

Sunnyside Domiciliary Support Services Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Sunnyside Domiciliary Support Services Limited was providing personal care and support to three people at the time of inspection. Although the service supported more people than this, others did not need support with their personal care. Some people were living in a shared supported living setting and others were living in their own individual flats. The service provides specialist support to people with learning disabilities and autism, to help them to live as independently as possible and achieve their goals. Staff provided flexible support across 24 hours, including overnight staff sleeping in.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People lived in ordinary houses or blocks of flats with no signs to identify the accommodation was supported by staff. Staff did not wear a uniform, instead they wore their own clothes to make sure there were no obvious signs that others would recognise them as staff. People had access to a shared garden and shared communal areas where they could meet to socialise with others.

People's experience of using this service and what we found

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible to gain new skills and become more independent. Staff supported people to make the choices and decisions they were able to on a day to day basis. People were part of the local community, accessing local shops, leisure and work opportunities.

There were enough staff to make sure people received the support they needed, including going out to their chosen activities or work opportunities. New staff were recruited in a safe way to make sure only suitable staff were employed. Some people needed more support to maintain their safety than others. Risks were carefully and positively managed while promoting independence. Staff understood their responsibilities in safeguarding people from abuse and helping people to understand how to stay safe.

Staff received the training, support and supervision they needed to carry out their role and consider their personal development. Staff supported people to maintain and improve their health by encouraging a healthy diet and to access healthcare when needed.

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

this practice.

People's care and support was planned and provided in a way that put them at the centre of planning. Staff knew people well, their likes, dislikes and what and who was important to them. The individual way people communicated was key to their support, including verbally, or by their behaviour or body language.

There was an open culture, led by a registered manager, who was also the provider, and described by staff as being approachable and supportive. People knew the registered manager well and spoke about them. The registered manager had a good oversight of the service, using their monitoring processes and visiting often, to make sure people received a good quality and safe service.

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

Rating at last inspection

The last rating for this service was Good (published 15 February 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Sunnyside Domicilliary Support Services Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. The registered manager was also the provider. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us. We also needed to make sure a member of staff would be available to support the inspection

Inspection activity started on 17 December 2019 and ended on 7 January 2020. We visited people and looked at their records on 17 December 2019. The registered manager was on leave on that date until the

end of December 2019, so we visited the registered office on 7 January 2020 to meet with the registered manager and look at further documents.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We met three people who used the service and one relative to find out about their experience of the care provided. We spoke with five members of staff, including the registered manager, the deputy manager and care staff.

We reviewed a range of records. This included three people's care records and medicines records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We looked at training and staff support records to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had completed safeguarding adults training and knew how to identify and raise concerns.
- People were happy and relaxed and told us they felt safe with staff.
- Staff told us the registered manager was approachable and always listened to concerns they had. Staff felt sure action would be taken straight away if they raised concerns. However, they knew where they could go outside of the organisation to raise concerns if necessary.
- When concerns had been raised these had been dealt with appropriately and reported to the local safeguarding team and the Care Quality Commission (CQC).

Assessing risk, safety monitoring and management

- A positive approach was taken to risk. Individual risk assessments identified risks and how staff should support people to stay safe while moving forward into greater independence. Information was gathered from the person and/or their family members to form the risk management plan.
- One person used a wheelchair. They were able to transfer in and out of their wheelchair themselves most of the time. Staff had been shown the person's routine by a health care professional and were able to give encouragement and support where necessary. This helped the person to maintain their safety while promoting independence. A risk assessment was in place describing the safety measures in place as guidance for staff.
- Another person's risk assessment gave guidance to staff to help the person to stay safe when out and about as they had a limited sense of danger. The person never went out alone, however, was supported by staff to learn how to stay safe. For example, by pressing the button at pedestrian lights to use road crossings.
- The people who lived in individual flats had a pendant they could wear so they could call staff whenever needed. For example, at night when staff were sleeping in the staff/communal flat.

Staffing and recruitment

- Staff worked flexibly to make sure people received the support they needed, when they wanted it. Staff told us they all worked closely as a team to make sure this was successful. One member of staff said, "We are all able to do the hours that suit us, because of the flexibility for the people we support, there are hours to suit everyone."
- Some people needed to have staff support them when they went out of the service to access local community facilities. A staff rota helped to make sure staff were available for planned activities or appointments. Flexibility was built in so people could decide to do something that wasn't planned.
- Staff told us there were enough staff to meet people's needs. They worked closely as a team to make sure

when a staff member was absent, people still got the support they needed. The registered manager supported people if needed to make sure people knew the staff supporting them.

- Staff were recruited safely. Application forms were completed, references and proof of identification were checked. Gaps in employment had been identified and discussed with new staff so they could account for the gaps. Disclosure and Barring service (DBS) checks had been completed which helped prevent unsuitable staff from working with people who could be vulnerable.

Using medicines safely

- People's medicines were managed safely by staff. People who received support with their personal care needed staff to administer their medicines. Staff had received training and had their competency checked regularly.
- People kept their medicines within a locked cupboard or drawer in their individual flat or in their bedroom in the shared property. Staff made sure people had enough medicines in their stock. Medicines administration records (MAR) were signed by staff when they had made sure people had taken their medicine.
- People did not take many medicines. The medicines they took, what they were for, and the side effects they may encounter, were included in their care plan to inform staff.
- Regular monitoring, including stock checks and balances, were undertaken by staff. This helped to identify issues and mistakes, so plans could be put in place to minimise further incidents.

Preventing and controlling infection

- People were supported by staff to keep their home clean and help them to do their washing. We did not visit people in their individual flats as we met them in the communal office space/flat. The shared supported living service was very clean and homely.
- Staff had access to appropriate equipment such as disposable gloves and aprons when needed.
- The appropriate training was available to staff to learn how to minimise the risk of spreading infection.

Learning lessons when things go wrong

- The registered manager had worked with the local authority when safeguarding concerns had been raised.
- No accidents and incidents had been reported. However, a system was in place to make sure any incidents were recorded and monitored by the registered manager to check for themes or concerns. They told us, any findings would always be shared with staff to prevent similar occurrences.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had a thorough assessment before receiving a service. The assessment included the full involvement of family members, where appropriate, and health and social care professionals, to make sure the service could meet people's needs. This included their diverse needs such as religion, culture and expressing their sexuality.
- People were encouraged to express their needs so staff were able to identify the appropriate support. Staff knew people well and were confident in discussing people's preferences and offering support when needed.
- Assessments were used to develop individual care plans and reviewed with people once they started to receive support, to adjust where necessary. A flexible transition period of moving in to the shared supported living service was planned around people's specific individual needs. Some people had a transition period of many weeks, while other people had moved in straight away.
- People were supported by staff to maintain their oral health. Care plans included how people liked to look after their teeth and what support they needed from staff to maintain healthy teeth.

Staff support: induction, training, skills and experience

- Staff received training to provide people with the support they had been assessed as needing. Additional training was available if requested by staff or if needed to meet people's needs.
- Staff completed a comprehensive induction and a period of shadowing experienced staff prior to working with people on their own. Staff told us they had a good induction to the service. One staff member said, "I had the time to get to know people, what they liked, and what they don't like."
- New staff were supported to complete the Care Certificate if they were new to the health and social care sector or did not have an appropriate qualification. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff were supported with their professional development through regular one to one meetings and an annual appraisal.

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

- People bought their own food on an individual basis. Staff supported people to go shopping to the supermarket. Some people needed support to budget their money and to plan their meals for the week. One person had been supported by staff to build their confidence when out shopping. They were taking steps to develop skills to increase their independence, by putting their food on the conveyor belt and paying for their shopping.
- People cooked their own meals. Some people needed staff to support the preparation and cooking of all

meals. Other people were able to make snacks and sandwiches independently but needed help with cooking a main meal.

- Staff supported people to have a well-balanced diet by advising them on healthy options. Some people liked to have a fruit smoothie each morning and needed assistance to make them. We saw staff using banter with one person to encourage them to make healthy choices.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Each person was registered with a local GP and dentist to make sure their day to day health needs were met. People had a health action plan which set out their specific health care needs and how staff could support them.
- People were encouraged to maintain a healthy lifestyle by taking exercise. For example, through activities such as swimming or bowling, or undertaking exercises advised by a health care professional.
- Some people had complex needs that meant they needed the involvement of specialist health care professionals. Staff supported people to keep track of their appointments and attend with them if needed.
- Any advice given by health care professionals was recorded and used to update people's care plans. Staff knew if changes had been made and were able to provide consistent and up to date care and support.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. No people using the service had restrictions to their liberty in place.

- People had capacity to make their own day to day decisions. Some people had been assessed as requiring support with more complex decisions. Appropriate processes had taken place to make sure people's rights were upheld.
- Many people had family members who continued to take a very active role in their life. People looked to their loved ones to help them when more complex decisions needed to be made.
- The managers and staff fully understood the MCA and were aware of people's rights and when they needed the support of family members or staff. People were supported in the least restrictive way possible. People's care plans advised staff to make sure they always told people what was going to happen next, so people could choose whether to agree or not.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff knew people very well and this was clear when we were meeting people in communal areas. One member of staff was helping one person to buy a new item of furniture online. They were chatting comfortably with each other; the person was asking the member of staff about their family news. They were planning a shopping trip the next day, discussing which store the person wished to visit.
- People were comfortable and relaxed with staff, and people who could, told us they were happy. One person said, "Staff are all great, really good, they are all fabulous. They are all very kind to me."
- Sunnyside Support Services Limited had a statement of ten dignity values that people could expect staff to follow when providing their care and support. These included, 'Treating you with respect as you would expect from family; To treat you as individual; Maximum independence, choice and control; Able to complain without retribution and act to ensure you are not socially isolated'.

Supporting people to express their views and be involved in making decisions about their care

- People receiving a service at the time of inspection had a direct payment to choose their care provider. This meant people had control over the payments for their care. They had chosen Sunnyside Domiciliary Support Services Limited to support them and could change provider whenever they wished
- People had access to information to help them to be involved in their care and the running of the service. For example, 'how to stop abuse', people's right to confidentiality and their rights regarding staff access to their home.

Respecting and promoting people's privacy, dignity and independence

- Staff told us they had seen a big impact on people's lives since moving in to the service. People had become more independent and confident in their abilities.
- One person who used a wheelchair to get around, was supported to access assistive technology to increase their privacy and independence. They had a fob to wear around their neck to remotely open their front door, giving them independent access to their home. They were also able to open and close their lounge curtains by using a switch which helped to maintain their privacy.
- People were supported to be as independent as possible with daily tasks around their home. For example, putting the washing in the machine, cooking their meals and doing their shopping. Staff helped people to plan their days, however, this was just a guide, people were able to change their mind. If people did not want to make a plan, this was respected.
- One member of staff said, "I love working for Sunnyside. I love knowing the people we support well, seeing them grow and gain independence."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans detailed each person's needs and wishes and their likes and dislikes. Plans focused on people's strengths, as well as the areas they needed support. Care plans were reviewed every year, or sooner if needed. For example, if people's support needs changed, or if they wanted to change their plan. Family members and other involved in people's care were invited to attend reviews where appropriate. One relative told us they were fully involved in their loved one's care and support.
- A member of staff said, "It's their flat, so their choice who comes and goes and what happens in there. We work very closely with people's family too, to make sure communication is good and people get the support they need."
- Each section of the care plan included the headings, 'What have we done'; 'What went well'; 'What did not go so well'; 'What did we learn' and 'What do we want to do next'. This helped to keep a person-centred focus when staff were completing plans.
- People had goals they wanted to work towards and were supported by staff to plan how to achieve them. For example, dealing with their own mail independently, going on holiday or swimming.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was available in formats that people could easily read or have help to understand. For example, by using pictures or photographs. Some people had a whiteboard for staff to write messages and reminders on as a communication aid.
- People's care and support plans were written in an easy to read format with minimal words and with pictures to make it easier to follow and understand.
- How people preferred to communicate was clearly set out in their care plan. All the people supported by the service could communicate verbally. Some people needed information in a specific way to aid their understanding and reduce anxiety. One person liked to know what was happening now, what was going to happen next and what was going to happen later. This helped them to understand the context of what was being discussed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported by staff to access various activities or work opportunities, led by their interests and

abilities. One person worked in a voluntary capacity in a local public building. They loved their role and looked forward to working each week, supported by a member of staff. Another person was attending a training course at college.

- Some people liked to go to the theatre, the cinema or to local day resource centres. Some people loved electronic games and gadgets and liked to go to shops where they could see new technologies.
- Some people had an activity schedule in place, detailing what they planned to do each day. Some people did not like to have a plan and made their mind up on the day. Staff said either way, people could change their minds and they would always try to support people if they needed it.
- Staff encouraged and supported people to use public transport when they were able. One person had developed the confidence to travel on the train on their own and often went to places that interested them. Some people had access to their own mobility car to help them to get around.
- People sometimes chose to go out together in a group. For example, to a local pub, the cinema or to meet in communal areas for a take away.
- People kept in close contact with family members and friends, supported by staff when necessary. Families visited their loved ones regularly in their home and people often stayed at their family home overnight or for weekends. For example, most people went home for the Christmas period.

Improving care quality in response to complaints or concerns

- There had been no complaints about the service in the last 12 months.
- There was a written and an easy to read pictorial complaints policy in place to help people to understand their rights to complain.

End of life care and support

- No one at the service was being supported with end of life care.
- Discussions had taken place with some people or their relatives regarding end of life support plans. Other people or relatives did not wish to discuss the subject, and this was respected, however, it was kept under review by staff.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was an open and transparent culture at the service. Staff confirmed this. The staff we spoke with were well informed about the vision for the service which focused around person centred care, respect and independence.
- The registered manager told us their focus was to ensure people received support that was person centred, so people received a high-quality service from caring and committed staff. They said staff recruitment focused on recruiting staff with the same personal ethos and this had been successful, "We have fantastic staff who are all very committed and do not need micro managing as each have their role."
- Staff enjoyed their role and told us they were very happy supporting people and felt privileged to be involved in people's lives. One member of staff said, "I've never known anything like it here, it works so well. The team just gels; we all help each other out and everyone mucks in and covers for each other. (The registered manager) is really good. They are really hands-on. We can just ring them whenever we want. (The registered manager) covers and does support too. It's like a family." Another member of staff commented, "It's a lovely place to work."
- People and their relatives told us they were happy with the support provided and liked all the staff and the registered manager. People lived the lives they wanted to lead and had grown in confidence and abilities.
- One relative told us they were happy with the care and support their loved one received. They said the registered manager was responsive and had risen to the challenge of supporting their loved one.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had a system in place to check the quality and safety of the service. The registered manager or a director representing the provider carried out monitoring visits every two to three months.
- Monitoring checks included; care plans, daily records, medicines, staff rotas and health and safety. During the audit, accidents and incidents and complaints were checked, however there had not been any over the last 12 months.
- Action plans were in place where changes were needed, or improvements were necessary. Action taken was checked during the next audit and recorded, or earlier if necessary.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were supported and encouraged to give their views of the service on an individual basis and also through an annual survey. All the feedback through the latest survey was positive and people said they were happy with their support.
- The registered manager asked others involved in the service to share their views. This included people's relatives and local resource centres they worked closely with. Feedback was positive. The registered manager said if people raised areas for improvement, they would listen to these and act to make any agreed changes to improve.
- Staff were encouraged to give their ideas and views in regular staff meetings. Staff meeting notes showed the opportunity had been taken to discuss updates to people's support to ensure good communication. The registered manager took the opportunity to remind staff about their responsibilities, such as keeping people safe from abuse and protecting people's rights. Staff were able to raise ideas for improvement or any concerns they had. The registered manager and staff used private messaging groups. Using their mobile phones to aid close communication and keep each other up to date with daily changes.
- Staff helped people to be part of their local community where they could. For instance, people used the local shops, leisure centres and public transport to get around.

Continuous learning and improving care; Working in partnership with others

- The registered manager worked closely with health and social care professionals to make sure people continued to receive good quality, joined up care to achieve their potential.
- The registered manager or deputy manager attended local providers forums or meetings and conferences to keep up to date with good practice. They worked closely with other local providers of services to make sure people received support to suit them from a range of providers.