Sunshine Care Limited

Sunshine Care

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The comprehensive inspection took place on 8 and 9 October and was announced. This was so we could ensure someone would be available at the office when we visited.
This service is a domiciliary care agency. It provides live-in support and personal care to people living in their own homes in the community. Staff live in the person's home, generally for a four week period and then have two weeks off while a second staff member lives-in with the person. Staff have a mandatory break each day and family or another carer cover this period, if required. The service mostly provides a service to older adults but can also provide a service to adults and younger adults.

The provider had previously operated the service providing shorter visits to people in their own homes and operated from a different office location. This was the first inspection of the service at the new location providing live-in care.
The provider was also the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The provider was supported in the day to day management of the service by the regional care manager. They were both supported by office staff.

People were supported, if they required, to book and attend medical appointments and some people were supported by staff to take medicines. Staff had received training in medicines management but were not always following best practice when completing records about prescribed and administered medicines. People had risk assessments in place but some people had risks relating to their needs that had not been assessed.

Most people still had the capacity to make their own decisions and staff understood the Mental Capacity Act 2005 (MCA). However, one person no longer had the capacity to make their own decisions. Their care plan described the way they wanted their care delivering based on their previous routines and preferences; but an MCA assessment had not been completed to show why decisions were being made on their behalf.

People were supported by staff who had information about the accessible information standard (AIS). However, where people had sensory impairments, AIS assessments had not been completed to identify whether the person required information in a non-standard format.

The provider and regional care manager regularly sought feedback about the service from people and their relatives and acted on any concerns. They also had regular contact with staff and checked staff daily notes and medicines administration records on a weekly basis to identify any changes to people's needs or areas for improvement in practice. The provider told us people's records were regularly checked to ensure they were complete and up to date; however, these checks had not been recorded and had not identified the gaps identified during the inspection. The regional care manager and provider were responsive to feedback and learned from mistakes. Following the inspection, they told us the gaps identified during the inspection

had been rectified and shared new records that were being implemented to help ensure they were not repeated in the future.

People and staff had developed strong relationships which were based on trust and genuine friendship. The provider and regional care manager took action to ensure they knew people and staff well enough to recommend which staff members would suit each individual who required support. This matching of shared interests and similar characters helped enable bonds to form between people and staff. People became partners in developing their care. This helped ensure it reflected their wishes and preferences.

The service placed an emphasis on seeking information about what affected people's wellbeing. This was known by staff who used the information to help people plan their care. People's care plans gave clear detail about the whole of their life including their likes, preferences and needs. This enabled staff to follow people's routines, support their safety and help maintain their independence. People and staff clearly enjoyed spending time together and took enjoyment from sharing their interests with each other. Family members reported the happiness and wellbeing they saw in their family members as a result of the support and care they received. Staff members proudly talked about the changes they had effected in people's health following the support they had provided.

Staff understood people's diverse preferences and ensured that any associated needs were respected and met. People felt safe using the service and staff felt confident recognising and reporting abuse or any concerns they had.

People were supported by people who received an induction and regular updates to their training. The provider also ensured staff had access to information about best practice and any updates to legislation. These were discussed in regular supervisions and spot checks, along with any other training requests. Staff told us they felt supported in their role and people told us staff had sufficient knowledge to provide their care and support.

There was a positive culture within the service and people, relatives and staff gave positive feedback about the organisation. The provider had clear values about how they wished the service to be provided which were set out in their statement of purpose. The provider and regional care manager acted as role models for these values and the systems and processes they had designed to deliver the service, ensured these aims were embedded in it's culture.

We found a breach of regulation. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People's medicines records had not always been completed in line with best practice.

People had some risk assessments in place to mitigate risks associated with their needs, however some people's risks had not been assessed.

People were protected by staff who could identify abuse and who would act to protect people.

There were sufficient staff to meet people's needs safely. Staff were recruited safely.

Is the service effective?

Good

The service was effective.

People were treated as individuals and all their needs, wishes and preferences were taken into account to achieve effective outcomes.

People received support from staff who knew them well and had the knowledge and skills to meet their specific needs.

People had control over what, when and where they ate and staff respected these decisions.

Staff had a good understanding of the Mental Capacity Act and promoted choice and independence whenever possible. One person's mental capacity had not been assessed in line with the Mental Capacity Act 2005 (MCA). We have made a recommendation about this.

Is the service caring?

Good

The service was incredibly caring.

People and their relatives gave consistently positive feedback about the caring nature of the staff and the organisation.

People received care and support from staff who had close, meaningful relationships with them.

Great care was taken at all levels to ensure that people's needs, wishes and preferences were known in detail and respected.

People were valued as individuals and the providers systems enabled them to become partners in their care.

People's wellbeing was an integral part of the way care was planned and delivered to people. Staff understood how to help maintain people's wellbeing and used this knowledge to help people enjoy life.

Is the service responsive?

Good

The service was responsive.

People were involved in planning their own care and making decisions about how their needs were met.

People were supported by staff who had access to a detailed care plan which described all parts of the person's routines, needs, preferences, like and dislikes.

People's choices were at the centre of every decision made by staff and the organisation.

People's social activities, hobbies and interests were also supported by staff and were clearly a source of enjoyment for both sides.

AIS assessments had not been completed to identify if people needed information presenting in non-standard formats.

Is the service well-led?

Requires Improvement

The service was not always well led.

The provider's governance systems had not identified the concerns we identified during the inspection.

People, relatives and staff spoke positively about the service.

The provider and regional care manager acted as role models for staff.

Processes, procedures and monitoring activities ensured the provider's aims and ethos became embedded in the service's

culture.

The provider and regional care manager regularly phoned and visited people to ensure they were happy with the service they received.

The provider and regional care manager ensured they knew people and staff well. This helped them match staff to people in a way that helped the package of support succeed.

Sunshine Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection activity started on 8 October 2018 and ended on 12 October 2018. We visited the office location on 8 and 9 October 2018 to see the manager and office staff and to review care records and policies and procedures. We also met one person who used the service whilst they were visiting the office with their supporting staff member. We visited a person who uses the service on 12 October 2018. We also contacted two people who use the service and three relatives by phone.

We reviewed five people's records in detail. We spoke with four staff members and reviewed six personnel records and the training records for all staff. Other records we reviewed included the records held within the service to show how the provider reviewed the quality of the service. This included a range of spot checks, questionnaires to people and staff and minutes of meetings.

The inspection was carried out by one inspector, an assistant inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses similar services.

Prior to the inspection we reviewed the records held on the service. This included the Provider Information Return (PIR) which is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed notifications. Notifications are specific events registered people have to tell us about by law.

Requires Improvement

Is the service safe?

Our findings

Some medicine practices required improving to ensure they were safe. Some people required assistance from staff to take their medicines and staff who administered medicines had received training. People's individual support plans described in detail the medicines they had prescribed and the level of assistance required from staff. These guidelines also included information about people's medical history and how they chose and preferred to be supported with medicines.

Where necessary records were kept in the person's home of any medicines administered and these were checked regularly by staff and management to ensure they were correct and well maintained. However, these checks had not identified staff had not always followed best practice when completing medicines administration records (MARs). Staff wrote the medicines on the MAR each week but used the medicines supplied by the pharmacist, to complete the list, rather than a current list of prescribed medicines. This meant that if the medicines received by the person were incorrect, it may not have been identified by the staff member. Information was not always available to describe when staff would need to administer medicine prescribed to be taken, 'as required'. When staff administered people's 'as required' medicines, they were not keeping a record of whether the medicine was effective or not. Following the inspection the provider confirmed action had been taken to rectify these gaps and to remind staff of the correct procedures.

People had some risk assessments in place which guided staff what action to take to reduce risks to them. However, some people had risks that had not been assessed. For example, one person was described as at risk of urinary tract infections but no risk assessment had been put in place.

The provider had not ensured medicines were recorded in a way that ensured they were managed safely. The provider had not ensured all required risk assessments were in place. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives told us they felt safe using the service. One person told us, Yes, I would be alone if they weren't here and then that wouldn't be safe"; and relatives added "Yes he's completely safe at home and the team are a top-notch group of carers" and "Mum's absolutely safe, if she wasn't I wouldn't sleep at night."

The service had a proactive approach to respecting people's human rights and diversity. Staff challenged any discrimination that people faced and advocated for their rights.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Information about incidents were reported immediately to the office by phone and then on an incident form at a later date. Staff had information about how to check people's equipment was safe to use and how to turn off power supply in the event of an emergency.

People were supported to take risks to retain their independence whilst any known hazards were minimised

to prevent harm. People's care plans described times when people preferred to do things for themselves but staff needed to be close by to ensure their safety.

People were protected by staff who had an awareness and understanding of signs of possible abuse. One member of staff told us they had never needed to report abuse but were confident the provider would listen. Staff were up to date with their safeguarding and whistleblowing training and knew who to contact externally should they feel that their concerns had not been dealt with appropriately. For example, the local authority or the police.

People were supported by suitable staff. Robust recruitment practices were in place and records showed appropriate checks were undertaken to help ensure the right staff were employed to keep people safe.

People had a designated team of staff who supported their needs and had been specifically matched to provide their support. People told us they knew which staff members to expect. One person told us "They always informs me of who's coming next. I get a picture of the girls in advance"; and a relative confirmed, "It's rare to get someone we don't know." Arrangements were in place so staff knew how people wanted them to gain access to their home and so people could recognise staff.

There were sufficient numbers of staff and flexibility within the staff team and rota to keep people safe and cover any unforeseen circumstances. One person told us their staff member had been taken ill on one occasion and they had been taken to the provider's care home to have lunch and tea whilst a new staff member was organised. They explained, "So when I got home there was somewhere there that evening." People also gave examples of when they had not got on well with a staff member or had raised concerns. They told us the service reacted promptly to provide other staff instead.

Good

Is the service effective?

Our findings

People's needs were assessed by looking at their whole life. This helped to ensure the care and support they received led to a good quality of life. The PIR stated, "The service user is at the heart of all that we do, and we aim to provide a holistic service that encompasses the client as the central element." One person told us, "They cover all my daily needs, and the food and a bit of social life too!" The provider ensured staff had sufficient support, training and information to enable them to meet people's needs.

The service's statement of purpose described one aim was to, "Offer skilled care to enable people supported by us to achieve their optimum state of health and wellbeing." There was a comprehensive induction programme which staff were required to complete before supporting people. The PIR stated, "Part of this induction programme involves diversity training, and teaching new members of staff the core values of privacy, dignity, choice, self-determination, maintaining and promoting independence and human rights. This training is updated a minimum of annually, and all members of staff are supervised a minimum of 6 times per year to ensure that this learning is put into practice." Following completion of the induction, a skills list was created about the staff member which helped ensure they were only recommended to care for people whose needs they had the skills and experience to support.

The provider and regional care manager placed great emphasis on ensuring staff were matched well to people. They took time to get to know people and staff so they had the knowledge to match them well. The provider told us, "The staff who deliver training feed back to me about new staff members, even about whether they think they would suit countryside or town locations best. I also meet up with the staff member so I can learn more about them as a person." This information helped create the staff members profile which was presented to people and informed recommendations about staff member would suit people best.

People could choose which staff members they would like to support them from the profiles. They were also encouraged to speak to the staff member by phone or skype before they made their decision. People confirmed, "They (managers) came out and discussed it all with me", "Whenever there's a change of carer [the regional care manager] always emails me the CV of the new carer and they always have dementia training certificates" and "I could choose who would suit mum when we first started; and I sat with the provider and the regional care manager, when we needed to find another carer to replace the one who left." The regional care manager confirmed people could always change again if they weren't happy.

Once staff had started working for the service their training was updated regularly and regular checks of their competency were completed. People and their relatives spoke positively about staff and told us they were skilled to meet their needs. One relative confirmed, "The staff all seem to know what they're doing, and they have all completed courses in dementia. They know their stuff!" Staff told us they could request any training they felt they needed and that this would be provided. The provider also regularly shared further training opportunities with staff and provided them with updated guidance to help ensure they were following best practice. For example, at recent staff supervisions, the provider had given staff information which included data protection, the accessible information standard, and the mental capacity act. They had also discussed the information with the staff member during the supervision session.

Staff confirmed they received regular supervisions and spot checks of their work and that they felt supported by the provider and the regional care manager. One staff member explained, "Anything I'm not sure about the office are pretty strong at supporting me. They always get back to me even If they don't know the answer straight away. There is a 24 hour on call system." During the inspection the regional care manager spent time guiding a staff member through a difficult situation they were experiencing. They also reassured the staff member they would take further action to improve the situation. They showed clear empathy for the staff member.

People received the support they needed because the staff team ensured any changes to information about people were shared with the office, and via a handover to the next staff member or a relative. One relative explained, "I always get a thorough up to date hand over, drugs, mum's current health, everything. I pass it all on to the carer when they arrive."

People confirmed they were happy with the arrangements they had with staff for cooking and providing food. These were all dependent on the needs and preferences of each individual. One person told us, "I order what I want to eat and they will cook it. I order what I want when they go shopping too." Staff confirmed they knew people's likes and dislikes regarding food. People's care plans gave clear guidance on people's preferences and routines, for example, "Likes to have a nice cup of milky coffee in bed in the morning" and "Likes to eat meals at the table in the kitchen."

Where people had particular needs relating to their diet, these were known to staff. For example, one person's care plan explained that the person had lost some weight so it was important to encourage the person to eat more. Staff members proudly described the impact encouraging people to eat a healthier, more balanced diet had had on the people they supported. For example, one person had been able to stop taking a medicine they had previously needed.

When people required healthcare appointments, staff were available to support them to make the appointment and attend with them, if they required. People confirmed, "I visit the dentist and they always come with me" and "They take me to the doctor's if I want." Information was also included in people's care plans that described what action staff should take to help people maintain their health. For example, one person's care plan explained, in order to avoid skin damage, it was important to relieve the pressure on one person's feet when sitting in a chair and to check for creases and "enough room for toe wiggle" when the person was in bed.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The 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 told us staff always asked for their consent before commencing any care tasks. However, one person no longer had the capacity to make every day decisions and there was no capacity assessment in place to show why staff were making decisions on their behalf. Without information explaining why staff were making decisions on their behalf, it was not clear their rights were being upheld. The provider had not understood this was their responsibility. However, the care plan described in detail what action staff needed to take to help ensure care provided met with the person's preferences. Following the inspection, the provider confirmed they were in the process of completing a mental capacity assessment for the person.

We recommend the provider reviews how their policy and procedures regarding the Mental Capacity Act

2005 (MCA) are implemented within the service.

Good

Is the service caring?

Our findings

The service had a caring approach to the people it supported and the staff members it employed. This clearly influenced the development of caring relationships between people and staff and was reflected in the feedback we received from people, relatives and staff about the organisation. People and their relatives gave positive feedback about the caring nature of the staff and the organisation. Comments included, "They really are genuinely caring people from Sunshine", "Sunshine provide excellent care, we're very, very pleased with Sunshine, there are no qualms in the matter of care" and "We've got a great relationship with Sunshine and in my opinion, they deserve an outstanding!"

People received care and support from staff who had close, meaningful relationships with them. This was assisted by the careful way staff and people were matched by the provider and regional care manager. One person told us, "I build a relationship with staff." They went on to describe how their previous staff member had given them a sheep ornament. The person missed the staff member but told us the sheep watched over her just like the staff member had. Staff members also developed strong relationships with people's friends and relatives. A compliment received by the service stated, "During the time [staff member] worked with our family, he gave wonderful support to us all. Mum believed he was a member of our family and was happy in his presence. Several of the neighbours commented on his sensitivity and the way he had welcomed them."

Great care was taken at all levels to ensure that people's needs, wishes and preferences were known in detail and respected. The culture of the service was person centred and this reflected in the way staff supported people. People's choices were at the centre of decisions made by staff and the organisation. Staff used their knowledge of people to offer choices that were suited to their individual needs and preferences. People were empowered by staff to make decisions and have as much control as possible over their lives. People enjoyed making these decisions as they knew staff would not only respect their choice but be there with them enjoying the experience.

Positive, successful communication between people and the staff and organisation was key to the success of the relationship. Staff listened to people and took every possible step to ensure the person's wishes were respected.

People were valued as individuals and the providers systems enabled them to become partners in their care. The time taken to empower people to choose staff who suited their needs showed in the genuine enjoyment people and staff had in spending time together. Staff supported people to follow their interests but also sometimes suggested new and different things. One staff member told us, "We enjoy being silly together. Recently we've been trying out different accents and making each other laugh. We both have a crazy sense of humour!" The staff member and the person they supported also described how the staff member got the person involved in playing music and the staff member had learned about crosswords and gardening from the person. The person also explained, "I like watching old cine film of my holidays and the staff seem to enjoy watching them with me." The staff member confirmed, "It helps that we have similar interests."

The provider wanted people to feel part of a community and helped reduce any isolation by encouraging people to meet up with other people and staff who lived nearby. They also regularly invited everyone to events held at the care home they owned.

People's wellbeing was an integral part of the way care was planned and delivered to people. People's records included information such as, "What do you enjoy doing", "What keeps your spirits up" and "What gets you down." Whatever helped each individual feel happy was noted to guide staff. For example, one person's care plans stated, "[…] has a varied selection of jewellery that she likes to coordinate with her clothes. Her favourites are her pearls. […..] likes to use Ellie Sab hand cream and has a lot of perfume to select from. […..] doesn't wear nail varnish." Another person's care plan included, "[…] likes the carer to kiss her good night and reassure her that she is safe in her own home. Sometimes she likes the carer to say good night in Spanish." Staff understood the importance of these things to people and the impact any omissions might have on the person.

Staff understood how to help maintain people's wellbeing and used this knowledge to help people enjoy life. One person told us, "[Staff member] shares the TV with me of an evening, they are good company." Compliments received by the service stated, "Mum's live in carer has been simply amazing and makes mum so happy (and therefore us!)" and "[Staff member] is very good, she's very attentive towards dad, and he's happy with her. She's a great support to him."

Staff understood that wellbeing involved the whole of people's lives. This helped them plan with people in a way that helped ensure any risks to people's wellbeing were avoided or reduced. Care plans described what might cause people to worry, for example, "When Maggie's going down in the sling please hold her right hand as she worries." Staff also quickly identified other ways they could increase people's wellbeing. Compliments from relatives included, "[Staff member] has found a good routine for dad and it's improving his overall health. He enjoys being downstairs as much as possible and this routine allows him to be up and ready much sooner in the mornings so he can get downstairs for the day" and "From day one [staff member] began a patient but cheerful and energetic crusade to help him with his care, his diet and his overall health and wellbeing, as well as helping mum and lifting her spirits up at such a traumatic time."

The statement of purpose detailed the organisation would, "Uphold the human and citizenship rights of all who work and visit with respect at all times." Staff knew, understand and responded to each person's diverse cultural, gender and spiritual needs in a caring and compassionate way. When people shared information with staff members about their life history, their cultural background or their sexual orientation, this information was treated with respect. People were supported to design their social activities and build and maintain relationships around their individual characteristics according to their own choice and preference. The PIR stated, "We have reviewed and updated our equality and diversity policies. We have provided information to LGBT customers regarding local establishments in their areas that they can attend including local LGBT pride events." Staff understood that some people did not want to share this personal information with others and so maintained the person's confidentiality.

The relationships between staff and people receiving care, demonstrated dignity and respect at all times. The providers statement of purpose was clear about the aims of the service regarding dignity and respect. It detailed, "Treat all people supported by us and all people who work here with respect at all times" and "Recognise the individual uniqueness of service users staff and visitors and treat them with dignity and respect at all times." The way staff spoke about people and the way people described their relationships with staff showed that this aim was embedded within the culture of the organisation. Feedback and compliments received by the service included, "Staff treat me with kindness and compassion, dignity and respect at all times" and "Staff were kind, considerate and professional."

People's privacy and dignity was protected by staff who understood that people's requirements were different for each individual. People told us that even though staff lived in people's homes with them, their privacy was still maintained. They also confirmed staff members treated their home and belongings with respect.

People were encouraged to maintain their skills and independence as far as possible. Care plans described in detail what people preferred to do for themselves, but detailed times when staff needed to be close by to maintain the person's safety. For example, "[….] likes to wash one side but needs carer to wash other side" and "Enable [….] to stay independent by helping her go in bath alone but stay nearby to make sure she's safe." People confirmed, "I do things when I want to and try to keep myself doing things" and "[Staff member] is always there if I need help."

Good

Is the service responsive?

Our findings

People and their families were supported by staff and an organisation who were responsive to their needs. One person told us, "They are really happy to help"; and a compliment received by the service stated, "The Sunshine team are responsive, professional, supportive and frankly top notch, marrying mum's needs and our expectations with a carer profile and suggesting potential people who would be a good match."

People were involved in planning their own care and making decisions about how their needs were met. Before people were supported by the service, the provider or regional care manager met with the person and other people who were important to them, to complete a pre assessment of their needs. This enabled the provider and regional care manager to identify whether they could provide a service to the person and to create an initial care plan of the person's needs.

People were supported by staff who had access to a very detailed care plan which described all parts of the person's routines, needs, preferences, like and dislikes. When staff started supporting the person, the provider contacted staff to gather further information such as whether the person used a cup or a mug, which arm they wore their watch on and when they liked to prepare their clothes or breakfast for the next day. This resulted in a very detailed plan for staff to follow. One person's care plan included, detail about their first cup of coffee being caffeinated whereas the rest would be decaffeinated. Another person's care plan described how staff should put rugs over cracks in the garden so the person was more comfortable going over them in their wheelchair. A compliment received by the service stated, "[Staff member] was quick and keen to learn mum's routine, likes and dislikes and cooked her wonderful meals, engaging her in creative past times and generally making her very happy."

Flexibility, to respect people's daily choices was built into people's care records, for example, "I might have a nap if I'm feeling tired, I like the carer to organise dinner (which we've already discussed) anytime between 5/5:30pm but might be later if I've had a late lunch." People confirmed that staff respected these preferences. One person commented, "The staff fit in with my routines. We get along quite well together."

People's care and their care records were reviewed regularly and any changes shared with staff members. Staff also reported any changes or new information to the office and this was used to update people's records. However, it was not always clear within people's records what information was current and up to date. For example, people's initial assessments were included with the person's care records for staff to read. However, when the information had become out of date or had been reviewed and updated, this was not always clear. One person was described initially as living with dementia. Even though this was not the case, it was still included in their details. The regional care manager explained that staff received up to date, key information about people when they received their rota and always read people's records before supporting them. The provider said they were also implementing new computerised records that would mean this area would be improved.

People's social activities, hobbies and interests were also supported by staff and were clearly a source of enjoyment for both sides. The provider's statement of purpose detailed their aim was to, "Recognise the

individual need for personal fulfilment and offer individualised programmes of meaningful activity to satisfy the need of service user and staff." It was evident from the wide range of activities and experiences people and staff spoke about, that they were designed in consultation with each individual and based on their preferences.

People's individual culture, religion and beliefs were respected and included in plans. One person told us, "We go out for lunch, or to Bovisands and we sit on the seat and watch the world go by," they added "I like to go to church on a Sunday and the carers join in as well."

People and their relatives were given support when making decisions about their preferences for end of life care. Where necessary, people and staff were supported by palliative care specialists. Services and equipment were provided as and when needed. Staff understood relative's needs at this time and did all they could to provide support to them as well as the person. A staff member described how, after supporting a person at the end of his life, the family had requested that she stay to support the person's wife, who now needed care. The staff member told us, "We are both mourning his loss together." Compliments received by the service included, "[staff member] did a wonderful job helping mum and all the family through the shock of bereavement. We were all touched by her warmth, compassion and sensitivity" and "On the day mum died, [staff member] was a great emotional support to us all. He also quietly produced cups of tea and meals without any fuss. He stayed on until the next day to help us and would have stayed longer to support us had we needed this. He also very kindly phoned to see how we all were a few days later."

The provider was aware of the accessible information standard (AIS) and staff had received information about best practice. The accessible Information Standard is a framework put in place making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. However, where people had sensory needs that may have influenced the way they needed their information presenting, they had not completed an AIS assessment to identify if the person needed information presenting in non-standard formats. Following the inspection, the regional care manager sent to the commission updated assessment and care plan records which would be used in the future. These incorporated prompts to identify whether someone needed information providing in a non standard format.

The service had a policy and procedure in place for dealing with any concerns or complaints. People's concerns and complaints were encouraged, investigated and responded promptly. Both people and staff confirmed that whenever they had raised even minor concerns, action had been taken quickly to resolve the situation.

Requires Improvement

Is the service well-led?

Our findings

Overall, the service was well led, however improvements were needed to the monitoring systems that assured the provider and manager that the quality of care and systems were appropriate. The provider and the regional care manager both took responsibility for ensuring people's records were reviewed. The provider told us they regularly went through the files to ensure they were up to date, however they had not recorded any of these checks and these checks had not identified the concerns we did during the inspection, such as lacking accessible information standard or mental capacity assessments. Daily records and medicines administration records completed by staff were also checked each week when they were returned to the office, however these checks and checks on staff's practice, had not identified the concerns we found with medicines records, such as records not showing whether 'as required' medicines were effective or staff using medicines delivered from the pharmacist to create the medicines administration record. By the end of the inspection, the provider had identified a new auditing tool they intended to use and told us they would add sections to people's care plans and review each one in line with the feedback given, in order to ensure improvements were made. Following the inspection, they also confirmed they had taken action to ensure any gaps in assessments or records had been rectified, new records were going to be implemented and staff had been reminded of best practice.

Everyone we spoke with, people, relatives and staff spoke positively about the service. Comments included, "We're very happy with the organisation", "Mum's happy with them", "It's a company I would be happy to recommend."

The PIR stated, "The service user is at the heart of all that we do, and we aim to provide a holistic service that encompasses the client as the central element. Our method statement is to provide care with compassion and dedication and we share and promote this ethos to our service users, staff and all those involved with the service from recruitment through to service delivery/receipt." It was clear through people's feedback and enjoyment of the service, relatives feedback about how their loved one's lives had improved and flourished and through conversations with staff about their close relationships and care for the people they supported, that this aim and ethos had been embedded in the culture of the organisation.

The service inspired staff to provide a quality service. The provider and regional care manager acted as role models for staff in the way they communicated with people and their relatives and the way in which they highlighted and valued each person's individual preferences and characteristics. The processes they had put in place to ensure people's needs and preferences were known, respected and implemented by staff were based on their aim to put people at the heart of the service. This had resulted in people receiving a service that was incredibly tailored to their wants and needs from staff who had been chosen not only because of their skill and experience but also because of how their own interests and personality suited the individual they were supporting.

The provider worked in the office alongside the regional care manager and other office staff. They both ensured they knew people and staff well. This helped them place staff with people in packages of care and helped ensure both parties felt confident raising any concerns or ideas with them. One person particularly

enjoyed visiting the office and did this every week even though they did not live nearby. Their staff member told us they felt the person enjoyed it as they saw how important they were to the staff there.

The provider and regional care manager regularly phoned and visited people to ensure they were happy with the service they received. They also carried out spot checks of staffs' work as well as supervisions to monitor the quality of the care provided. They told us, whenever they went to people's houses to see staff, they would always take the opportunity to talk to people too and review their records. People confirmed, "[The provider] and [the regional care manager] ring up and ask if everything's alright" and "There's a lady called [the provider] and she's contacted me on two or three occasions. She's invited me out for meals and to her garden party for a charity event and I've met [the regional care manager]. He's been threatening to see me again sometime soon!" A relative confirmed, "[The provider] comes from Plymouth to see dad regularly. They are really good people. They are committed and caring."

People were enabled to feedback more formally about their care through regular questionnaires that were sent out. These were based on the Key Lines of Enquiry (KLOEs) used to inform CQC inspections. Staff were also sent similar questionnaires and any feedback was used to improve the service. The last questionnaire had covered the key question of 'Caring' and the results had been very positive. A comment from a staff member stated, "I love my company. They feel like my second family."

The provider and regional care manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured medicines were recorded in a way that ensured they were managed safely. The provider had not ensured all required risk assessments were in place.