

Mrs Carol Anne Mitchie

Sunshine Solutions

Inspection report

Unit 2
7 Borough Road, Gallowfields Trading Estate
Richmond
North Yorkshire
DL10 4SX

Tel: 01748905096

Date of inspection visit:
31 August 2016

Date of publication:
03 October 2016

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?

Requires Improvement ●

Summary of findings

Overall summary

We undertook this inspection of Sunshine Solutions on 31 August 2016.

Our previous inspection of Sunshine Solutions took place in July 2015, when the service was given an overall rating of requires improvement. Improvements were required to ensure staff received appropriate training and supervision and that there were effective systems in place to monitor the safety and quality of the service.

Sunshine Solutions is a domiciliary care service that provides personal care to people living in their own homes. The registered provider is an individual called Mrs Carol Anne Mitchie, who is involved directly in the running of the business and the provision of care. The service is provided from an office based on the Gallowfields Trading Estate in Richmond, and provides services to people living in Richmond and the surrounding rural areas. At the time of this inspection the service provided personal care to 52 people and employed 16 staff. The service provided a mixture of local authority contracted and privately funded care.

Because the registered provider is an individual they are not required to have a registered manager. In this case the registered provider is a 'registered person'. 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.

People were protected by the service's approach to safeguarding and whistle blowing. People who used the service told us that they were safe, would be able to raise concerns if they needed to and were listened to by staff. Staff were aware of safeguarding procedures and could describe what they would do if they thought somebody was at risk of harm.

Safe arrangements were in place for staff recruitment and enough staff were available to provide people's care. However, some improvements to staff recruitment records would be beneficial to better evidence where the registered provider had followed up outstanding references or concerns during the recruitment process.

People who used the service and their relatives told us that they had a small team of staff, who were reliable and arrived when expected. Staff confirmed that they usually had time to provide the care people needed without rushing.

The service had health and safety related procedures, including systems for reporting and recording accidents and incidents. The care records we looked at included up to date risk assessments, which had been completed to identify any risks associated with delivering the person's care.

Safe systems were in place for assisting people with medicines, where this was part of their agreed care plan.

The registered provider had made improvements to staff training and supervision following our last inspection. Training was now provided face-to-face by a qualified trainer, with a training plan in place. Staff supervision sessions had been implemented.

People who used the service told us their regular staff were competent and knew them well. Staff told us they were well supported by their management and could get support when they needed it.

This service supported people in their own homes and provided help with meal preparation and eating and drinking where this has been agreed as part of the person's care plan.

Staff told us they were trained in first aid and could describe what they would do if someone was unwell or needed medical support during a care visit.

The registered provider was aware of their responsibilities under the Mental Capacity Act, although care plans could be developed to include more personalised information about decision making.

People who used the service told us that staff were very caring and treated them well. People also said staff respected their privacy and dignity. Staff were able to describe how they maintained people's privacy and dignity when providing care.

People's care records showed that their needs had been assessed, planned and reviewed. Care plans provided information about the care and support people needed, although some more detail and personalisation would be beneficial in some of the records we viewed.

People who used the service and their relatives told us that they were listened to and that any changes or requests were responded to well. People also told us that they could contact the registered provider easily and felt that they listened and acted on concerns.

People who used the service knew who the registered provider was and told us that they were approachable and involved in the 'hands on' delivery of the service.

Since our last visit the registered provider had taken action to improve the systems that were in place for monitoring and improving the safety and quality of the service. This included a programme of audits, reviews and surveys.

The registered provider had notified us of relevant events that had occurred at the service and was displaying their rating, both in the office and on their website. This is a legal requirement.

Some areas of the service's records would benefit from further development as part of the registered provider's on going quality review processes, but overall the registered provider was now meeting the requirements of the regulations.

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.

People felt safe using the service. Staff were aware of safeguarding procedures and any concerns were reported and acted on appropriately.

Staff were deployed so that people received a consistent and reliable service from small staff teams.

Recruitment checks were completed on new staff, although recording of follow up activity relating to reference requests could improve.

People received their medicines safely when this was part of their agreed plan of care.

Is the service effective?

Good ●

The service was effective.

The registered provider had made improvements to the training and supervision of their staff. A training plan was in place and staff had received supervision.

The service involved people in decisions about their care and was working within the Mental Capacity Act, although the recording of information related to decision making could be improved in some people's care plans.

People were supported with meals and drinks where this was part of their agreed plan of care and staff knew what to do if someone was unwell or needed medical treatment.

Is the service caring?

Good ●

The service was caring.

People who used the service said staff treated them well and staff were respectful of people's privacy and dignity.

There was evidence that people were involved in planning and

reviewing their care and support.

Is the service responsive?

Good ●

The service was responsive.

People received care that was responsive to their needs and felt that they were listened to if they raised any issues or concerns.

Staff knew people well. Care plans were in place and provided the information staff needed to provide people's care safely, although some of the care plans we viewed were task based and would benefit from further personalisation.

Concerns had been responded to openly and where appropriate explanations and apologies had been given.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

Quality assurance processes had improved since our last inspection. The registered provider had put in place a system of audits and checks to monitor and improve quality.

The views of people who used the service were sought through reviews and surveys. There was evidence of the registered provider making changes as a result of feedback and events.

The required records were generally in place and meeting the requirements of the regulations. Some records would benefit from additional detail and personalisation as part of the registered provider's on going quality monitoring and improvement activity.

Sunshine Solutions

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.

We undertook this inspection of Sunshine Solutions on 31 August 2016. We gave short notice of the inspection visit, so that we could be sure that the people we needed to speak with would be available. Two adult social care inspectors carried out the site visit.

Before we visited the service we reviewed the information we held about this location and the service provider. For example, the inspection history and registered provider's action plan, any complaints and notifications received. Notifications are events that the registered provider has a legal duty to inform us about.

During our inspection we looked at the care records of five people who used the service. We also looked at other records related to the management of the service, such as staff training and support records, management audits and surveys. We spoke with the registered provider, the office manager, two care supervisors and two support workers.

After our visit an expert by experience carried out telephone interviews with nine people who used the service, with support from their relatives where this was needed. An expert by experience is someone with personal experience of using, or having a relative who used, social care services. We also contacted five health and social care professionals to ask for feedback about the service. The registered provider sent us additional information we had requested as part of the inspection process.

Is the service safe?

Our findings

All of the people we spoke with told us they received a safe service from Sunshine Solutions. People told us they had no concerns about their care and described receiving a safe and reliable service.

We looked at the recruitment records for three members of staff who had been employed since our last inspection. All records contained evidence of a Disclosure and Barring Service (DBS) check, application form, proof of identification and employment history. The DBS carry out a criminal record and barring check on individuals. This helps employers make safer recruiting decisions and protects people from unsuitable staff. All three staff files contained only one written reference, and this was not always from the most recent employer. When we questioned the provider about this they were able to explain what had been done to try and obtain additional references, but there was no written record of this work. Before the end of our visit the provider had ensured that a written record was on each staff member's file and had agreed to keep a clearer record of reference requests in future.

We discussed how staffing was organised with people who used the service, the provider and support workers. People told us that they tended to receive care from a small staff team who visited them regularly. For example, one person told us how their care was mainly provided by one particular carer, who they rated very highly. People also confirmed that they regularly received a list of which staff would be visiting them, so that they knew who to expect. Comments made by people who used the service included, "Really good at timekeeping," and, "Very reliable." Staff confirmed that the rotas were usually well organised, allowing time for staff to travel between calls and provide the care people needed. Staff covered holidays and absence between themselves, with the provider also providing care for people when their assistance was needed. Overall we found there were sufficient staff deployed to meet people's needs.

Staff had received training in safeguarding vulnerable adults and knew their responsibilities in recognising and reporting concerns. Staff told us they felt confident any concerns would be listened to and dealt with appropriately. Safeguarding procedures were available and the registered provider knew how to make alerts to the local safeguarding authority. Notifications about safeguarding concerns had been made to us in line with regulatory requirements and showed staff recognised and reported safeguarding issues appropriately.

We looked at the arrangements in place for risk assessment and safety. The registered provider shared with us a copy of their health and safety policy, which set out the health and safety duties related to the service and staff. The care records we looked at included risk assessments, which had been completed to identify any risks associated with delivering the person's care. For example, the environment care was provided in and individual risk factors, such as people's manual handling needs. This information helped to provide staff with information on how to deliver people's care safely and ensured that appropriate equipment was in place. We saw individual risk assessments had been updated every six months to help ensure they were up to date and any changes acted on. Staff we spoke with confirmed that they knew how to report any new risks they came across and that the registered provider acted promptly to address anything that was reported to them. A process was also in place to report and record any accidents or incidents.

The service supported people with their medicines where this was part of their agreed care plan. Staff we spoke with had completed training on how to administer medicines safely. Each person who needed help with their medicines had a medicines information leaflet in their care records. This gave details of each prescribed medicine, what it was for, and possible side effects. The information provided was very useful, but not individualised to the person and we discussed how this could be an area for continued development with the registered provider. For example, providing more individualised information about medicines prescribed on an 'as required' basis or medicines that can pose a higher risk, such as warfarin.

We saw that body map records were used to show staff where prescribed creams needed to be applied. Each person also had a medicine administration record (MAR) which was used to record when staff had administered medicines. The MAR's we viewed had been completed fully, there were no gaps and codes for non-administration had been used appropriately. The registered provider had undertaken an audit of MARs during June 2016. This had identified very few gaps or issues, but those that had been identified had been followed up by the registered provider.

Is the service effective?

Our findings

During our last inspection we identified that some staff had not completed the training they required or received formal supervision. We required that the provider made improvements in these areas to ensure that staff received appropriate training and supervision.

Since our last visit the provider had reviewed and changed the way training was provided at Sunshine Solutions. They had undertaken 'train the trainer' courses and become a qualified assessor, so that they could provide face to face, practical training to their staff. A comprehensive training plan was in place, to ensure that all staff had the knowledge, skills and qualifications they needed. We saw that each staff member had a personal development plan, which included details of training completed, when training was due for refreshing, when they last had spot checks and when they last had supervision.

Staff told us that they received the training they needed and confirmed that additional training was booked. Comments made to us by staff included, "I've just finished my level two [a formal qualification]," and, "I've got training booked over the next couple of months to do all my updates and refreshers." Staff also confirmed that relevant professionals provided additional training and support when needed. For example, staff described how an occupational therapist had shown staff how to use new manual handling equipment.

All new starters complete the Care Certificate training before they started work. There was evidence to corroborate this for the three new employee records we looked at. The Care Certificate is a set of standards that social care and health workers are expected to follow and covers the minimum standards that should be part of induction training of new care workers.

The provider told us how they had delegated some supervisory responsibilities to the office manager, to help ensure that staff received regular supervision. Records confirmed that formal staff supervision was taking place. Discussions with the office manager indicated that this was a relatively new role for them and that they intended to develop their skill and understanding under the guidance of the registered provider.

Staff told us that they felt supported by the provider and received the support and supervision they needed. For example, one staff member commented, "If you do have a problem Carol is very up front and hands on and will come and give you a hand." Another staff member told us, "I had a supervisory a few weeks ago, they ask how it's going, any training needs, performance issues etc." Staff described how unannounced 'spot checks' were completed by the provider and care supervisors to check the standard of their work. There was also a telephone on-call system provided by the care supervisors, which provided out of hours support for care staff.

People who used the service and their relatives told us that they were satisfied with the care provided by Sunshine Solutions. We received positive comments about staff, including that they were competent at their jobs. For example, one person described how staff were well trained in using their particular hoist and providing the support they needed with manual handling.

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. We checked whether the service was working within the principles of the MCA.

People who used the service told us that any requests they made were listened to and acted on and that issues relating to their care were discussed with them. We saw that there was a brief description about capacity and decision making in the care records we viewed. However, this information was limited and would benefit from further development as people's care plans are reviewed and updated. The service had in place a policy outlining the principles of the MCA and how people should be supported with decision making. From discussions with the provider and staff there was evidence that the MCA was being followed in practice and that people were involved in making decisions about their care and support, with the support of their social worker and family if appropriate.

We looked at the arrangements that were in place to ensure that people received the help they needed with eating and drinking. Sunshine Solutions supports people in their own homes and only provides help with meal preparation and eating and drinking where this has been agreed as part of the person's individual care plan. The people we spoke with who received help with meal or drink preparation were happy with the support provided. We saw that information about the help people needed with preparing meals and drinks, and eating and drinking, was included in people's care plans where this was appropriate and staff were aware of people's needs and how to support them with meals and drinks.

We looked at the arrangements that were in place to ensure that people were able to maintain their health, including access to health and social care professionals if needed. The staff we spoke with had been trained in emergency first aid and were able to describe what they would do if someone was unwell or needed medical support during a care visit. For example, contacting the doctor or ambulance service, and contacting the office for additional support so that they could stay with the person until medical help arrived. One person who used the service told us how staff had helped them make a medical appointment with their doctor after they had experienced a fall.

Is the service caring?

Our findings

We looked at the arrangements in place to ensure that the approach of staff was caring and appropriate to the needs of the people using Sunshine Solutions. People told us they were happy with the way staff treated them and how their care was provided. One person told us staff were, "More like friends than helpers." Another person described their staff as, "Very understanding and very patient." Someone else told us, "They're a pleasant bunch of girls."

When we asked people if they were treated with respect and their dignity was protected replies included, "Most certainly," and, "Yes, definitely." Everyone we spoke with told us that staff treated people with dignity and respect. One relative described the approach of one particular member of staff when providing care as, "Absolutely excellent." Another relative told us how staff dealt with their loved one in an understanding and caring way, even when the person acted in a way that made this challenging to do.

The staff we spoke with were able to describe how they helped to maintain people's privacy and dignity. For example, one member of staff told us, "I know on my behalf I wouldn't treat anyone any different to how I'd want my grandparents treated. It's dignity respected and their choices too."

We looked at the arrangements in place to ensure that people were involved in decisions about their day to day lives and provided with appropriate information. The provider told us how people were provided with a service user's guide and showed us a copy of this during the inspection. This provided people with information about the service and was usually kept with people's care records in their homes, so they could access it when needed.

The majority of people we spoke with confirmed that they were involved in discussions about the care and support they wanted and had being involved in reviews of their care. This helped to ensure people were involved in decision making. For example, one person described how their needs were very much taken into consideration and that Sunshine Solutions helped them to maintain their independence. All of the care records we looked at included review records, showing that people had been involved in reviewing their care and were asked for their feedback about the service.

The people we spoke with told us their care staff did not gossip about other people and maintained their confidentiality appropriately. In the office we saw that people's personal records were stored securely.

During our inspection we saw an example where the registered provider had supported a member of staff with a disability, to enable them to continue in their role. The member of staff was complimentary about the provider's approach and the support provided, demonstrating the provider's commitment to equality and diversity as an employer.

Is the service responsive?

Our findings

We looked at the arrangements in place to ensure people received personalised care that was responsive to their needs. The provider was able to describe the assessment, planning and review systems they had in place to ensure people's care was appropriate and responsive to their needs. The records we viewed confirmed that people had care plans and risk assessments in place.

People who used the service confirmed that they received the care they needed and that they were able to change their care if needed. For example, one relative told us how the care staff were responsive and listened to them [both the relative and person receiving care] with regards to their requirements and any changes they wanted. Another person described how the provider had taken the time to explain their care plan to them and make sure they were in agreement with everything. They went on to say that they had been told and knew if their needs changed they could ring the office and it would be dealt with straight away, with staff visiting them in person to discuss what was required.

There was evidence of recent reviews of care, where people and their relatives had been involved. Topics discussed with people had included if the current care plan met their needs and was up to date, and if staff were respectful and arrived on time for their calls.

The care plans we looked at provided information about people's needs and the care that staff needed to provide. There was enough information available to ensure that staff knew what visits people required and the care people needed assistance with. However, the care plans we viewed were quite task oriented, rather than person centred. They would benefit from further personalisation around people's preferences, choices and decisions as the registered provider continues to review and update people's care records on an on-going basis.

Staff we spoke with told us they usually cared for the same people, who they got to know well. This was confirmed by people who used the service and the care records we viewed. One member of staff told us how this was beneficial and described, "building up a rapport with them [people who used the service]". Staff were knowledgeable about the care people needed and their preferences. Staff confirmed that they were provided with information about people before they provided their care. For example, staff told us that where possible they were introduced to new clients and that new staff shadowed or assisted more experienced staff before working with people alone.

People told us that they would feel happy raising any concerns with the provider and felt that they would be responded to well. For example, one person told us how an issue they had raised had been, "Dealt with straightaway." Another person described how they had a very good relationship with the provider and wouldn't hesitate to ring and tell them of any concerns or complaints.

There was a detailed complaints procedure in the service user guide which was given to people when they started using the service. The complaints procedure included contact details for the Local Authority and the CQC. Complaints and the actions taken were recorded. The complaints records we viewed showed that

complaints had been investigated and responded to directly by the provider. Responses had included clear explanations and apologies. This showed the provider was open and responsive in dealing with concerns.

Is the service well-led?

Our findings

During our last inspection we identified that a programme of audits and checks to help the provider monitor and improve service quality was not in place. We required that the provider made improvements, to ensure that effective systems or processes to assess, monitor and improve the quality and safety of the services provided were in place.

Since our last visit the provider had developed a plan of audits and checks to be completed throughout the year. They were open about being slightly behind on the completion of this plan, but were able to show us the audits and checks that had been completed. A client file audit had been completed in January 2016. This included a checklist of all the required information and the action taken where gaps were identified. A care staff file audit had been completed in March 2016 and included actions to be taken to make improvements. A medicines audit had been completed in June 2016, with actions taken to address any identified issues. A spot check audit had been completed in July 2016 and included a summary of the spot checks which had taken place and any action required from these.

There were arrangements in place to gather feedback from people who used the service. Reviews of people's care were being completed and included asking about people's satisfaction with their care. A satisfaction survey had been carried out recently during 2016. The results had not yet been analysed, but the 17 questionnaires that had been returned so far were shown to us. These showed good feedback about the service and its staff and high levels of satisfaction with the service people had received.

All of the people we spoke with told us that they would recommend Sunshine Solutions to other people. One relative told us they had already done so. People described positive experiences of using the service and expressed satisfaction with the way the service was run and how their care was provided. The service was generally thought of as reliable, safe and responsive.

We looked at the standard of records kept by the service. The majority of care records we saw were up to date and provided the basic information staff needed to provide people with safe care. Other records related to the management of the service were also available and evidenced that the service was meeting the requirements of the regulations. However, there were some aspects of record keeping that could be improved as the provider develops and reviews their records as part of their on going quality monitoring activity. For example, the recording of requests for references and subsequent actions taken when references had not been returned, and the level of individual person centred detail available in care plans and medicine information records, including information relating to decision making and the mental capacity act. We discussed these areas for further development with the provider at the time of our inspection and have sign posted them to our guidance for providers on meeting the regulations and rating characteristics for information.

The registered provider had an arrangement with an external company to help them keep their policies and procedures up to date and in line with current best practice.

The registered provider was able to describe to us actions they had taken to update their practice and paperwork following feedback or events. For example, they had recently identified the need to have more accessible information available when advanced decisions about resuscitation had been made. This was important so that staff knew when such decisions were in place and could signpost health professionals to relevant paperwork in an emergency. The registered provider had updated their risk assessment form, so that this information was now gathered during assessments and reviews and recorded in people's care records.

Another example was when an increase in concerns raised about missed calls had been recognised during May and June 2016. There was a clear record of the action taken in response, including remedial steps. The registered provider had also raised the issue at a team meeting to clarify the organisations expectations with staff and the number of missed calls had subsequently reduced.

We looked at the arrangements in place for the management and leadership of the service. At the time of our inspection visit the provider was an individual and was not required to have a separate registered manager. The provider had recently completed a formal qualification in management and leadership, as well as a number of other relevant qualifications. This demonstrated their continued professional development.

Sunshine Solutions was a family run business and the management and staffing structure of the service reflected this. The registered provider was hands-on and fully involved in the day to day management and delivery of care. We received positive feedback about the approach of the provider during this inspection, from staff and people using the service. For example, one person described them as, "Very, very good," and "Not one of those stand-offish people." A member of staff told us how the provider was, "Responsive and takes action."

Staff told us they were happy in their work and felt that they provided a good service. Comments made to us included, "I love it, absolutely love the job," "We know what we are doing and the clients like us," and "Good quality care, consistency, good moral."

Before our visit we checked the provider was displaying their CQC rating on their website. During our visit we also observed that the provider was displaying their rating in the office area. Displaying a regulated service's CQC rating is a legal requirement.

We had received formal notifications about appropriate incidents and events, in line with legal requirements.