Sun Rose Care Limited

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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

About the service:
Sun Rose Care Limited is a domiciliary care agency. The agency provides care, support and personal care to people living in their own homes. At the time of the inspection, care was being provided to six older people, some of whom were living with dementia.

Not everyone using Sun rose Care Limited received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we take account of any wider social care provided.

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

People's experience of using this service:
People told us they felt safe when staff were in their homes. Risks to people were identified, assessed and reviewed with people, their relatives and health and social care professionals

People received support from the same staff which meant care was provided consistently and people knew who would be supporting them each day. There were enough staff to meet people's needs and no care calls had been missed. A person told us, "I have regular people, we've got to know each other well."

Staff were recruited safely. Staff had a good understanding of safeguarding procedures and the process to follow and who to contact, if they had concerns. They were confident about reporting issues and were aware of the whistleblowing policy.

People were supported to make decisions and remain as independent as possible. People, relatives and professionals told us that staff had a good understanding of people's needs. Staff were supervised which included regular supervision meetings and spot checks. This was done to ensure they continued to provide good care and support for people. Staff knew people well and spoke about them with knowledge and understanding.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported the practice.

People had access to health and social care professionals and were supported to make and attend appointments. Some people were supported to make food and drink and to take medicines.

Everyone we spoke to said that staff were caring and respectful. A relative told us, "They are definitely caring, (cared for), really enjoys their company."

Staff know how to communicate with people and how to support them to make choices and decisions. A

complaints policy was in place and easily accessible. People and relatives told us that they knew how to make a complaint and that they felt confident that any matters raised would be dealt with.

People, relatives and professionals told us they thought the service was well run. A professional told us, "The structure is good, there is consistency the whole way through." The service had been providing personal care to people for a year and the acting registered manager was keen to expand. However, she made it clear that would happen only when everything was in place and increasing numbers could be achieved safely and without compromising quality care.

Rating at last inspection: Sun Rose Care limited has not been inspected by CQC before.

Why we inspected:
This was a planned, comprehensive inspection. The inspection took place in line with CQC scheduling guidelines for adult social care services.

Follow up:
We will review the service in line with our methodology for 'good' services.

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.

Sun Rose Care Limited

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection was carried out by one inspector.

Service and service type:
Sun Rose Care Limited is a Domiciliary Care Agency. The agency provides care and support for people in their own homes. The Care Quality Commission (CQC) regulates the care provided and this was looked at during the inspection.

The service has a manager registered with the CQC. 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. The provider was also the manager of the service. They were managing the service to cover a period of leave for the registered manager themselves. They were supported by consultants and other staff at the service.

Notice of inspection:
We gave 48 hours' notice of the inspection visit because we needed to be sure that staff, people and relatives would be available to speak with us.

Inspection site visit activity took place on 9 May 2019. Service users and relatives were contacted on 10 May 2019. We visited the office location on 9 May 2019 to see the manager and office staff; and to review care records and policies and procedures.

What we did:
The provider submitted a Provider Information Return (PIR) on 8 March 2019. Providers are required to send

us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspection.

Before the inspection we reviewed the information we held about the service. This included statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We used this information to decide which areas to focus on during the inspection.

During the inspection we spoke to seven members of staff, including the provider, who was also the manager as the registered manager was on maternity leave. We spoke to three people, three relatives and two professionals who had links with the service. We looked at four people's care plans, audits and quality assurance reports, records of compliments, comments and complaints and Medicine Administration Records (MAR).

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse
• Systems were in place to protect people from abuse. Staff had received training and had a good knowledge of safeguarding. They knew what needed to be reported and who to report things to. One member of staff told us, "I would always report back to the office and speak to the manager. But if I wasn't happy I'd report it to CQC and social services." Staff and managers were able to describe different types of abuse.
• The provider showed us the service safeguarding policy. She told us that she would record everything and report issues to the local authority, CQC and the police if necessary. The policy was written specifically around the Care Quality Commission's key questions in this area.
• Safeguarding training was done face to face as part of the staff induction programme. Refreshers were provided and there were no gaps in the training record.
• People told us they felt safe when staff were in their homes. A person told us, "I never feel rushed." Another said, "I feel safe. They do various jobs very well."
• Staff were aware that the service had a whistleblowing policy and the process to follow if needed. This is where concerns can be raised by staff about people or processes with systems in place to protect the person raising the issue.

Assessing risk, safety monitoring and management:
• The provider told us that she was always involved in the pre-assessment visits. Following an introductory telephone call staff would visit the person and begin writing the care plan. Only if the service could manage the care and support needs of the person and there were enough staff available, would the person be accepted. If the service could not take the person on they always referred them to other local agencies.
• At the pre-assessment meeting the home environment is considered and any risks noted, such as trip hazards. Risk assessments are completed based on what is found.
• Within each care plan we saw comprehensive risk assessments. These were cross referenced with different sections within the care plans, for example a person with limited mobility had a falls risk assessment which provided staff information about safely providing personal care to minimise the risk of falling.
• The risk assessments contained comments from the person themselves which demonstrated their involvement in writing the care plan. For example, a person stated that they liked to dress themselves but that they might need help with putting on their socks and trousers. The risk assessment stated that the person would ask if they needed help.

Staffing and recruitment:
• Enough staff were employed to meet people's needs. In nearly all cases people said that they received care from the same carers each week. Staff rotas were seen and confirmed this. A person said, "I have the same people, it works much better for me." Another person told us, "I have the same two or three people all of the time."

• The provider told us that to cover leave and sickness the three office managers, including herself, would go out and support people. This meant that they have never had to approach another agency to cover them.
• A person told us, "They are pretty prompt. If they ever are running late, I'll always get a phone call."
• We were told about a new recording system being implemented in the next few weeks. This involved an app on the staff member's mobile phone which contained prompts about a person's care and support needs. The app is linked to the office, so they can tell immediately if a member of staff is running late. It will also remind staff about medicines that need to be given and update the MAR chart.
• Staff were recruited safely. Personnel files were up to date and contained all the required information. This included the Disclosure and Barring Service (DBS), which checks for any previous convictions, cautions or warnings. Written references and a full employment history were obtained along with proof of identity. All these details were checked by the provider before anyone started working with people.
• A professional told us, "They use innovative ways to recruit staff including using social media."

Using medicines safely:
• People were supported to take their prescribed medication safely, though not everyone needed support with this. Staff told us they had received training, and this was confirmed when we looked at staff training records.
• A relative told us, "They use a blister pack, they just get on with it." A person said, "Yes, there are no problems with my medication."
• As required medicines (PRN) were occasionally provided. PRN medicines are only provided when needed for example, occasional pain relief. A member of staff said, about PRN medicine, "I'll always look at the MAR chart. If it's not documented, I'll call the office to double check. I'll always record what I give."
• The Medicine Administration Record (MAR), was used to record details of what medicines were provided, when and by whom.
• MAR charts were examined. They were audited weekly by the acting registered manager. If medicine provision is missed, then the person's GP is called immediately, and staff follow advice that is given. The manager completes a 'cause for concern' form which would be used at the staff member's supervision meeting to discuss the issue. Medicine errors were rare and were discussed at team meetings.
• Time specific medicines were given to some people. A member of staff told us, "We visit at the same time every day and give medication. At other times of the day the live-in carers do this."
• Body charts were seen for people who had creams applied so that it was clear where creams needed to be applied to.

Preventing and controlling infection
• Relatives and people we spoke to told us that staff always wore gloves and aprons when caring for people. Staff told us there was always a good supply of gloves and aprons available from the office if needed.
• All staff had completed food safety and infection control training. They knew how to handle food and fluids and operated safely. A member of staff told us, "One person was not comfortable with cooking, so I do it."

Learning lessons when things go wrong
• The provider told us that any accident or incident will be followed up by meetings with people and staff to establish the facts. Because the service is small, very few incidents have been reported and the forms that are used are kept in people's care plans.
• The forms used were clear and contained details of the incident, initial action taken and outcome, any ongoing action and any preventative measure put in place.

Good

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

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:
• People's needs were assessed and regularly reviewed to ensure their current care and support needs were being met. The provider will carry out a review six weeks after each care package has started. This will be repeated at six months and then every six months thereafter.
• The provider said that because the service is small she frequently will speak to people and will always ask them if they have any issues or if any changes are required to their care package.
• The provider said, "They come to us because we are small, they get to know us all." She said, "That's why we have expanded slowly, so that we don't lose people. Ethics are really important to us,"

Staff support: induction, training, skills and experience:
• The staff induction process involved nine separate modules being covered on the first day followed by opportunities to shadow more experienced members of staff. A member of staff told us, "There was a mixture of face to face and online training, everything was covered."
• The service employs a person to deliver their training. A member of staff told us, "We were shown all of the folders and told what things we needed to report back." Another staff member said, "I did a full induction and my training is up to date. I shadowed on three occasions before working alone."
• The training records were looked at and were seen to be up to date for all staff. Staff had either achieved or were working towards completing, their Care Certificates. The Care Certificate is an agreed set of standards setting out the knowledge, skills and behaviours required for care professionals. Some training was provided by the local authority.
• Staff had completed training in areas such as safeguarding, moving and handling, dementia, medication and equality and diversity.
•A mentoring system for junior staff had started to provide extra support where needed.
• At pre-assessment each person is asked to provide details about themselves such as faith, interests and their previous life. This information is then used to match appropriate staff to people as their carer. A member of staff said, "She (provider), knows my personality. She looks at this for matching people."
• The provider told us of one person who declined to give any personal information other than details of the support that they needed. She said that this was respected as they were a very private person.
• Evidence was seen in staff personnel files of regular supervision meetings and spot checks of staff practice. A staff member told us, "I have supervisions every three months and there are regular planning meetings that I attend." The service had been open for just 12 months and so appraisals were just being started.
• People and relatives all said they believed staff had the necessary training and skills.
• A relative told us, "The standard is really very high, some of them are outstanding."

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

• People's needs relating to eating and drinking were met. Most people lived with family members or had live in carers in addition to those working from this service. People therefore did not require help with preparing food and drinks. However, staff would always check to make sure people had enough food and drink available, this was recorded in people's daily care notes and were seen during the inspection.
• A relative told us, "If (person) asked, the carers would always help with food and drinks." Another said, "They will always help if asked. They will peel potatoes or make drinks, it's never a problem."
• Although no one had specific dietary needs, all staff had received food safety training and records seen showed this to be up to date. The provider said that if a person's needs changed then they would liaise with their GP for advice and make referrals if needed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support:
• People had regular support from health and social care professionals to improve their physical and emotional wellbeing. Staff liaised with GP's and district nurses to help ensure people had the support they needed.
• A person told us, "They have helped me get to appointments on a couple of occasions." A relative said, "They have taken her to hospital, they go with her." Another said, "We arrange appointments through the manager."
• A relative told us, "They are very good at adjusting things. Anything important, every little thing, they will ask and sort things out." The provider told us that regular reviews and the visits she carried out, were aimed at making sure the care provided was still working and make any adjustments if needed. A member of staff told us, "They (cared for), run the reviews, they are in the driving seat." Reviews were arranged at a time that suited the person and their family and the registered manager told us she would cut them short if the person was getting tired and come back to finish another time.
• People's health needs were recorded in their care plans. Staff were aware of people's health needs when we spoke with them and knew how people preferred to be supported. A member of staff said, "I read through the care plan every day." Another said, "I referred a new person to occupational therapy as their mobility seemed to be declining. I don't want them to be rushed."
• Staff also told us that the provider of the service was always available to provide advice and support. The provider told us that she and one other deputy managers and two seniors shared out of office 'on call', so that there was always someone available to support staff.

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 interest and as least restrictive as possible.

• People were consulted about their daily routines and the care and support they received.
• People told us they felt in control of their care and that they were consulted about decisions. A person told us, "If necessary they ask for consent. I make it quite clear that I have no objection." Another person said, "I tell them what I want them to do."
• Most people had capacity, but some were living with dementia and required help in making some day to day decisions. All staff had received Mental Capacity Act training and displayed a good understanding of how to support people. A staff member said, "I always sit down and make sure I'm at eye level. I repeat questions and talk quietly." They also said, "If someone says they don't need the toilet, but I think they do, I'll lead them to the bathroom and then suggest they might want to pop in. I like to provide simple choices."
• The provider said that she had completed mental capacity assessments for people where she considered

them necessary. These were seen in some care plans and it was clear that day to day decisions could be made by some people, but more complex decisions would need to be made through a best interest meeting.

• Consent forms were seen within care plans that had been signed by people and with people who lacked capacity, signed by their relatives if they had enduring Powers of Attorney.

• Copies of Powers of Attorney were seen in some people's files for those that had others legally acting on their behalf. These are legal documents which enable nominated relatives or friends to make decisions on behalf of the person.

Good

Is the service caring?

Our findings

Our findings
Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

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 relatives told us that staff were caring. A relative said, "Some are absolutely excellent, especially the ones that have been here for some time." Another relative said, "Yes, there are definitely caring."
• People had the same regular carers who get to know them well. A person told us, "I have regular people. I get to know them, and they get to know me."
• A professional told us, "Their caring and compassionate side is second to none." Another professional said about the provider, "She genuinely comes from a point of being very caring."
• People who practised certain religions were supported by staff on holy days and care was provided at times that did not interfere with specific prayer times.

Supporting people to express their views and be involved in making decisions about their care:
• People were given daily choices which included, for example, what they would like to wear, to eat and drink and whether they would like to bathe or shower.
• A person living with dementia was very keen on bright colours. They would often get a lot of their clothes out in their bedroom and leave them out. A member of staff was visiting and tidying all the clothes away until it was discovered that the person liked seeing all the colours before deciding what to wear. After this the member of staff would help to lay out all their clothes and let the person take their time in deciding what to wear.

• The review process was ongoing. After the initial checks, reviews were carried out at six weeks, six months and then 12 months. The provider told us, "Because we are small. I speak to them all the time. I often go out and seek feedback."
• Care plans were seen to contain details of the review process and in some cases where, because of a review, changes had been made. For example, a person at a six-week review had asked for help with taking a shower and this was added in to the plan. In another review a lack of communication between live in carers and daily carers was highlighted. This was resolved by arranging a fixed time for the carers to meet each time the daily carers attended.
• People and relatives were involved in the care plan review process. A relative told us, "We had a recent review. We all sat around a table. He (service user), was able to say what he felt and we (relative) were there to help with more complex things."

Respecting and promoting people's privacy, dignity and independence:
• A member of staff told us, "I ask questions all of the time. If they say no, I always respect their wishes."

• All people and relatives that we spoke to said that they were treated with respect and dignity. A person told us, "My needs vary a lot. They are always patient and very helpful."
• People and relatives told us that people's independence was encouraged. A person told us, "I ask what I want done, sometimes it's routine other times I ask for things." A relative said, "(relative), is very immobile but they encourage them to walk when they can. Sometimes to the toilet or sometimes into the garden."
• Another member of staff said, "I'm happy to leave her to do things. I like them to be as independent as they can."

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:
• People received person centred care, tailored to meet their needs, preferences and personal routines. As part of the initial assessment people were matched with carers with similar interests. For example, a person was a keen gardener and was matched with a carer who had a similar interest in gardening. Another person experienced anxiety and was matched with a member of staff who had a calm approach to people.
• A relative told us that their relative (cared for) did not get on with a particular carer and when this was brought to the attention of the manager, arrangements were put in place to change.
• From August 2016, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard (AIS). The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively.
• Every person had a care plan that reflected their needs and preferences. Care plans contained a section called 'service user summary', which provided clear details of people's individual needs. It was seen from the daily notes that carers paid attention to these needs. A person who was living with poor eyesight and hearing preferred communication to come through his partner who lived with them and was always there, whom they understood clearly. This was respected by the carers.
• The provider told us that a person living with dementia had a memory box, a box that contained significant items and photographs from their past. Staff would use the items in the box to help start a conversation with the person which would then help them in bringing the conversation around to the care they were there to provide. The care may involve help with getting dressed or washing or bathing.

Improving care quality in response to complaints or concerns:
• A complaints policy was in place and was accessible to everyone. A large print version was available if needed. The policy and procedures are published, a copy is kept in the office and a copy is attached to people's care plans, kept at their homes. The actual process of making a complaint is very clearly set out on a process chart.
• People and relatives told us they knew how to complain if they needed to. A person told us, "I'd speak on the phone or write." A relative said, "I would always speak to the manager if needed. People are all very helpful." Another relative told us, "I would pick up the phone if I needed to. I am confident they would help."
• The service is relatively new and at the time of the inspection only one complaint had been made. A clear process and audit trail of e-mails between the registered manager and the person was seen. A meeting had been arranged and the issues were resolved to the satisfaction of all parties.

End of life care and support:
• At the time of the inspection the service was providing care to a person who was end of life.
• Most staff also had previous experience of supporting people at this time and all had received training in

this area. Staff told us how they supported people to remain at home towards the end of their lives, if that were their wish.
• Staff told us that the managers were very supportive when they had dealt with people who had died. They told us that they could always contact a manager by telephone and that they always called and spoke to them and offered whatever support was needed.
• A letter of appreciation was seen in the service compliments folder from a family whose relative had died. The letter mentioned the fantastic support that had been provided to all the family throughout the whole time of her time with the agency and especially towards the end of their life.

Good

Is the service well-led?

Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility
•People told us that the service was well led. A person told us, "Yes, it's generally well-led, taking everything into account things are handled pretty well."
• Describing the management of the service a relative told us, "I think they have done very well, I've not been let down." Another relative said, "Good management, I can't think of any problems. They go beyond the call of duty."
• A member of staff told us, "Very supportive management. You're made to feel like a person not a number." Another member of staff said, "They have been absolutely lovely. I feel supported in the office and in the community. They always have time to show me things."
• The provider and two other senior staff had a rota for being on call out of hours. There was always a manger available to give advice and support.
• Staff and the management were passionate about wanting to provide a high-quality service to people. The acting manager told us that she would not expand the service until they were ready and confident that they could provide excellent care to everyone. She told us that they would not compromise on quality, person centred care just to increase numbers. A professional told us, "(the manager), gets it. She understands the process from start to finish and understands the importance of promises that are made to people."
• The provider and her team told us about their plans for developing the service and using new technology to improve the service provided to people.
• The provider was aware of their responsibility to be open and honest when things went wrong (duty of candour) and had worked with people and their relatives to make sure people had the right support.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• The provider had several years' experience in working in the care industry but had only in the past year begun to provide personal care.
• A relative told us what they thought of the provider, "She is someone who genuinely cares about this work. There are some minor gaps in communication, but they are new."
• No care calls had been missed. If a member of staff needed more time with a visit they would call the office and speak to the manager, so arrangement could be made for later calls if needed.
• The provider carried out 'spot checks' to observe staff in practice and secure further feedback form people.
• The provider was aware of their legal responsibility to report certain incidents and had reported incidents

to the Care Quality Commission appropriately. The provider had reported all incidents required.
Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Continuous learning and improving care
• People told us that they were asked for their feedback and this was confirmed by the acting manager.
• The provider held a planning meeting every one to two weeks with other senior staff and consultants and a managers meeting every two weeks. These meetings covered feedback from staff, people and relatives and actions were created when necessary. The meetings also provided an opportunity to pick up best practice and where learning and development were needed. She also held a weekly meeting and a daily 'priority' meeting with office staff.
• Team meetings were held every three months. The acting manager said that she now paid staff to attend team meetings if they were on a day off, to ensure everyone attended.
• Staff told us that they had regular one to one sessions with the acting manager and that they had an opportunity to raise any concerns they had at these meetings.
• The provider carried out audits using spreadsheets and spider graphs. She used a 'RAG' system, red, amber, green, to indicate where systems were compliant, were due to be checked or were overdue respectively. The new computer programme which was due to start in the next few weeks following this inspection, would provide auditing alerts. This would mean that the acting manager would be prompted when an audit was due. No audits had been missed.

Working in partnership with others:
•The service has links with a local college and vetted students sometimes support members of care staff on visits.
• The service has links with a local choir and dance group. People are helped to get to these groups and enjoy the activities.
• Some people had faith needs which were not being met. The acting registered manager told us that the service would reach out to local faith leaders.
• The provider told us that she is also in the process of creating a 'death café.' She is interested in ensuring that people and families are supported in every way in the final stages of a person's life. This piece of work will complement the work provided by the service.