

## Sunshine Care (Rochdale) C.I.C

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#### **Inspection report**

MSA House 75 Kingsway Rochdale Lancashire OL16 5HN

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#### Ratings

Overall rating for this service	Requires Improvement •
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

## Summary of findings

#### Overall summary

This was an announced inspection which took place on 24 March 2016. We had previously carried out an inspection in April 2013. We found the service to be meeting the regulations we reviewed at that time.

Sunshine Care (Rochdale) C.I.C is a domiciliary care agency which at the time of our inspection was providing personal care to 76 people who lived in their own homes. The agency is a community interest company which means it is a 'not for profit' organisation. The agency refers to care staff as 'personal assistants'; this term is therefore used throughout this report. We were told that people who used the service either paid privately for their care or had their care commissioned by the local authority.

The service had a registered manager in place as required under the conditions of their registration with the Care Quality Commission. 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 registered manager was supported in the day to day running of the service by one of the board of directors.

During this inspection we found two breaches of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. This was because the recruitment processes in place were not sufficiently robust. The provider also did not have robust systems in place to ensure personal assistants received regular refresher training and supervision . You can see what action we have told the provider to take at the back of the full version of the report.

Personal assistants had not been safely recruited. This was because two of the personnel files we reviewed only contained one reference; this was not in accordance with the provider's own recruitment policy. Required additional checks had not been undertaken to find out why any prospective staff member's previous employment with children or vulnerable adults had ended. Such checks are important to help ensure people who used the service were protected from the risk of people unsuitable to work with vulnerable groups.

Personal assistants had received training in safeguarding adults. They were able to tell us of the action they would take to protect people who used the service from the risk of abuse. They told us they would also be confident to use the whistleblowing procedure in the service to report any poor practice they might observe.

Improvements needed to be made to the way personal assistants recorded the medicines prescribed to people who used the service.

People who used the service told us they were impressed by the consistency, reliability and flexibility of the team of personal assistants who supported them. People who used the service told us their personal assistants always visited at the time agreed and stayed for the correct amount of time. They told us that

personal assistants never appeared rushed during their visits and always took the time to complete any tasks they asked of them. They told us all their personal assistants were knowledgeable about their needs and appeared well trained.

Risk assessments for physical health needs and environmental risks helped protect the health and welfare of people who used the service. Arrangements were in place to help ensure the prevention and control of infection.

Where necessary people who used the service received support from their personal assistants to ensure their nutritional needs were met. Records we reviewed showed personal assistants had contacted health professionals as appropriate if they had any concerns regarding a person they supported.

All the people we spoke with gave positive feedback regarding the kind and caring nature of all personal assistants and managers in the service. People who used the service told us they were able to make choices about the care they received and personal assistants enabled them to maintain their independence as much as possible. Comments people made to us included, "The care is very good. They [personal assistants] are all friendly", "The carers so good to me" and "They [personal assistants] are always kind to me. I regard most of them as friends." This view was confirmed by a relative who commented, "The carers are absolutely outstanding. They are lovely people; very kind and considerate. They feel more like friends coming in now."

People who used the service told us they had been involved in agreeing their support plans. They told us their personal assistants always provided the care they wanted and were always willing to complete any additional tasks they requested of them. Comments people made to us included, "They do whatever I ask", "They willingly do anything I ask them to do" and "They ask if there is anything else they can do before they go; if it's possible they will do it."

People who used the service and their relatives were asked to comment on the service during spot checks conducted by the managers in the service and in the surveys distributed by the provider. We noted that most of the 37 respondents to the provider's most recent survey in May 2015 had given the highest possible score in all areas. Positive responses had also been received to the survey distributed by CQC prior to this inspection taking place.

We noted that there was a complaints procedure in place for people who used the service to use if they wanted to raise any concerns about the care and support they received. All the people we spoke with told us would feel able to discuss any concerns with their personal assistants or managers in the service although they told us they could not envisage any circumstances in which they would need to complain about the support they received.

All the people we spoke with during the inspection, including people who used the service, relatives and personal assistants, spoke highly of the leadership displayed by the managers in the service. Managers regularly worked alongside personal assistants to check that they were meeting the high standards expected of them and to gather direct feedback from people who used the service.

There were a number of quality assurance systems in place to help drive forward improvements in the service. All the personal assistants we spoke with told us they enjoyed working in the service and considered they provided a high quality of care. We noted that personal assistants were consulted about the way the service was run, including how any profits made should be used for the benefits of both people who used the service and staff.

#### The five questions we ask about services and what we found

We always ask the following five questions of services.

#### Is the service safe?

The service was not always safe.

Improvements needed to be made to the recruitment process to ensure people were protected from the risk of unsuitable staff. People who used the service told us personal assistants always visited promptly and remained for the correct amount of time.

Personal assistants had been trained in safeguarding issues and were aware of their responsibilities to report any possible abuse and poor practice.

Some improvements needed to be made to the systems for recording the medicines people who used the service were prescribed.

#### **Requires Improvement**

#### Is the service effective?

The service was not always effective.

The provider did not have robust systems in place to ensure staff attended necessary refresher training and supervision to enable them to deliver effective care.

People who used the service told us staff always respected their wishes and choices in relation to the support they required. Personal assistants demonstrated an understanding of the principles of the MCA.

Where necessary people who used the service received the support they required to help ensure their health and nutritional needs were met.

#### **Requires Improvement**



#### Is the service caring?

The service was caring.

People who used the service and their relatives told us the kindness demonstrated by the personal assistants was outstanding. All the people we spoke with told us they considered personal assistants to be friends as much as paid workers.

Good



People who used the service told us staff always treated them with dignity and respect. Personal assistants demonstrated a commitment to providing high quality, personalised care.

#### Is the service responsive?

Good



The service was responsive.

People who used the service told us their personal assistants provided support which was flexible to meet their needs.

There was a complaints procedure in place to enable people who used the service to raise any concerns. All the people we spoke with during the inspection told us they could not envisage circumstances in which they would need to make a complaint as personal assistants were always so responsive to their needs.

#### Is the service well-led?

Good



The service was well-led.

Both people who used the service and personal assistants told us the managers in the agency were supportive, approachable and committed to providing high quality care.

There were systems in place to monitor the quality of the service. Feedback from people who used the service, relatives and personal assistants were used to drive forward improvements in the service.



## Sunshine Care (Rochdale) C.I.C.

**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.

In accordance with our guidance we gave the provider 24 hours' notice that we were undertaking this inspection; this was to ensure someone was in the office to meet us. This announced inspection took place on 24 March 2016 and was carried out by one adult social care inspector.

We had requested the service to complete a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. This was returned to us by the service.

Before this inspection we reviewed previous inspection reports and notifications the provider had made to us. We also contacted the local authority contract monitoring team and the local Healthwatch to request information they held about the service.

During the inspection we spoke by telephone with four people who used the service and two relatives. With permission we also visited three people who used the service in their own homes. In addition we spoke with the registered manager, the finance director who supported the registered manager in the day to day running of the service and five personal assistants.

We looked at the care records and medication records for six people who used the service. We also looked at a range of records relating to how the service was managed; these included recruitment and training records, quality assurance audits, and policies and procedures.

#### **Requires Improvement**

#### Is the service safe?

## Our findings

People who used the service told us they always felt very safe when they were supported by their personal assistants. Comments people made to us included, "I definitely feel safe with [name of personal assistant]. She has become like a friend" and "I feel safe because staff speak to me nicely." A relative we spoke with told us, "[My family member] is very comfortable with staff. We definitely have no concerns about her safety."

We looked at the systems in place to ensure personal assistants were safely recruited. When we reviewed the provider's recruitment policy we noted it did not meet the requirements of CQC's current regulations. This was because it did not make clear that additional checks were required when prospective staff had worked previously with vulnerable adults or children; these checks should include why a person's employment with these vulnerable groups had ended. This meant the provider had not taken the necessary action to complete these required checks.

We reviewed the personnel files for five of the personal assistants employed in the service. We noted that three of these files included the required information to help ensure staff were suitable to work with vulnerable people; this included a criminal records check called a Disclosure and Barring service check (DBS), employment or character references, an application form where any gaps in employment could be investigated and proof of address and identity. However, we found two of the personnel files we reviewed contained only one reference. We noted that the registered manager had recorded that requests for these references had been sent out but no checks had been undertaken to ensure they had been returned. The registered manager acknowledged this had been an oversight on their part and they would make the necessary enquiries as a matter of urgency.

The lack of robust recruitment procedures was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the systems in place to ensure the safe management of medicines in the service. We saw there was a policy and procedure for the administration of medicines which personal assistants were required to follow in order to ensure safe practice.

Records we reviewed showed that all personal assistants had received training in the safe administration of medicines, including in-house training. The registered manager told us that they did not currently undertake any monitoring of the competence of personal assistants in the safe handling of medicines. They told us they would include this information in the spot checks they completed.

We reviewed the medication administration record (MAR) charts for six people who used the service. We noted that where medicines were administered from 'blister packs' [a monitored dosage system] a separate record had not been maintained of the contents of the blister pack as recommended under current guidance. Where medicines were not contained within the blister pack we noted that full administration instructions and dosage details were not documented on the MAR chart; this information is important so that staff are easily able to tell from the records what medicines should be given and when.

One of the MAR charts we reviewed had not been signed on two occasions on one day to confirm that the person who used the service had received their medicines as prescribed. However when we looked at the communication book kept in the person's house we noted the personal assistant responsible for administering medicines that day had recorded they had been given. The registered manager told us they would speak with the personal assistant concerned to remind them of the importance of accurately completing records.

We noted that the registered manager checked MAR charts when they were returned to the office by personal assistants and signed to confirm their accuracy.

We looked at the arrangements in place to help ensure people who used the service were protected against the risk of abuse. We noted that personal assistants had access to the local authority safeguarding policy which contained information about how any concerns should be dealt with.

Personal assistants we spoke with told us they had received training in safeguarding adults. Records we looked at confirmed this to be the case. Personal assistants we spoke with were able to tell us of the correct action to take if they had concerns about a person who used the service. They told us they were always able to contact managers in the service to discuss any safeguarding concerns.

Personal assistants told us they would feel confident to report any poor practice they observed using the provider's whistle blowing policy. Although we noted this policy did not advise staff that they could contact the Care Quality Commission if their concerns were not taken seriously or acted upon by the provider, all the personal assistants we spoke with told us they were aware that they could contact us if they considered it necessary.

People who used the service told us personal assistants were almost always on time. People who used the service told us that if a personal assistant was delayed for any reason they would always contact them to inform them of their likely time of arrival. People who used the service also told us that personal assistants always stayed for the correct amount of time and never appeared rushed in their approach. Comments people who used the service made to us included, "They [personal assistants] always come on time. If anything crops up they always let me know; they never let me down", "They [personal assistants] got here even when it snowed. You do know they always come" and "They [personal assistants] don't seem rushed when they are here. We always have time for a chat." A relative of a person who used the service also commented, "They [personal assistants] are always on time. If they are late even by just 15 minutes due to an emergency they let us know."

People who used the service told us they were usually aware of the personal assistants who were visiting them each day. All the people we spoke with told us they were never visited by a personal assistant they had not previously met. The registered manager told us they tried to ensure that each person had a small team of personal assistants who worked with them; this helped to ensure consistency of care and support. All the personal assistants we spoke with told us they would always be introduced to new people who used the service by either the registered manager or a personal assistant who was already supporting the person. A relative confirmed, "All new carers shadow one [my family member] is more familiar with by way of introduction. " We were told that the compatibility of the person who used the service and personal assistant was also considered before they were introduced, particularly when personal assistants were supporting people with social activities, to help ensure they had the best chance of getting along well together.

Care records we reviewed contained risk assessments which covered nutrition, moving and handling and

environmental risks. Specific risk assessments were also in place for particular risks such as supporting a person to use public transport or using a hoist in a person's home. We noted that all risk assessments had been regularly reviewed and updated if a person's circumstances had changed.

Personal assistants we spoke with told us there was always a manager on call to respond in the case of an emergency. The service also had a business continuity plan in place to advise staff how to respond if there was an emergency at the service; this included how the service would respond in the event of an IT failure or if bad weather hindered the ability of personal assistants to reach people. The registered manager told us that the service had functioned well during a recent heavy snowfall and had managed to ensure all the people they supported received the care they needed.

A policy was in place which contained information about how personal assistants should manage the risk of cross infection when visiting people who used the service in their own homes. Personal protective equipment (PPE) was available for personal assistants to wear such as disposable gloves and aprons to carry out personal care tasks. This helped to prevent the spread of infection.

#### **Requires Improvement**



#### Is the service effective?

## Our findings

People who used the service told us their personal assistants knew them well and always provided the care and support they wanted. One person commented, "The girls [personal assistants] are great. They know what I like and don't like."

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. The registered manager told us that all people currently using the service were able to consent to the care and support they received. All the personal assistants we spoke with demonstrated an understanding of the principles of the MCA and the need to support people who used the service in the way they wanted. Comments personal assistants made to us included, "We always follow people's preferences and choices. We ask people what they want", "I have done MCA training. It's all about speaking to people about their choices" and "I always ask people what they want. I double check even if I think I know their preferences." A relative told us, "They [personal assistants] always ask [my family member's] opinion about what he wants them to do."

All the personal assistants we spoke with told us they would always refer to support plans when they met a new person who used the service or if they had been off duty for a few days. They told us the communication book held in each person's home was also used to record any changes the person had requested to the support they received. This helped to ensure personal assistants provided effective care.

We spoke with personal assistants about the induction they received when they started work at the service. They told us that they had all spent time in the registered office reviewing policies and procedures. We saw that this was recorded on a checklist on each personal assistant's personnel file. Personal assistants told us that following this time in the office they had shadowed more experienced staff for a number of weeks. All the personal assistants told us that at no time did they feel under pressure to work independently on the rota and were able to ask for further shadowing time if they considered this was necessary to adequately equip them for their role.

All the people who used the service and relatives we spoke with during the inspection told us staff appeared to have the knowledge and skills they required to provide effective care. One relative commented, "I feel all the staff are very well trained."

Personal assistants we spoke with told us they had received training in key areas such as safeguarding, the safe handling of medicines, infection control, first aid and moving and handling. However when we reviewed the record of training completed by all staff we noted this showed that some personal assistants had not

received regular refresher training in safeguarding adults, first aid, fire safety or the safe administration of medicines. This meant there was a risk their skills and knowledge would not be up to date.

The registered manager told us they always tried to ensure training was delivered face to face by accessing the courses provided by the local authority. However, we noted this meant personal assistants often had to wait for a period of time before a specific course became available.

Personal assistants told us that they were supported to access any training they felt was relevant to their role. Two personal assistants told us they had recently completed training in palliative care due to the changing needs of the people who used the service they supported. Other personal assistants told us they were being supported to gain level three of a nationally recognised qualification in health and social care.

We saw that the agency had a supervision policy in place which stated staff should be provided with supervision on a three monthly basis. Supervision meetings help staff discuss their progress and any learning and development needs they may have. When we looked at the staff personnel files we noted not all personal assistants had attended supervision sessions at this frequency. The registered manager told us that this was because some personal assistants did not return the supervision forms they were asked to complete before meeting with them. We also noted there was no system in place to record when supervision meetings were due or had been held. However, the registered manager told us they were always available to meet informally with personal assistants when they visited the office to pick up rotas or deliver paperwork. This was confirmed by all the personal assistants we spoke with.

The lack of robust systems to ensure personal assistants received the training and supervision they required to enable them to carry out their duties effectively was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who used the service lived in their own homes and could therefore eat what they wanted. Personal assistants received training in food hygiene and assistance was given to help people who used the service shop for food as appropriate. When we looked at the communication book held in one person's home we noted that a personal assistant had taken action when they noticed that the person did not have any food to eat. Personal assistants we spoke with told us they would always encourage the people they supported to make healthy meal choices but recognised they were unable to force their opinions on anyone.

People who used the service told us that their personal assistants would always contact health professionals for them such as their GP if they had any concerns about their health.



## Is the service caring?

#### **Our findings**

All the people who used the service and the relatives we spoke with during the inspection spoke highly of the caring nature of the personal assistants who supported them. Comments people who used the service made to us included, "The care is very good. They [personal assistants] are all friendly", "The carers so good to me" and "They [personal assistants] are always kind to me. I regard most of them as friends." This view was confirmed by a relative who commented, "The carers are absolutely outstanding. They are lovely people; very kind and considerate. They feel more like friends coming in now." Another relative told us, "They [personal assistants] are very considerate with [my family member]. They are really patient and take the time to chat with him."

During the inspection we observed warm and caring interactions between all staff in the agency and people who used the service, both on the phone and in people's homes.

People who used the service told us that their personal assistants would always respect their dignity and privacy when they provided care. People who used the service also told us that they were supported to maintain their independence as far as they were able to do so. One person told us, "They let me do the things I can for myself." A personal assistant confirmed, "We are not there to take over; a person's independence is really important. We ask what assistance a person requires. We don't take over the task and don't presume someone can't do something."

Personal assistants told us that the ethos of the agency was to provide personalised care. Comments personal assistants made to us included, "The Company revolves around each person rather than a rigid set of tasks. We are always respectful of the fact that we are in a person's home", "We offer good quality personalised care. We follow people's preferences and choices. The people who use the service always come first" and "Personalised care is about meeting each individual's needs. Each person likes their needs to be taken care of in different ways."

Records we reviewed showed there was a fairly stable staff team in the service. This meant people who used the service had the opportunity to develop consistent relationships with the personal assistants who supported them. We also saw that people's care records included information about their family, interests and preferred daily routines. This helped to ensure personal assistants were able to develop meaningful and caring relationships with people who used the service.

We saw that the service had received numerous 'thank you' cards from relatives of people who had used the service. All of the people who used the service and relatives we spoke with during the inspection told us they would recommend the service to other people without any hesitation.

Personal assistants we spoke with were aware of their responsibility to ensure information about people who used the service was treated confidentially. We saw that care records were kept securely in the registered office. This was to ensure information about people who used the service was accessible to personal assistants but kept confidential.



## Is the service responsive?

## Our findings

People we spoke with who used the service told us their personal assistants were always responsive to their needs. Comments people made to us included, "They do whatever I ask", "They willingly do anything I ask them to do" and "They ask if there is anything else they can do before they go; if it's possible they will do it."

We looked at the care records for six people who used the service. We noted that a copy was kept in the office and the person retained a copy in their own home. Plans of care recorded the health and social needs of each person. People who used the service told us that they had been involved in developing their support plans. We saw that each person had signed their agreement to their support plan.

Care records included information about the support each person wanted to receive, their likes and dislikes and their preferred daily routine. A communication book was completed by each personal assistant to record what they had done during their visit including making meals, administering medicines or any other tasks requested by the person who used the service. A relative we spoke with told us they regularly checked the content of the communication book and were happy that it was an accurate record of the care which personal assistants had provided.

We saw that support plans where updated when a person's needs had changed, including the provision of new equipment such as a hoist. People who used the service told us that they knew that they were able to make any changes they wished to their support plan by contacting the registered manager. One person told us "If something in my support plan is not just right I only have to say. They [personal assistants] tell me 'of course we can do that—we do the things that you want'."

We noted that when a person was accepted by the service, they were sent a letter explaining the ethos of the company and including information about how to make a complaint should they feel this necessary. We looked at the complaints log maintained by the service and noted that no complaints had been received since January 2014. The complaints log provided evidence that the registered manager had taken action to investigate the concerns raised by the relatives of a person who used the service and to provide an appropriate response.

All the people who used the service told us they could not envisage having to make a complaint about the support they received. However, they told us they would have no hesitation in speaking to their personal assistants or the registered manager should they have any concerns. One person told us, "I would soon ring [name of board director' if I wasn't happy." Every person who used the service and relatives we spoke with told us they would have no hesitation in recommending Sunshine Care if a person required support in their own home due to the responsiveness of the service.



#### Is the service well-led?

## Our findings

The service had a registered manager in place who was present during the inspection. A discussion with the registered manager showed they were clear about the aims and objectives of the service. This was to ensure the service was run in a way that ensured all people who used the service had control over the support they received. The agency was run as a 'not for profit' organisation which meant any profits made went back into the company for the benefit of people who used the service and staff.

We asked the registered manager about the key achievements of the service since the last inspection in 2013. They told us they were proud of the fact that they had continued to grow their business but had maintained the high quality of care provided. They told us this was evidenced by the fact that none of the people who used the service had chosen to use a different agency since they started receiving care and support from Sunshine Care. The registered manager told us they were confident in the care provided by the agency as they and one of the board members continued to regularly work alongside personal assistants. The registered manager told us this gave them the opportunity to check that personal assistants were meeting the high standards expected of them and to receive regular feedback from people who used the service.

All the people we spoke with during the inspection confirmed they saw either the registered manager or board member on a regular basis. One relative told us, "We see [the registered manager] regularly. She is very hands on. She visited three to four weeks ago at a weekend to see how things were."

The registered manager told us the key challenge for the agency was ensuring people whose care was commissioned by the local authority received the high quality support to which they were entitled. The registered manager commented, "We find it hard to accept referrals for calls for 15 minutes. We normally say it's not for us but ask the council to review the allocated time. We can't do a good job in 15 minutes."

Our conversations with personal assistants showed they felt included and consulted with. All personal assistants we spoke with told us they enjoyed working in the agency. They told us they felt valued and that management were very supportive. One personal assistant commented, "I have worked at a few agencies. This is the best one and I wouldn't work anywhere else now. The managers are very flexible. They listen to you and are like part of the team; they do the job with you." Another personal assistant told us, "It's a wonderful company to work for. It's nice to know you work for a company which is not just about making money."

The board director who was responsible for finances in the company told us that managers and personal assistants worked collaboratively together to decide how any available increases to salaries or mileage allowances should be allocated. They told us this meant that personal assistants had a say in how the company was run.

Records we reviewed showed that the most recent staff meeting had taken place in November 2015. The registered manager told us that meetings were generally only arranged if they had important information to

give to staff. However we saw that all personal assistants received regular updates about the running of the service and changes to the needs of people who used the service in memos which were sent out with rotas or wage slips.

All the personal assistants we spoke with told us they felt able to make suggestions about how the service could be improved. One personal assistant told us, "[The registered manager] and [board member] listen to us. They have both been out if we have any problems or concerns about a customer. They will give us options to try but we can also put forward any suggestions to improve things."

We saw that the service had policies and procedures in place to support personal assistants to carry out their roles. We noted that some of these policies had not been reviewed for some time. The registered manager told us they would ensure this review was completed as soon as possible. We noted that personal assistants also had access to 'fact sheets' which provided information about best practice in a range of areas including nutritional supplements, swallowing difficulties and recognising pain in people who cannot tell you.

There were a number of quality assurance systems in the service including care plan and medication audits.

We noted that the registered manager distributed an annual survey to people who used the service. We looked at the responses from the most recent survey completed by 37 people who used the service in May 2015. We noted that most of the respondents had given the highest possible score in all areas.

Prior to the inspection CQC has also distributed a survey in order to gather the views of people who used the service and their relatives. Our records showed that there had been a 34% response rate to this survey from people who used the service and that the majority of responses had been very positive. A person had commented about staff, "They are observant and excellent communicators. They are kind, chatty and are a pleasure to deal with. They also spot any condition which may require medical attention, so advice from a GP or district nurse can be sought swiftly. They provide an outstanding service." A relative had also commented, "The staff are great. They are flexible allowing us to change visit times to accommodate appointments. If they have any concerns about the person they care for they escalate it. In the past the less experienced members of the team have called in one of their more experienced colleagues if they felt it necessary. They have requested nurse or doctor visits if they felt it necessary. I have confidence in their abilities. I am happy with my choice of Sunshine Care as care providers and would recommend them to others."

#### 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
	The recruitment processes were not sufficiently robust to protect people who used the service from the risk of unsuitable staff.
Regulated activity	Regulation
Regulated activity Personal care	Regulation Regulation 18 HSCA RA Regulations 2014 Staffing