

Sunshine Care Agency Ltd

# Sunshine Care Agency

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service caring?

**Good** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Sunshine Care Agency is a domiciliary care agency. It provides personal care to people living in their own homes.

At the time of the inspection the provider was supporting two people with personal care.

Both people's care was funded through a local authority direct payment agreement. A direct payment is the amount of money that the local authority has to pay to meet the needs of people and is given to them to have control and choice over who they choose to provide their care.

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

Whilst risks to people's safety were assessed, control measures and clear guidance for staff to follow to manage these risks were not clearly recorded to highlight how people could be supported safely.

Although the issues we found did not directly impact the level of care and support people received, improvements were needed in the level of detail within people's care plans and risk assessments. This included areas such as diabetes management, communication and decision making.

There were monitoring and auditing systems in place to identify any issues with the quality of the service. Due to the size of the service, formal records were not always kept. However, people, their relatives and staff confirmed there were regular checks across the service.

People and their relatives were happy with how their care and support was being delivered and felt staff had a good understanding of their needs to help keep them safe. One person said, "This support makes a big difference to me, it is very person centred and makes me feel like an individual."

People and their family members benefitted from having regular staff who spoke their first language to help communication and to understand their cultural needs.

Staff had been introduced to people and completed observations to help them understand how people liked to be cared for and to make them feel comfortable before starting care.

People were supported by staff who told us they enjoyed working for the organisation, felt valued and spoke positively about the supportive working environment.

People and their relatives were positive about the management of the organisation and told us the management team were approachable, flexible and went above and beyond in the support they provided.

We expect health and social care providers to guarantee autistic people and people with a learning disability

the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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 service was registered with us on 29 October 2020 and this is the first inspection.

#### Why we inspected

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

#### Enforcement and recommendations

We have identified a breach in relation to safe care and treatment.

We have made two recommendations about how people's communication needs are recorded and ensuring capacity assessments are completed in line with best practice.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Sunshine Care Agency

## 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

This inspection was carried out by one inspector.

#### Service and service type

Sunshine Care Agency is a domiciliary care agency. It provides personal care to people living in their own homes.

#### 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.

#### Notice of inspection

We gave the provider a few days' notice because we were aware they were a small service and we needed to ensure they would be available to assist us with the inspection.

Inspection activity started on 22 February 2023 and ended on 11 March 2023. We requested a range of documents related to people's care that was sent to us by the registered manager between 22 and 25 February 2023. We visited the office location on 28 February 2023 to see the registered manager and to review further records related to the service. We made calls to one person who used the service, another person's relative and care staff between 27 February 2023 and 2 March 2023. We also spoke with one health

and social care professional who had experience of working with the service.

#### What we did before the inspection

We reviewed information we had received about the service since their registration. The provider was not asked to complete a recent Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information from a direct monitoring activity (DMA) that was carried out with the provider in September 2022 to get an update on the service. We used all of this information to plan our inspection.

#### During the inspection

We reviewed records related to 2 people's care and support. This included people's care plans, risk assessments and 2 staff files in relation to recruitment, training and supervision. We also reviewed records related to the management of the service, which included daily care logs, quality assurance records and samples of team meeting minutes.

We spoke with 5 staff members. This included the registered manager, the training manager, 2 care workers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We spoke with one person who used the service and one relative.

We continued to seek clarification from the provider to validate evidence found. We looked at further training records and a range of policies and procedures.

We provided formal feedback to the management team via email on 10 March 2023.



# 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 requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed

### Assessing risk, safety monitoring and management

- The provider did not always have clear processes in place to assess people's level of risk in relation to their care. Although assessments were in place before they started to provide support, care records lacked specific detail and clear guidelines for staff to follow to mitigate any possible risks.
- Information about the risks related to the management of diabetes and seizures were not fully assessed. This included a lack of clear guidance for what staff needed to do if people's health deteriorated or in the event of an emergency.
- Where there were risks related to a person being supported in the community, there was no information or guidance about how to manage any situations where the person became upset or distressed, or any triggers or how to deescalate any situations that might arise.

Although we found no evidence that people had been harmed, the lack of information within risk assessments created a risk to people's health and safety. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed this with the registered manager and nominated individual who acknowledged more detail was needed. Despite this, feedback was positive about staff understanding people's needs and keeping them safe.
- A relative said, "Staff know about road safety, have worked around triggers and what can upset [family member]. They are aware of this and we are confident in the staff."

### Staffing and recruitment

- Safer recruitment procedures were followed to ensure staff were suitable to work with people who used the service. Appropriate references and Disclosure and Barring Service (DBS) checks for staff were in place. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Where some information about a recruitment decision for one applicant had not been recorded, we discussed this with the registered manager. We shared guidelines from government legislation regarding safe recruitment practices after the inspection to ensure they were aware of best practice.
- There were sufficient numbers of staff to support both people and the provider had systems in place to ensure calls were provided on time. Feedback was positive about timekeeping and no concerns were raised.

### Using medicines safely

- At the time of the inspection, people were not being supported with their medicines, which we confirmed with people and their relatives. Information about medicines was recorded as part of the initial assessment and included who was responsible for any support people needed.
- The registered manager told us this was an area of support that could be provided if there was a need. Staff had access to medicines training and there was a medicines policy in place which would be discussed with staff to ensure they were aware of their responsibilities.
- There was a minor discrepancy for one person regarding the level of support provided in relation to prescribed creams as it had not been recorded in the care plan. We shared The National Institute for Health and Care Excellence (NICE) guidelines for managing medicines in the community with the provider after the inspection to ensure they were aware of best practice.

#### Systems and processes to safeguard people from the risk of abuse

- The provider had an appropriate safeguarding policy in place and staff completed safeguarding training as part of their induction. Staff also had a good understanding of their safeguarding responsibilities.
- There had been no safeguarding incidents or concerns since the service had been registered. Both care workers told us they were reminded to report any concerns and were confident any issues raised would be dealt with appropriately.
- Feedback from a person and a relative was positive about staff awareness around safeguarding responsibilities. A relative said, "We feel they are in safe hands and this gives us confidence and peace of mind."

#### Preventing and controlling infection

- There were systems in place to ensure people were protected by the prevention of infection. The provider had an infection and prevention control (IPC) policy and staff completed IPC training as part of their induction.
- Regular spot checks were carried out in people's homes to observe staff and ensure they followed best practice in relation to IPC procedures. A presentation of staff IPC measures and their responsibilities had also been given at a recent team meeting on 2 February 2023.
- Staff confirmed they had sufficient supplies and access to personal protective equipment (PPE) and were kept updated with any changes. People and a relative also confirmed staff wore the appropriate PPE when they were in their home.

#### Learning lessons when things go wrong

- There were systems in place for the reporting of any accidents and incidents and staff knew the importance of reporting any incidents to the management team. There had been no incidents or accidents at this service, so we were unable to see whether this process was used effectively.



# 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 of this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- The provider was aware of their responsibilities around the MCA. Capacity assessments formed part of the initial assessment process. Where appropriate, relatives with the legal authority had consented to the care and support for one person.
- Staff told us they understood the importance of involving people with decisions about their care. A care worker added, "I make sure they are always involved, nothing is ever forced."
- However, one person's care plan was not clear about their ability to be involved and be supported to make specific decisions about their care. For example, the regular care worker told us how they involved the person in day to day decisions, including what they wanted to wear and where they wanted to visit for social activities. This had not been recorded within the care plan.

We recommend the provider consider current best practice guidance to ensure they are working within the principles of the MCA.

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

- People were supported to eat and drink as this was part of their agreed care and support needs. Although care records lacked specific detail about specific foods, nutritional risks and people's preferences, staff had a very good understanding of people's preferences and communicated with them and relatives about what they wanted on the day.
- For example, one person's nutritional needs factored on a medical condition and food choices were

determined by blood sugar levels taken in the morning. There was no information about this in the care plan, although the care worker could explain in great detail. A family member also confirmed the care worker had a good understanding of the dietary requirements and managed this well.

- We discussed this with the management team during the inspection who acknowledged the need to provide more information and said they would update the care records accordingly.

Staff support: induction, training, skills and experience

- People were supported by staff who had completed a training and induction programme when they started at the service. This consisted of practical modules delivered by the training manager, along with training modules delivered by voluntary organisations that took place in the community centre where the service was based.
- The induction programme was focused on 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 training manager told us due to the size of the service, they did not currently have an online training portal yet, but resources included sharing training webinars and updates from the CQC and the NHS.
- Staff were scheduled to have supervision every 3 months and records showed staff had opportunities to discuss their role and raise any issues. Staff were positive about the training and support they received. One staff member said, "The training and the courses they offer have been really good. They regularly offer us different kinds of training."

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

- The registered manager told us they had regular correspondence with people and their relatives to see if any further support was required as there was limited involvement with any relevant health and social care professionals in people's care.
- The management team told us they had previously worked closely with the local authority and an occupational therapist for a person where they had identified concerns around their health and wellbeing, however they were no longer using the service.
- Staff told us it was important for them to monitor people's health and wellbeing and reported any concerns or changes in their health directly to people's relatives and the management team.
- One person was very positive about the support they received to attend a range of medical appointments, which was a key factor in the support they received. They added, "They have been fantastic with this and it has been very helpful."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed in relation to their care and support. An initial assessment was carried out and time taken to understand their needs, including liaising with relatives where it was appropriate.
- Although care workers had a good understanding of people's needs and how they needed to be supported in line with current guidance, care records did not always reflect this and it was not always clear what guidance had to be followed.

# 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 of 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 they were well treated and praised the kind and compassionate attitude of the whole staff team. Comments included, "They have developed a really good relationship and understanding" and "They have helped me so much. It is good I found them as they have given me confidence."
- People were introduced to their regular care workers before starting the service to help them feel comfortable receiving care and support from them. One person told us staff had also been very helpful with supporting them with day to day life issues, which they very much appreciated.
- A relative told us there were times when the care worker stayed longer for the visits to ensure the service was not rushed and all their needs were met. They added, "This is really helpful and they have never complained about it. It shows they are very patient and understanding."

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

- We saw people and their relatives were fully involved in initial assessments and supported to discuss how they would like to be supported and the level of care needed.
- Due to the flexible nature of the funding arrangements, the management team had regular contact with people and their relatives to discuss the current care and if any changes or further support was needed.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff knew how to respect their privacy and dignity and promoted their independence. Feedback from recent satisfaction surveys was positive about how people received their personal care.
- Spot checks observed staff politeness, how they interacted with people and if people were respected in their home. Staff also completed a training module on being a guest in a person's home.
- A relative said, "They prompt [family member] to be independent and encourage them to be involved in the process. They give as much independence as possible when in the community but are aware of the risks."
- Care workers had a good understanding and could explain the importance of this. One care worker said, "I imagine how I would like to be treated and respected. I respect boundaries, give space when needed and find out how they are feeling and if they can manage anything."

# 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 of this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

### 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.

- People's communication needs were assessed and recorded during their initial assessment but improvements could be made with the level of detail recorded for staff to know the best way to communicate with them.
- For example, one staff member had a detailed understanding of a person's communication needs, explaining how they could write text on an electronic device to support their understanding. This was not included in the person's care plan and it was unclear what kind of signs or demonstrations were needed for effective communication. The management team acknowledged this and said they would update the care records with more detail.
- We signposted the management team to information on the CQC website about the AIS to help support their understanding and make them aware of best practice. This included guidance around easy read documents to ensure people were fully involved.

We recommend the provider consider current best practice guidance to ensure people's communication needs are updated with clearer guidance in place.

### Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had regular communication with the management team which helped to ensure they received personalised care. Due to the funding arrangements, some of the care hours could be used in a flexible manner to ensure it was scheduled at the most appropriate time, which people and relatives confirmed. One person added, "They are really flexible and can help out at short notice. This is fantastic."
- We saw people and their relatives had been involved in assessments to find out what kind of care could be provided. One relative said, "We went through a lot of questions and there was a lot of planning involved. We worked through it together and they could match what we needed. They can be very flexible, which is a key thing."
- Although staff had a good understanding about people's needs and people and their relatives were positive about this, care plans lacked detailed information about the accurate levels of support that were being provided.
- Staff confirmed they had introductions with people and their relatives before starting the service which helped them to understand people's needs. One care worker said, "The introduction was good as I got an

overview of the care that was needed. It was explained and demonstrated to me about how they liked things doing."

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 maintain relationships that were important to them and follow their interests which helped reduce the risk of social isolation. Daily records showed one person was regularly supported to take part in activities of interest and visit their favourite places in the local community.
- Their relative told us staff had a good understanding of this and were fully aware of their family member's interests. They added, "It is managed well, they discuss the options with them, then go through it with us. At the end of the day, it is all for [family member]."
- We saw the provider also supported one person's cultural needs. Staff were able to communicate with them in their first language, including other family members. A relative told us how important this was, especially for ensuring other family members could be kept fully involved.

Improving care quality in response to complaints or concerns

- The provider had a policy in place to respond to any concerns or complaints with the service provided. The complaints process was discussed and given to people and their relatives at the start of the service, where they had regular opportunities to give feedback about the care they received.
- There had been no complaints at the time of the inspection. People and their relatives knew who to contact if they had any concerns and were confident they would be addressed. One person said, "I can contact them at any time and I would feel confident raising any issues if I had them."

End of life care and support

- End of life care was not being provided at the time of the inspection. We discussed the requirements and best practice with the management team if this was something they would be wanting to provide in the future. The registered manager told us it was something that would be discussed at the start of initial assessments and followed up if it was something people wanted to discuss further.
- Staff had completed an end of life workshop in June 2022 and had access to further training if needed. We signposted the management team to information on the CQC website about this area of support to help develop their approach and make them aware of best practice.

# 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 of this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had not fulfilled their regulatory requirements at the time of the inspection. During a monitoring call with the provider in September 2022, it was identified they had not submitted a relevant notification to inform us about the types of people they were currently supporting. We followed it up at this inspection and found out that it had still not been submitted.
- We discussed this with the management team who acknowledged the oversight. We received confirmation the relevant notification had been submitted after the inspection. We reminded the provider of their regulatory requirements and signposted the management team to information on the CQC website to further their understanding in this area.
- Although there had been no safeguarding investigations or serious incidents at the time of the inspection, the management team had an understanding of their legal responsibilities of when to inform the CQC.
- Staff confirmed they had regular communication with the management team where they received updates and reminders about their responsibilities to ensure people received the right level of care. A care worker said, "They go through everything with you and ensure we understand, testing us, to make sure we are aware."

Continuous learning and improving care

- The provider had systems in place to monitor the service to ensure people received the care they needed and any areas of improvement were identified. This included spot checks and telephone monitoring calls to make sure people's needs were met and staff were following best practice.
- People, their relatives and staff all confirmed spot checks were regularly completed, and no concerns were identified from the records we reviewed. A care worker said, "They do this randomly and it keeps us on our toes. They check everything is safe, check the care we give and how we interact with people. We do get feedback and advice about things to look out for."
- Whilst copies of people's daily logs were returned to the office to be checked, there were no formal records kept of the audit process. Samples of daily logs for one person had still not been returned since November 2022. The registered manager told us they were reviewed during spot checks, but acknowledged there was no formal record kept.
- We identified minor improvements were needed in relation to financial transaction record checks and guidance for staff to follow to be added into one person's care plan. The staff member supporting this person confirmed they were aware of the procedures to follow and that it formed part of the weekly check.

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

- Due to the size of the service, the management team had weekly communication with people and their relatives to ensure they were happy with their care. People and their relatives were extremely positive about the culture of the organisation and the positive impact it had on their health and wellbeing.
- One person said, "I'm very happy and would recommend them. They are good people. I feel this is how it should be for people who receive care." A relative said, "Overall, we are very happy. They go above and beyond in the care they give, not rushing and being patient. They make it all about [family member]."
- Care workers were also very positive about the culture of the organisation and the supportive nature of the management team. Comments included, "The best thing is, they have a listening culture and open-door policy. They take things on board" and "They are very committed to putting people first and they also look out for us too, giving me hope and reassurance."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were fully involved with the service and had weekly opportunities to give feedback about their care and get updates about the service. Along with telephone calls, people also had opportunities to visit the office as it was located in a community centre in the local area.
- A person said, "They are very accessible, with communication over text and email as well. There is definitely enough management interaction to check on me."
- Staff said they felt very well supported and valued members of the organisation. A care worker said, "They are very inclusive and work closely in the local community." Another care worker told us they had been supported to learn and develop their skills within the health and social care sector.

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

- People and their relatives confirmed there had been no incidents or events where things had gone wrong. We signposted the management team to information on the CQC website about the duty of candour regulation to help support their understanding.

Working in partnership with others

- The management team explained their main involvement and communication was directly with people and their relatives due to the funding arrangements of the care. The registered manager was looking into signing up with support organisations, including a registered manager forum for further advice, support and networking within the sector.
- The provider had links with voluntary and charitable organisations due to their close links with the community centre. They had benefitted from access to training events funded by charities and grants. For example, we saw staff had been involved in a community workshop around support and advice for enlightening the local community about autism and mental health.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered provider did not always assess the risks to the health and safety of service users receiving care and do all that is reasonably practicable to mitigate any such risks.</p> <p>Regulation 12 (1) (2) (a), (b)</p>