments.
- People were supported to make choices which were good for their health, but their right to make their own decisions was embedded in staff practice. For example, one person recently had a test which confirmed raised cholesterol. Their care records said, "[They] can chose to have unhealthy snack/food in moderation. [Person's name] should be given enough information in a way [they] can understand to make a decision for [themselves]."

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.

- The service was working within the principles of the MCA. MCA assessments and best interest decisions were made in consultation with people's relatives or representatives and relevant professionals when required.
- Staff received appropriate training and were aware of the principles of the MCA to support people make decisions when they had capacity to do so. Staff encouraged people to make their own choices and 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.

At our last inspection we rated this key question good. The rating for this key question has remained 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 were well treated and supported. When we visited the supported living houses we saw people were comfortable and at ease in their home with other people living there and with staff. Both of the properties had a relaxed and homely atmosphere.
- Staff spoke affectionately about people they supported, and we observed warm relationships between people and staff. It was obvious staff and people enjoyed each other's company, and we heard about many outings, trips and events which had taken place and were being planned. We heard about an Easter egg hunt and brunch which was going to take place over the Easter weekend for everyone living in both houses.

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

- People were involved in their care and encouraged to make choices about all aspects of their lives. This approach was embedded throughout the care records along with guidance on how staff should support people do this. For example, one care file stated, "At every opportunity give me choices... Support me to think about decisions in a calm unhurried manner."
- People were encouraged to try new activities and participate in community events to support them develop new and existing skills and enjoy a varied lifestyle.
- Staff supported one person informally work in the Sunflower Care office. The person enjoyed wearing a 'uniform' with a Sunflower Care logo on it and assisted with tasks such as shredding. In return they received a pay packet which they were proud of and saving up their money to spend on holiday. Their relative told us, "[Person's name] loves it, they feel useful and part of the team. [Family member] definitely has choices and staff are very good at helping them try new things."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected at all times. Staff told us that some people may be uninhibited, for example, they wouldn't mind walking around undressed in front of others or having an open bedroom door when they were getting changed. Staff ensured they reminded and encouraged people in those situations to ensure their privacy and dignity was protected.
- People took pride in their appearance and were supported by staff to achieve this. For example, encouraging choices of clothes which were suitable for the weather and matching nicely. Care plans included details to support staff in this area. For example, one person's care plan said, "I like to wear good quality aftershave. I like a variety of different ones. I like to look nice, and enjoy it when I get compliments on my appearance." They enjoyed going regularly to the barber for a hot towel shave and told us about it when we visited them at home.

- People were encouraged to keep learning and developing independence skills. Staff gave examples of people becoming more confident and independent. For example, one person was growing in confidence in doing their own personal care including having a shower without staff support.
- Systems were in place to protect people's confidential information.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained 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

- People had personalised care plans which included information about their personal needs, choices and preferences. These were reviewed regularly and updated with any developments and changes.
- The registered manager recently introduced, 'Outcomes folders' for people who received support. People were supported to choose and set goals to work towards, and their progress and achievements on these were recorded in their outcomes folder, accompanied by photos and updates. For example, one person had a goal to follow a recipe to make a cake. There were lovely photos of the person looking very happy when they achieved this, along with photos of the cakes.
- People received support from a small and consistent staff team. Staff had built positive, professional relationships with people and knew them well. This meant people received care that was tailored to their needs and wishes. This contributed to people receiving high quality, personalised care that met their needs.

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 had a range of communication abilities and needs. Care plans included information about individual needs and preferences. We saw staff communicate with people in the way they preferred.
- One person was supported in the evening to plan their next day. They used picture symbols to do this. We saw this in use when we visited their home, located where the person could easily access and refer to it.
- When people found picture stories (social stories) helpful to understand difficult or confusing concepts staff created and used these to support people's understanding. We saw several examples where these were used effectively, including helping a person's understanding when a close relative passed away.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to live the lives they wanted to. Everyone living in the services participated in a range of activities and did things they enjoyed. Staff supported and encouraged this. People's plans for the week ahead were discussed at a weekly house meeting, and recorded on individual planners. This included hobbies, volunteer work and household chores such as hoovering or tidying up.
- People spent time regularly with people who were important to them. This included relatives, personal

assistants and doing activities with their housemates.

Improving care quality in response to complaints or concerns

- The provider had not received any formal complaints within the last 12 months.
- When any concerns were brought to the attention of the registered manager these were taken seriously. They were keen to ensure that any concerns brought to their attention from any source including relatives, staff or people themselves, were addressed and resolved.

End of life care and support

- End of life care planning was included in people's care records. This provided people and their families an opportunity to consider, in as much or little detail as they wished, any end of life preferences or plans people may have.
- Should end of life care be required, the registered manager told us they would ensure staff received appropriate training.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider was committed to ensuring people living in the supported living services received care in line with the principles of Right Support, Right Care, Right Culture. Alongside the staff team they worked hard to instil a culture of care in which staff valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.
- The majority of feedback confirmed staff felt respected and supported by the management team which facilitated a positive and improvement driven culture. One staff member said, "I haven't got a bad thing to say. If you want help you can always get it."
- The registered manager had created an easy read version of CQC's Fundamental Standards, which sets out the care standards people had a right to expect. This supported an open culture where people and their relatives felt more informed about their right to experience good quality care.

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 worked in an open and transparent way when any incident occurred, in line with their regulatory responsibilities.

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

- Effective systems were in place to monitor the quality and standards of the service. This included a range of monthly, quarterly and annual quality assurance audits.
- The registered manager had effective oversight of all areas of the service and met their regulatory requirements. Policies and procedures were in place to support the safe and effective running of the service.
- The provider kept up to date with national guidance and policy to inform ongoing improvements to the service and care standards.

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

- Sunflower Care supported people with a range of abilities and equality characteristics. People and their representatives/relatives were fully involved with their care and were involved in decision making. Staff and other professionals also supported where required.
- Regular house meetings and key worker one to one sessions took place so people living in the service

could contribute and share their views and feelings. At the most recent house meeting a person had suggested getting compost bins for the garden, so this was being followed up.

- Feedback was sought from people and relatives informally and through surveys.
- The registered manager and staff continued to work in partnership with health and social care professionals involved in monitoring and providing care and treatment for people using the service.