

Sunshine Care Limited

Sunshine Care

Inspection report

The Retreat
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19 November 2019
21 November 2019
25 November 2019
27 November 2019
29 November 2019

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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

Sunshine Care is a domiciliary care agency. It provides live-in support and personal care to people living in their own homes in the community. Staff live in the person's home, generally for a four-week period and then have two weeks off while a second staff member lives-in with the person. Staff have a mandatory break each day and family or another carer cover this period, if required. The service provided care and support to older adults. The service covers the areas of Cornwall, Devon, Somerset and Hampshire.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection the agency supported 25 people.

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

People told us staff were kind and caring, respected their privacy and dignity and promoted their independence.

Risks associated with people's care were detailed in their care plans so staff knew how to support them safely.

People told us they felt safe with staff living in their homes. Staff were knowledgeable about what action to take if they suspected someone was being abused, mistreated or neglected. Staff had been recruited safely. There were effective systems in place to obtain feedback from people and their families about the quality of care and support they were receiving.

People had their needs fully assessed when they started to use the service, and a care plan could be created, so care and support could be provided in a personalised way. People's care plans were reviewed as their health and social care needs changed. People received their medicines safely and had robust records in place.

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 told us the service was well managed. New governance systems had been introduced to help highlight when improvements were required.

More information is in Detailed Findings below.

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 07 December 2018) and there was a

breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Sunshine Care

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 team consisted of one inspector and one expert by experience. An expert by experience is a person who has personal experience of using services or cares for someone who is older.

This service is a domiciliary care agency. It provides personal care to people living in their own homes. People's care and housing are provided under separate contractual agreements.

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

Notice of inspection

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection site visit activity started on 19 November 2017 and ended on 29 November 2019.

What we did before the inspection

We looked at statutory notifications the provider had made to us about important events. In addition, we reviewed all other information sent to us from stakeholders for example the local authority and members of the public.

We also contacted Plymouth City Council's adult social care commissioning team, and Healthwatch Plymouth for their feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We contacted and spoke by telephone with 11 service users and/or their relatives.

We met and spoke with six members of staff, the regional manager who was also the providers nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider; and the registered manager.

We visited two people who were using the service in Devon.

We looked at four staff recruitment files, five care plans for people who used the service, a variety of medicine records, policies and procedures, complaints, incident records, and auditing and monitoring checks.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- At our last inspection in 2018 we asked the provider to ensure all risks to the health and safety of people were assessed.
- The regional manager told us, "We are now confident that we have risk assessments linked to everything... staff like to be given information and guidelines...it gives them confidence when they are delivering care".
- People's records now contained risk assessments relating to their health and social care needs and were updated when people's needs changed.
- Risks relating to people's environment were assessed and arrangements were made to make improvements as required, such as having ramps or handrails fitted. One person who was fearful of falling told us, "I've got extra rails to hold onto."
- Technology was used to help mitigate risks. For example, a member of staff explained how a motion sensor alerted them to when the person got up and out of bed, so they could quickly support them.

Using medicines safely

- At our last inspection in 2018 we asked the provider to ensure records relating to people's medicines were accurate.
- The provider told us, and records showed, "Medication charts and lists are now in place, body maps, PRN 'as required' medication protocols are in place."
- Staff received training and were aware of their responsibilities relating to the completion of the new records.
- New auditing processes had been implanted to help identify where improvements were required. The results of which the regional manager told us, "Feeds into the training or any changes that need to be made."
- People told us they were supported with their medicines, commenting "She (member of staff) goes and gets it (medicines) and makes sure it is here", and "I get help with my medication and full records are kept."

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff living in their home. Commenting, "I feel very safe", and "No concerns, I am safe here."
- Staff had a good understanding of safeguarding procedures and were confident about what action they would take if they were concerned someone was being abused mistreated or neglected.
- Staff had remote access, by a telephone application (app) to the providers safeguarding policy.
- People's finances were handled safely, with robust records in place to monitor transactions.

Staffing and recruitment

- A relative told us, "We as a family are asked which carers we want."
- People received care and support from the correct numbers of staff and, if a person's care and support needs changed, staffing levels were flexibility altered. For example, if a person was unsettled at night time a waking night staff was arranged.
- The provider had a robust recruitment policy. Records showed staff were recruited safely, this included staff who lived outside of the UK.
- When concerns were raised about staffing conduct, this was investigated in line with safeguarding and disciplinary procedures.

Preventing and controlling infection

- Staff received infection control training and were supplied with personal protective equipment (PPE) to prevent the spread of infections, such as gloves and aprons.
- Unannounced staff monitoring checks gave the provider an opportunity to assess ongoing staffing competence regarding infection control prevention.

Learning lessons when things go wrong

- An indication of the findings of this inspection and of this key question demonstrated the provider learnt when things had gone wrong.
- Data analysis was used to help identify useful themes and trends to minimise risks and reoccurrences.

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

- The pre-assessment of people's needs was robust and detailed, with people's ongoing support reviewed. The regional manager told us, "We have changed the care plans since the last inspection to have desired outcomes."
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience

- People told us they felt staff were well trained, with one person telling us, "She knows what she is doing."
- A relative had written to the provider to say, "On behalf of all (...) family I can say that we have been very impressed with the quality of your staff. We expected competence but they all brought compassion and genuine concern for the individual patient."
- New staff received an induction to the organisation and told us it equipped them to carry out their role with confidence. The care certificate (a national health and social care induction) was used.
- Staff received supervision of their practice to ensure training was put into practice, and ongoing competency was assessed. Staff told us they received good support.
- Staff received training relating to people's individual needs. The regional manager told us, "When we complete our supervisions we ask care workers if they are interested in any additional training courses and if they want to we will enroll them on what they would like to do."

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

- A relative told us, "The carers make sure that mum eats regularly."
- People's care plans were detailed and individualised to ensure they received consistent support with their nutrition and hydration. A member of staff told us, "I ask her what she wants to eat, offer choices. Sometimes she says things I haven't got, and I go out and get them."
- Staff told us if they were concerned about how much a person was eating and drinking, they would implement food and fluid charts to record and monitor intake so that external professionals could be informed, as required.
- People had drinks of their choice in reach, with one member of staff telling us "I encourage her to drink."

Staff working with other agencies to provide consistent, effective, timely care

- People were supported to maintain good health and were referred to appropriate health professionals as required. People commented, "They (community nurses) brought me a new bed", "If I was feeling unwell,

(...) would contact my GP...I am so grateful" and "They come with me to the doctor to make sure I tell them everything they need to know."

- Records detailed that advice given was followed and implemented by staff.

Supporting people to live healthier lives, access healthcare services and support

- People's care plans detailed if they wanted to be supported to keep healthy.
- Staff offered people good nutritional choices and encouraged fresh air, social engagement and physical exercise.

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

- At our last inspection in 2018 we recommended the provider reviewed how their policy and procedures regarding the Mental Capacity Act 2005 (MCA) were implemented within the service. 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's care plans now contained up to date information about their capacity to make decisions.
- Staff told us they always asked people for their consent before supporting them, with one member of staff telling us, "I don't over step my boundaries, I respect her choices."
- Best interests' meetings with external professionals were arranged when there were concerns about a person's capacity to make decisions regarding the care, support and/or ongoing wellbeing.

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; equality and diversity

- People were at the heart of the service, and staff were motivated to deliver care and support which was underpinned by the provider's 'person-centred' mission statement of: "Care with kindness and compassion."
- People told us staff treated them with kindness and compassion. People said, "I don't think I could get anyone better", "I am well looked after", "She is excellent, she is brilliant with me" and "It's the companionship having a live-in carer."
- Relatives told us, "They've got to know dad's routines and familiarities", "The live-in carer at the moment is brilliant", and "Their compassion and friendliness is excellent."
- People and their relatives had taken time express their thanks in cards and letters sent to the provider, some of which read: "Our very grateful thanks for your excellent care are (...) and for preserving in all the ups and down of this last month, we very much appreciate all that you have done" and "Just a note to say how amazing my Fathers carer (...) has been this week. He has been in hospital as you know, and her care, compassion and loyalty has been phenomenal."
- Positive, warm and friendly relationships existed between people and staff, with mutual respect and trust shown for each other. One member of staff told us, "I love it, what job can you do when you can get up and have a cup of tea together in your pyjamas!"
- There was an ethos of inclusion, and people were supported as individuals. People's care plans recognised the importance of their individuality. Staff received training in equality and diversity.
- People's special occasions were celebrated. Birthday presents, and cards were bought, and the management team took time to phone people to sing happy birthday to them.

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

- People and their representatives were regularly asked for their views about their care plans and the delivery of their service, either by telephone or by face to face visits.
- One family had been empowered to create their own personalised care plan for their loved one.
- People's care plans detailed how they specifically wanted their care and support to be delivered. A member of staff told us, "I say to the person, if I'm not doing something the way you like it, you tell me, you tell me off!"

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with the upmost respect and their independence was promoted. Commenting "She is very gentle", "She encourages me to walk, she doesn't pamper me!", and "I'm quite

independent, so I take it in turn with my carer to cook meals."

- Staff encouraged people's ongoing independence, for example with their personal care.

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.

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.
- People's communication needs were assessed, recorded and highlighted in care plans, and shared appropriately amongst staff. One care plan detailed, "I speak English and I can make my feelings and needs known without any problems. I need to wear glasses. Please ensure that my glasses are always clean."
- Records were produced in different formats, such as large print as required.
- One person who loved reading, had been supported to obtain talking books because of difficulties with their eye sight.

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 had social care plans in place which were personalised to their needs, detailing information about what they had done prior to becoming older, and/or what their current interests were now. These enabled staff to offer and tailor social engagement accordingly helping to enhance people's quality of life, and to avoid social isolation. One person told us, "They (staff) are interested in me. I like to go out with them, they know what I like and what I want."
- Staff allocation was carefully considered, taking account of personalities, and interests. This helped to ensure people and staff were well matched, helping to form meaningful relationships.
- Photographs were sent to people's families who lived a distance away, so they could all share in what their loved one had been doing and achieving.

Improving care quality in response to complaints or concerns

- People and relatives knew about the complaints systems and procedures in place. Commenting, "You know where they are if you need advice", "I would tell my carer if I had any complaints", and "The email responses we get back from the office is amazing."
- The provider had not received any complaints since our last inspection in 2018. However, we saw evidence that complaints previously received had been taken seriously, and used to help improve the service where possible, with appropriate actions and records in place.
- The regional manager told us, "We don't always get things right, but we try try try".

End of life care and support

- People's care plans where required, contained a section about how they wanted to be supported at the end of their life.
- Treatment escalation plans were in place, and resuscitation wishes were known and recorded.
- The provider had liaised with a funeral service, to help adapt and personalise their end of life care plan template. To help facilitate open and supportive conversations with people about their end of life wishes.
- The provider attended training with a local hospice and shared her learning across the staff team.

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 requires improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At our last inspection in 2018 we asked the provider to improve their governance systems to help identify where improvements were required.
- Since our last inspection, new quality monitoring systems had been introduced by the provider to help highlight where improvements were required. The regional manager told us, "We are a lot more pro-active now... we are checking, checking checking everything".
- The registered manager/provider had good overview of the service. They knew people and staff very well and had a monitoring system in place to review the accuracy of paperwork and the ongoing quality of the service.
- There was a management team in place and staff were aware of the structure.

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

- People felt the service was well managed, telling us "If the manager is in the area he always calls in", "They provide a wonderful service", "The agency is only as good as their staff and they are amazing", and "We want to keep them forever."
- The provider and management team promoted the ethos of the service: "Care with kindness and compassion", and people's feedback confirmed it was underpinned in staff's practice.
- Staff told us the management team were "Supportive" and "Approachable". One member of staff expressed on a recent staff survey, "It's more like a family/team where everyone works so well. (Regional manager) is someone who is very sharp, very good. For me it is very significant to have a good knowledgeable manager".
- The duty of candour (a legal responsibility to be open and honest with people when something goes wrong), was at the forefront of the provider's mind. With the regional manager telling us, "We all know what the duty of candour is.... it's to be open, honest and transparent."

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

- People, relatives and staff were involved in the development of the service. Regular calls, home visits and questionnaires were completed to continually gauge how people felt about the quality of the service. A member of staff was overheard to make a phone call to a person who had just started their new support

package: "Just phoning to see how you are getting on with (...)."

- The provider had responded to people's views about the frequency of feedback and had acted to reduce the amount of surveys being sent to people. They had also adapted the questionnaire to make it simpler and quicker for people to complete.
- The provider effectively informed people of the inspection taking place and was sensitive and respectful of those who did not want to be contacted for their views.

Continuous learning and improving care; Working in partnership with others

- The management team kept their knowledge up to date, telling us "I am quite abreast with things that are going on." For example, reviewing new publications on the Commission's website.
- The provider worked with external health and social care professionals as required, to the benefit of people.