

SunCare Home Care Limited

SunCare

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:

SunCare is a domiciliary care service that provides personal care to people in their own homes. 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 our inspection, 36 people were using the service.

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

People and their relatives felt safe and comfortable in the presence of staff. Staff received training to help them understand how to protect people from harm and abuse. The risks to people were assessed, reviewed and staff had guidance on how to manage these. People received a reliable and consistent service from regular staff. Checks were completed on prospective staff to ensure they were suitable to care for people. People had support to manage their medicines, where they needed this. Staff were trained in how to protect people from the risk of infections. The provider monitored and responded to accidents and incidents involving people who used the service.

People's individual needs were assessed with them before their care started. Staff received training and support to enable them to work safely and effectively. People had support to prepare meals and drinks of their choosing, where they needed this. Staff helped people attend medical appointments and monitored their general health and wellbeing. 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.

Staff treated people well and spoke to them appropriately. People and their relatives were encouraged to express their views about the care and support they received. Staff protected people's privacy and dignity and respected their independence.

People's care plans encouraged a person-centred approach and were read and followed by staff. People and their relatives were involved in yearly care review meetings to discuss how the care provided could be improved. People and their relatives were clear how to complain about the service. Staff worked with community healthcare professionals to identify and meet people's end of life care needs.

People, their relatives and staff had positive relationships and open communication with the management team. Staff felt well-supported, listened to and valued by management. The provider conducted audits and checks on the quality of the service provided.

Rating at last inspection

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

Why we inspected

This was a planned inspection based upon the service's 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 is well-led.

Details are in our Well-led findings below.

SunCare

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 two inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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.

Notice of inspection

We gave the provider 48 hours' notice of our intention to undertake an inspection. This was because the provider delivers a domiciliary care service to people in their own homes, and we needed to be sure that someone would be available in the office.

What we did before the inspection

Before the inspection visit, we reviewed information we had received about the service since the last inspection. This included information about incidents the provider must notify us of, such as any allegations of abuse. We also sought feedback on the service from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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.

During the inspection

We spoke with the registered manager, branch manager, trainer, an office administrator and two care staff. We reviewed a range of records at the provider's office. These included six people's care records, staff training records, three staff recruitment records and medicines records. We also reviewed incident records, selected policies and procedures, complaints logs and records relating to the management of the service.

After the inspection

We spoke with eight people, three relatives and three community healthcare professionals about their experiences of the care provided. We also spoke with two additional care staff and one senior care staff member.

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 told us they felt safe and comfortable around the staff who provided their care. One person told us, "I feel very safe. They [staff] chat with me and they're very friendly and helpful, so I feel quite at ease."
- Staff received training in how to recognise and report potential abuse involving the people who used the service. They told us they would immediately report any abuse concerns to a senior colleague or the manager, and had confidence these would be fully investigated.
- The provider had procedures in place to ensure the appropriate external agencies were notified of any potential abuse, in line with local safeguarding procedures.

Assessing risk, safety monitoring and management

- The risks to people were assessed, recorded in their care files and kept under review. These assessments considered people's mobility, risk of skin breakdown, personal care needs and any potential hazards within their home environment.
- Staff showed good insight into the risks to people. They explained they could access people's risk assessments and care plans on their phones at any time and followed the guidance these provided.
- Staff were updated on any changes in risks through, amongst other things, use of a secure messaging group. One staff member explained, "If there is a change, staff will inform the office who will update [electronic care management system]. A message will then be sent out on the group messaging application to make staff aware of the change."

Staffing and recruitment

- People and their relatives told us they received a reliable and punctual service from the provider. Their care was normally provided by regular staff whom they knew well.
- The provider's electronic care management system alerted them to any missed calls and enabled them to monitor the punctuality of people's calls, as needed.
- Checks were carried out on all prospective staff to confirm they were suitable to provide care to people in their own homes.

Using medicines safely

- People received the level of support they needed from staff to take their medicines as prescribed.
- Staff received annual medicines training and an annual medicine competency check. They told us they felt confident following the provider's medicines procedures.
- Staff maintained accurate and up-to-date records in relation to the administration of people's medicines. They were provided with written guidance on the application of people's topical medicines.

Preventing and controlling infection

- Staff received annual training on how to protect people, themselves and others from the risk of infections.
- Staff were supplied with personal protective equipment (e.g. disposable gloves and aprons) to minimise the risk of cross-infection. People told us staff made appropriate use of this equipment whilst carrying out their care.

Learning lessons when things go wrong

- If people were involved in any accidents or incidents, staff recorded and reported these events.
- The management team reviewed these reports, to identify any action needed to keep people safe and prevent things from happening again.

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's needs and preferences had been assessed with them before they received support from the service. This enabled the provider to confirm whether they were able to meet these, and to develop individualised care plans and risk assessments to guide staff.
- Regular unannounced spot checks were completed with staff to confirm they were delivering people's care and support in line with expected standards.
- Staff understood the need to promote people's equality and diversity and spoke positively about the provider's inclusive approach towards people's care. One staff member told us, "We support people of all shapes and sizes – the old and the young. There is a good inclusive approach towards both staff and people who use the service."

Staff support: induction, training, skills and experience

- People and their relatives told us staff were skilled and knowledgeable. One person said, "I think they [staff] do the job very well, and they obviously know what they are doing." A relative commented, "I'm very impressed with the staff; they have the skills."
- New staff undertook the provider's induction process which included initial training, 'shadowing' more experienced staff and completion of the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of staff in health and social care. Staff spoke positively about their induction experience. One staff member said, "It was brilliant. The office staff answered any questions I had and were very helpful."
- Staff received regular training and refresher training, which was relevant to the needs of the people using the service. Staff told us their training enabled them to work with confidence. One staff member described the benefits of their moving and handling training which ensured knew how to safely use people's mobility equipment.
- Staff told us they felt well-supported in their roles and they had two-monthly one-to-one meetings with a senior colleague to identify any additional support or training they may need.

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

- People's care records included information about their nutrition and hydration needs and preferences, and any associated risks.
- People confirmed staff helped them prepare meals and drinks of their choosing. One person told us, "They [staff] always ask what I want to eat before preparing it for me."

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live

healthier lives, access healthcare services and support

- Staff supported people to attend medical appointments, where they requested this, and monitored people's general health and wellbeing.
- Staff provided people with information on local healthcare service, such as chiropody and podiatry.
- Staff worked effectively with community healthcare professionals, such as GPs, district nurses and occupational therapists, to ensure people's health needs were met.

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

- Staff had training in, and understood, people's rights under the MCA. One staff member told us, "It's about giving people the freedom to make their own choices and not dictating to them."
- People and their relatives confirmed staff sought their permission before providing care and respected their decisions and independence. A relative told us, "They [staff] always ask before carrying out any care, and they always ask [family member] if they are happy with what they are doing." One person said "I don't need as much support at the moment as I'm walking better. They [staff] listen to me when I tell them this."

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

- People and their relatives spoke positively about the caring attitude staff adopted towards their work. They told us staff treated them well and talked to them appropriately. One person said, "They [staff] are pretty special to me and very caring." Another person told us, "I feel they [staff] care. They seem to want to know about how I am feeling and whether I need any help."
- Staff knew the people they cared for well and spoke about them with empathy and respect.

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

- The provider encouraged people and their relatives to express their opinions about the care and support provided whenever they wished. People felt confident their views would be listened to and taken seriously.
- Annual care review meetings and periodic telephone reviews were organised with people and their relatives to discuss their care and how this could be changed or improved.
- The management team provided people with information on sources of independent support and advice where these were of potential interest or benefit to them.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff treated them with dignity and respect and spoke to them in a polite and professional manner.
- Staff described how they supported people's rights to privacy and dignity through their work. One staff member told us, "It's about treating people like adults, not children, protecting their modesty and checking they are comfortable during personal care."
- Staff's respect for people's privacy and dignity was checked as part of the regular unannounced spot checks completed with them.
- The provider had systems and procedures in place to protect people's personal information. At staff meetings, staff were reminded of the importance of maintaining confidentiality in their work.

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 and their relatives told us the care and support staff provided was shaped around their individual needs and preferences. The provider encouraged their involvement in care planning through, amongst other things, annual care review meetings. One person explained, "Somebody comes to see me from the office to ask if I'm alright and whether I need anything changed."
- People's care plans were individual to them and included information about their interests and what was most important to them to encourage a person-centred approach. Care plans were kept under review to ensure they remained effective.
- Staff told us people's care plans were easily accessible to them and that they read and followed these.

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.

- Guidance on people's individual communication needs was recorded in their care files to ensure staff understood and addressed these. People and their relatives confirmed staff communicated with them in a way they could understand.
- The provider had the facility to produce information in alternative accessible formats upon request from people or their relatives.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to raise any complaints or concerns about the service, and felt comfortable doing so. People's understanding of how to complain to the provider was checked during their annual care review meetings.
- One person described how a specific concern they had raised with the manager had been resolved to their satisfaction.
- The provider had a complaints procedure in place, designed to ensure complaints were recorded and responded to in a consistent manner.

End of life care and support

- Staff worked closely with community health and social care professionals, such as people's GP and the local district nursing team, to ensure people's end-of-life needs and wishes were identified and met.

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

- The provider monitored the attitudes and behaviour of staff through, for example, conducting regular unannounced spot checks with individual staff members and monitoring their use of the secure group messaging application.
- The management team encouraged open communication with people, their relatives and staff. One staff member explained, "It's a very open and comfortable working environment. We have broad freedom of speech."
- People and their relatives spoke positively about their dealings with the management team and office staff. One person described the management of the service as 'fabulous'. Another person told us, "If I ring up about anything, they [management] are always very helpful. [Branch manager] is wonderful and would sort out anything for me."
- Staff spoke about people's care and support with enthusiasm and felt valued by the provider. One staff member told us, "I love my job and making people's lives easier."
- Staff said they had the management support they needed to succeed in their job roles. They found the management team approachable and willing to listen to, and act on, any issues or concerns. One staff member told us, "[Branch manager] is supportive and nothing's ever a problem to her. I could go to her with absolutely anything; she's a very good listener." Another staff member said, "They [management] support me with any questions, queries or problems I have and sort these out for me."

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

- The management team understood the legal requirement for them to inform people, and relevant others, if they experienced harm as a result of the care and support provided.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

- Staff and management were clear what was expected of them at work.
- The management maintained a shared understanding of people's needs, risks and any quality performance issues through effective communication with one another and staff. Office staff meetings and general staff meetings were organised on a regular basis to share key information and updates.
- The provider conducted audits and checks to monitor the quality and safety of people's care and support. These included quarterly quality assurance audits by the registered manager focused on key aspects of the

service, unannounced staff spot checks and the ongoing monitoring of medicines records, incidents and any complaints.

- The management team kept themselves up to date with current legislation and best practice through, for example, attending further training and events organised by the local authority.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- The provider took steps to engage effectively with people, their relatives and staff and involve them in the service. This included the distribution of periodic feedback surveys to people and their relatives, and quarterly newsletters to people who used the service and staff.

- The provider's electronic care planning system enabled people's relatives to have up-to-date insights into their family members' day-to-day care, where people agreed to this.

- Staff worked collaboratively with community health and social care professionals to achieve positive outcomes for people. The community professionals we spoke with talked positively about their relationship with staff and management. One community professional told us, "I have had absolutely no concerns with them [provider]. I always get on with staff really well, including those who work in the office." Another community professional said, "They [staff] have always communicated well with us."