Sunrise Healthcare Ltd

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Inspection report

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Date of inspection visit:
26 May 2016

Date of publication:
06 July 2016

Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

This was an announced inspection that took place on 26 May 2016.

Sunrise Healthcare Ltd is a service that provides personal care to people in their own homes. At the time of the inspection, 42 people were receiving care from the service.

There was a registered manager working at the service. 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 and associated Regulations about how the service is run. The registered manager was also a director of the provider.

People received care from staff who were kind and caring and who treated people with dignity and respect. There were enough well trained staff to provide people with the care and support they required. However, improvements are required to the provider's recruitment process. This is so they can satisfy themselves that staff applying to work for the service are appropriate to do so.

People received care that was based on their individual needs and preferences and they were consulted about the care they required and supported to make decisions about its delivery. People knew how to complain and any complaints were investigated and responded to.

People were protected from the risk of abuse and risks to their safety had been assessed and actions taken to reduce these risks from occurring. People received their medicines when they needed them.

Staff asked people for their consent before providing them with care. The staff acted within the requirements of the Mental Capacity Act 2005 when providing care to people who were unable to consent to it themselves.

Good leadership was demonstrated. The staff were happy working for the provider and felt supported in their role. Their morale was good and they understood their individual roles and responsibilities. The provider had promoted an open culture where both staff and people using the service could raise concerns without any hesitation.

The systems in place to monitor the quality of service being provided had been improved following some concerns that had been raised. We found these systems to be effective. Action had been taken in a timely way to protect people from the risk of harm or receiving poor quality care.

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 consistently safe.

Not all the required checks had taken place before new staff started working for the service.

The provider had systems in place to protect people from the risk of experiencing abuse and risks to their safety had been assessed and were being managed well.

There were enough staff to meet people's individual needs and people received their medicines when they needed them.

Is the service effective?

Good

The service was effective.

The staff had received sufficient training to enable them to provide people with effective care.

Consent was obtained from people before the care was provided. The staff understood how to support people in line with relevant legislation where they were unable to consent to their own care.

Where it was part of the care package, the staff supported people to eat and drink sufficient amounts to meet their needs. They also supported people with their healthcare needs.

Is the service caring?

Good

The service was caring.

People received care from staff who were kind, caring and compassionate.

The same staff provided people with their care which helped them develop caring relationships.

People were given choice about the care they received and were able to make decisions about this.

People were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People's care needs had been assessed and were being met. The service was flexible and accommodated people's request for changes to how their care was provided to them.

People knew how to make a complaint and any complaints made had been investigated and responded to.

Is the service well-led?

Good

The service was well-led.

There was an open culture within the service where people and staff were listened to and felt able to raise concerns if needed.

Good leadership was demonstrated at all levels.

There were effective systems in place to monitor the quality and safety of the service provided.

Sunrise Healthcare Ltd

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.

This inspection took place on 26 May 2016 and was announced. The provider was given 48 hours' notice before we visited the office because the service provides care to people within their own homes. The provider and staff operated from a central office and we needed to be sure that they would be on the premises so we could speak with them during the inspection.

The inspection was conducted by one 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 this type of care service. The inspector visited the office and the expert by experience telephoned people to gain their views on the care they had received.

Before the inspection, we requested that the provider complete a Provider Information Return (PIR). This 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. This was received from the provider. We also reviewed other information that we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us. We had requested feedback before the inspection from the local authority quality assurance team.

During the inspection, we spoke with six people who used the service and three relatives of people who received care from Sunrise Healthcare Ltd. We also spoke with four care staff and the registered manager who was also a director of the provider.

The records we looked at included four people's care records and other information relating to their care and four staff recruitment and training records. We also looked at records relating to how the quality of the service was monitored.

Requires Improvement

Is the service safe?

Our findings

The current system in place when recruiting new staff to the service required improvement. We checked four staff recruitment files. We found that for two of the staff, gaps in their previous employment had not been explored by the registered manager. The registered manager told us they had recognised this. They said plans were in place to request this information on the application form that new staff had to complete prior to the interview and to ask this question at the interview.

One staff member had a Disclosure and Barring Services (DBS) check dated six months prior to their recruitment to the service. This meant that the registered manager had not checked whether the staff member had received any criminal convictions or if they had been barred to work in the care industry within the interim period. The registered manager told us they only allowed the transfer of the DBS if it was within a month of the new staff member commencing work at the service. They explained in this particular case, that the staff member had not started work at the originally planned time and this was why there was a six month gap. However, they did not re-check the staff member's DBS as is required by the provider's policy. All other necessary recruitment checks had been completed.

All of the people we spoke with told us they felt safe when the staff provided them with care. One person said, "Absolutely, yes I feel safe." Another person told us, "I do. They [the staff] are very good." People told us that if they ever felt cause to feel unsafe that they knew how to raise a concern and who to contact at the service. One person when asked about this told us, "I suppose I would yes. The occasion has never arisen though." Another person said, "I'd ring up the boss!"

People were protected from the risk of abuse. All of the staff we spoke with knew how to protect people from the risk of abuse and told us they received regular training on the subject. They understood the different types of abuse that could occur and how to report any concerns. The registered manager was also aware of their responsibilities to report and investigate any alleged abuse.

Risks to people's safety had been identified. These included risks in relation to supporting people to move, taking medicines, equipment they used and the environment. Where necessary, other risks such as people falling had been looked into. There was clear information within people's care records to guide staff on how to reduce these risks. The staff we spoke with were knowledgeable about risks to people's safety and were able to explain to us how they managed these. For example, making sure that people used appropriate equipment when walking to reduce the risk of them falling.

The staff told us what action they would take if there was an emergency situation when they were providing care or if they found someone unconscious when they visited their home. We saw an example of this where it had been recorded in one person's care record. The staff had found the person unwell and so had requested the emergency services to assist the person.

Staff told us that if any accidents or incidents occurred when they were providing care that they had to report this to the office and complete a form. These forms were returned to the registered manager who

investigated into the matter and took appropriate action to reduce the risk of the incident or accident from occurring again in the future. We were therefore satisfied that risks to people's safety had been assessed and that actions were being taken to mitigate these risks.

The people we spoke with told us there were enough staff to meet their needs. Four of the six people we spoke with and all of the relatives told us that the carers had always provided them with care when they needed it. One person told us, "They have never missed any calls." Another person said, "They [the staff] always turn up."

However, two people did say that the staff had on occasions, not turned up in the past but that this had not adversely impacted on them. One person told us, "They have (missed calls) occasionally but I don't pay too much attention because I can manage." We spoke with the registered manager about this. They told us that there had been one missed call in the last three months. This had been investigated and the appropriate action taken. We were therefore satisfied that this was not a regular occurrence.

All of the people and relatives we spoke with told us the staff stayed for the length of time that they should to provide them or their family member with safe care. One person told us, "Yes, they always stay for the right amount of time." Another person said, "Very much so. We talk to one another."

All of the staff we spoke with told us there were enough of them to meet people's needs. They told us they were given sufficient time to give people the care they required. The care records we checked confirmed this.

The number of staff required to meet people's needs was based on the number of hours of care the provider had to give. The registered manager told us they currently had enough staff in place to meet people's needs. Existing staff were used to cover any absences such as sickness or annual leave and two extra staff worked each day who could assist in these or an emergency situation. We were therefore satisfied that there were enough staff to meet people's needs.

Before the inspection, we had received a concern that people's medicines were not being managed safely. These concerns had been raised with the registered manager. They had taken steps to improve the current systems in place to make sure people received their medicines as had been intended by the person who had prescribed them. After speaking to people who used the service, the staff and looking at medicine records, we were satisfied that people received their medicines when they needed them.

Two people we spoke with were receiving support from the staff to take their medicines. Both told us the staff made sure they took their medicines when they needed them. One person said, "They [the staff] see that I take it." The staff we spoke confirmed to us that they had received training on how to give people their medicines safely. Some added that their competency to do this had recently been assessed. The registered manager told us that plans were in place to re-train all staff in the administration of people's medicines following the concerns that had been raised with them. They added that the staff's competency would then be assessed shortly afterwards and that they would only be able to give medicines if they had been deemed safe to do so.

We checked three people's medicine records. These showed that two people had received their medicines when they needed them. There was a gap in one person's record which indicated that they had not received their medicine. However, we saw that this had been identified during a recent audit where it had been found that this was for a genuine reason.

There was information within people's care records in relation to when medicines that had been prescribed

for occasional use should be given. This had recently been introduced following the concerns that had been received. The staff we spoke with told us that this documentation helped them understand when it was appropriate to offer people these types of medicine.

Good

Is the service effective?

Our findings

Prior to the inspection, we received a concern that the staff had not received sufficient training to provide people with effective care. The registered manager was aware of this concern and had improved the current system of training and the monitoring of staff competence. We were therefore satisfied that the staff had the relevant skills and knowledge to provide people with effective care.

Five of the six people we spoke with and all of the relatives told us they felt the staff were well trained and had the necessary skills to meet their or their family member's needs. One person told us, "Very well trained. Excellent at everything and have done things I didn't think they would do." Another person said, "Yes, there is no problem with the staff. They are all excellent." A relative said, "Yes, they [the staff] are all very good." One person did say that some staff appeared to lack confidence when providing them with one aspect of their care. They told us however, that this was not an issue as they could easily talk the staff through what they needed to do.

All of the staff we spoke with told us they had received enough training to give them the skills and knowledge to provide people with effective care. They said that the training was very good. Staff had received training in a number of subjects including how to support people to move safely, food and nutrition, infection control, safeguarding adults and dementia. A training manager was employed to provide the training to the staff. We saw they had obtained qualifications to enable them to train other staff in a number of different subjects including safeguarding adults, dementia, the Mental Capacity Act, pressure care and end of life care. The training was delivered in both a classroom style and via e-learning.

The provider had recently opened a new training room so staff could access practical training such as using hoists and stand aids. These were used to support people to move safely. The staff we spoke with told us the equipment within the training room had helped them to improve their skills and knowledge in relation to supporting people to move safely.

New staff received a comprehensive induction to their role as a carer. Part of their induction involved them shadowing a more experienced member of staff until they were confident they could work independently. During their induction period, their competency to perform their role had been regularly assessed and feedback given to them as necessary.

The staff we spoke with told us they had regular supervision with the senior staff. This involved face to face meetings, appraisals and checks of their competency. All of the staff we spoke with were happy with the amount of supervision they received. They told us they received feedback about their care practice, both the positives and in relation to any areas they needed to improve.

All of the people and relatives we spoke with told us that the staff asked for their consent before care was provided. One person said, "Yes, they [the staff] always ask and we have a laugh and a joke."

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

All of the staff we spoke with demonstrated they understood the MCA and worked within its principles when providing people with care. For example, some staff told us how they supported people to make decisions by showing people a choice of clothes to wear or food to eat. They were aware that if the person was unable to make a decision for themselves, that any decision made on their behalf needed to be in the person's best interests. The staff were also aware of the need to report any concerns they had about people in their own homes being deprived of their liberty. This was so the matter could be referred to the Court of Protection if necessary.

The care records we viewed contained information about people's capacity to make decisions for themselves and what support staff needed to give people to enable them to make choices about their own care.

People told us that where it was part of their care package, that staff prepared their food and drinks to their liking. One person told us, "Yes. Whatever I fancied, they [staff] made." Another person when asked if the staff made them what they wanted said, "Definitely. Generally I leave out what I'm going to have. They give me a cup of tea or coffee or whatever I want." A relative told us, "Oh yes. At breakfast, I prepare it and they [the staff] assist [family member]. They [the staff] also give [family member] regular drinks."

The staff we spoke with told us they were aware of the importance of supporting people to eat and drink sufficient amounts for their needs. One staff member said they always made sure they left people with a drink and monitored how much they had drank between visits. They all told us that if they had any concerns, that these needed to be recorded within people's care records and reported to the main office. The staff also demonstrated to us that they knew people's individual food likes and dislikes and they were clear about people's various dietary requirements.

Most of the people we spoke with told us they arranged their own healthcare. However, they said they were confident that the staff would assist them with this if required. One person told us, "They would have done if needed." A relative told us, "They [the staff] have done if [family member] needs to see the doctor or nurse. They do it or tell us."

All of the staff we spoke with demonstrated to us they had a good understanding of the different types of healthcare professionals who could be contacted to help people maintain good health. These included an optician, district nurse, GP or occupational therapist. We saw evidence in some people's care records that staff had contacted a GP when they had been concerned about the person's health. We were therefore satisfied that staff supported people to maintain their health.

Good

Is the service caring?

Our findings

People received care from staff who were kind and caring and who knew them well. One person said, "[The staff] are very good indeed." Another person said, "They [the staff] are very affectionate and friendly." A relative told us, "They [the staff] are really nice. Cheerful and very caring."

The service had received a number of compliments over the last two months from people who received care or from relatives. The compliments included comments such as, 'Very compassionate carers', 'Genuine care and good quality of service,' 'All staff very willing and helpful.'

All of the people we spoke with told us that the staff knew them well. They said they usually saw the same staff which helped them to get to know each other. One person told us, "I have several from the organisation but they're all familiar to me." Another person said, "I get different people [staff] but I know most of them. We are well matched." A further person said, "Yes, I see the same staff and we know each other." A relative told us, "We see the same ones. Three different ones in rotas which is nice for continuity."

The staff we spoke with told us they were able to provide consistent care to people. From the care records we checked, we saw that people were receiving care regularly from the same staff. The registered manager told us they tried to ensure that people saw the same staff so they could build good relationships with them. They explained that they understood this was important to people.

People were involved in making decisions about their care. One person told us, "Yes I feel in control of my own care. We learn from each other." Another person said, "Yes totally. Anything you want they will do." A relative told us, "Yes, we are very much involved in [family member's] care.

The staff we spoke with told us they were aware of the importance of offering people choice so they could make their own decisions about their care. One person told us, "[The staff] didn't do anything without me asking. I was not pushed into having any care done if I didn't want it."

The records we saw showed that the person and their relative if required, had been asked how they wanted to be cared for during the initial assessment of their individual needs when they started to use the service. This was completed by a member of staff who visited the person to understand what care they required. The assessment covered people's care needs and stated how they would like their care to be delivered. People and/or their relatives were also involved in regular reviews of their care where they were asked for their opinion and input into their care.

The people and relatives we spoke with told us that they or their family member were treated with dignity and respect. They also told us that the staff upheld people's privacy when they provided care. One person told us, "I am treated with respect. I have a little bit of help with showering and the carer is perfect." Another person said, "They [the staff] always treat me with respect. I could not ask for anything better." A relative told us, "They [the staff] always close the bedroom door [to protect family member's privacy]." The staff we spoke with told us they were aware of the importance of treating people with respect and protecting their

privacy at all times.

People told us they were encouraged to be as independent as they could. One person told us, "Yes, they let me do what I can for myself." Another person said, "Yes, they help me. I try to do what I can for myself." The staff explained they assisted people to do as much as they could for themselves. For example with personal care or eating and drinking to help people maintain their independence. One staff member proudly told us how one person had gained confidence since receiving care from the service. This has resulted in them now accessing the community independently.

Good

Is the service responsive?

Our findings

An assessment of people's individual needs had been conducted before people used the service. The staff we spoke with told us that a meeting was often held with them before a new person starting using the service. This was so they were aware of the person's needs and preferences before they visited them for the first time.

The care records we looked at provided clear information about people's care needs and included areas such as allergies, personal care, cultural needs, the person's life history and their hobbies. From this needs assessment, a support plan had been developed. This provided staff with guidance on what care they needed to support the person with.

People told us they had been asked their preferences in relation to how they wanted to be supported. They added that once they had started to receive care, the registered manager checked with them regularly to make sure their needs and preferences were being met. The staff we spoke with told us that people were offered options in relation to how they wanted to receive their care. They said that they were able to meet these preferences.

People told us that their individual preferences were met although five of the six people told us that the staff occasionally arrived later than they preferred. They said however, that this was not a concern as they were either informed by the office that the staff member was running late or that it was usually only a few minutes that they arrived late. They told us that this did not happen very often. One person said, "They [the staff] can't help it sometimes because their cars won't start. They're not late except for a good reason" Another person said, "It they have been, there's been a breakdown in communication they've had to deal with first. It's once in a blue moon. They've always turned up." A further person told us, "They sometimes get held up but it's only a matter of minutes." The two relatives we spoke with reflected these comments. One relative said, "They have been late but they've let me know." Another relative told us, "There's always a phone call to let them [family member] know if they're late but it doesn't happen very often."

Although people told us they had been given a choice about their care, we did not always see that this had been recorded within their care records. Two of the care records we looked at contained the times people wanted to receive their care but two others did not. None of them had recorded the preference of the gender of carer. The registered manager told us that the care records were currently being reviewed and that this information would be included within them.

The service was responsive to people's requests for changes to their care. One person told us, "Yes. When I go out I tell them. They're very flexible." Another person said, "When I had [staff member] the first time, she was brilliant. I asked for her again and I got her." A relative said, "I have been in contact to change the evening visit to later and they have done that." Another relative said, "Yes, they are quite good in that way." The staff we spoke with confirmed this. One staff member told us how they recently changed the time of their visit to a person so they could assist them on a hospital visit.

The staff we spoke with told us that any change in people's care needs were communicated to them in a timely way. The information was communicated to them via the staff working in the office or during team meetings that they held regularly to discuss the needs of the people they supported. They said that the registered manager was very pro-active in keeping them up to date with people's needs so they could provide them with the support they needed. They also told us they felt people's care records reflected the care that people needed, were up to date and easy to follow.

A new way of recording the care that people received had recently been introduced. This required staff to document the care they had given to the person in relation to their specific needs such as personal care, medicines or food and drink. The staff told us that this was helping them be more responsive to people's changing needs. One staff member said that during their afternoon visit to one person, they had read within the person's care record that the person had not drank very much during their morning visit. Therefore, they made sure that this person was offered a drink and had encouraged them to drink it before they left.

The registered manager told us they were aware that some people who they provided a service to were socially isolated. In response to this, they had facilitated some people to attend a local coffee morning that was held within the local town. This was attended regularly by some staff who worked for the service. This had been so successful that some of the people who had attended, had taken it on themselves to hold an extra coffee morning each week within the local community. The staff we spoke with were proud of the success of this project and said they always recommended it to people they felt may benefit from the experience.

The majority of people we spoke with told us they knew how to complain if they needed to. One person told us, "I'd complain to the [registered manager]." Another person said, "I'd speak to the boss." The relatives agreed that they knew who to contact if they were unhappy with any aspect of the care being provided. One relative said, "We would go to the boss of the office. A lot of the time, the boss is in the office. He's usually the one who answers the phone."

We saw that any concerns raised had been investigated and comprehensive responses had been sent back to the complainants. We were therefore satisfied that people's complaints had been taken seriously and dealt with appropriately.

Good

Is the service well-led?

Our findings

All of the people and relatives we spoke with were happy with the care that was being provided. They all told us they would recommend the service to others. One person told us, "It's absolutely excellent." Another person said, "Yes, I cannot fault them." A further person told us, "I do recommend them without hesitation." A relative said, "Yes, we are very happy (with the care)." All of the staff we spoke with told us they would be happy for a relative of theirs to be cared for by Sunrise Healthcare Ltd.

The majority of people and relatives felt that the service was managed well. One person told us, "It seems it. I have no complaints with the management." Another person said, "It is well managed." A relative said, "I am quite happy with how it is managed."

People told us they felt listened to by the staff and the registered manager and that they felt confident to raise any concerns they had about their care. One person told us, "On yes, I would have no problem with that." This was confirmed by the relatives we spoke with. The staff also told us they could raise any concerns with the registered manager without fear of recrimination and were confident that actions would be taken in response to these concerns.

The staff said they felt listened to. They told us how they had recently been consulted regarding a change to how they recorded the care they gave to people on a daily basis. They said that being consulted and asked for their ideas had made them feel valued. They added that this new way of recording was working well and was helping them to recognise any issues with the care being provided in a more timely way. This demonstrated an open culture where people and staff felt able to voice their opinions about the care being provided.

Good leadership was demonstrated. The staff we spoke with told us they felt supported in their jobs and understood their individual roles and responsibilities. They felt the registered manager led the service well and provided them with leadership and guidance. They said their morale was good and that they all worked well as a team to deliver good quality care. Some staff also told us how they had received internal promotions and were supported to gain qualifications within health and social care.

The registered manager told us they had listened to some concerns they had received in relation to their live in care service. In response to this, they were currently not taking on any new business within this area and were reviewing their current procedures in relation to this. Re-training of the live in care staff was taking place. Their induction training programme had been amended to ensure they spent time with more experienced carers before working independently with people.

Before the inspection, we had received a concern that the governance systems in place were not effective at assessing and monitoring the quality of the care being provided. The registered manager was aware of these concerns and in response, had revised their current systems. We were satisfied that the provider now had more robust systems in place to help them monitor the quality and safety of the care provided.

Each month, medicine records and other records in relation to people's care had been audited. Auditing these records enabled the provider to assess the quality of care that people had received. Following the audit, a staff meeting had been held to discuss the findings and any learning that could be applied. This new approach was in the early stages with the first meeting having recently taken place. We spoke to some of the staff involved in the new auditing process. They told us that it was much better at identifying issues early on with the care being provided so that they could take action quickly. For example, we saw some medicine records that had been audited. They had identified that one person may not have received their medicine when they needed it. This had been addressed with the member of staff in question and they had received some further training within this area.

The completion of staff training and supervision was also monitored. Where any shortfalls had been identified, action had been taken to correct this.

Staff practice was being monitored regularly and had been increased since the concerns about people's care had been received. This was completed by the senior staff who conducted 'spot checks' and 'work based observations' of staff's care practice. This formed part of the staff's supervision and these covered areas such as personal care, moving and handling, food hygiene, dignity and respect and medicine management. The staff we spoke with told us that these checks occurred regularly.

There was an electronic system in place that was used to monitor when staff had visited the person in their home to provide them with support. The staff 'clocked in' and 'clocked out' which was recorded on this system. This enabled the registered manager to monitor that staff had completed their visit, stayed the appropriate time and at what times they had arrived and left. The registered manager told us that any issues were addressed with the staff in supervision meetings. The staff we spoke with confirmed this to us

The registered manager demonstrated to us they had learnt from incidents that had occurred. In response to a past incident, they had improved access to local healthcare professionals if people were refusing any type of care or assistance that could be detrimental to their own health. A process was in place so that the person's needs could be urgently discussed and met in their best interests. The staff had received training on how to assist people who became distressed and upset and were aware they had to report any concerns about a change in people's behaviour to the registered manager if needed.