

Sunrise Day Care Services Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

Sunrise Day Care Services Ltd is a domiciliary care service that provides people with personal care and support. The service specialises in supporting older people from ethnic minorities living in the community. At the time of our inspection 11 people were using the service.

At our last inspection on 22 April 2015 the service was rated Good for four of the key questions and overall. They were rated 'Requires Improvement' for the key question 'Is the service effective?' At this inspection on 7 June 2017 we found there were two of the key questions requiring improvement.

Risks to people's health and safety were not sufficiently identified and robust risk management plans were not in place. Risks, specifically in relation to people's mobility, falls and pressure ulcers, had not been sufficiently mitigated.

Accurate and complete records were not maintained in regards to risk assessments and care plans. They had not been updated since people had been receiving care and were not always reflective of people's current care needs.

Staff were aware of their responsibility to safeguard people from harm and the processes to follow if they had concerns about people's safety. There were sufficient staff to meet people's needs and attend people's appointment at the scheduled time. Robust recruitment procedures remained in place. Staff checked people had taken their medicines.

Training was provided to staff to ensure they had the knowledge and skills to undertake their duties. However, accurate staff training records were not maintained. The registered manager told us they would improve their recording processes. Staff continued to adhere to the Mental Capacity Act 2005 (MCA) and provided any support people required with their health and nutritional needs.

There was consistency in the staff supporting people and they had built caring relationships with the people they supported. Staff were matched to people ensuring they spoke the same language and could meet people's communication needs. Staff respected people's choices and respected their privacy and dignity.

Staff were knowledgeable about the people's needs and continued to provide them with the level of support they required. Staff told us they maintained records of the support they provided through completion of daily log books, which were checked by the registered manager. A complaints process remained in place.

Staff felt well supported by the registered manager and able to have open and honest conversations with them. There were processes in place to obtain feedback from people about service provision. The registered manager undertook regular spot checks to review the quality of care delivery.

We found the provider was in breach of legal requirements relating to safe care and treatment and good

governance. You can see what action we have asked the provider to take at the back of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were not safe. Risks to people's health and safety had not been adequately assessed and managed. Appropriate records of people's medicines were not maintained.

There were sufficient staff to meet people's needs and provide them with care at the required time. Safe recruitment practices remained in place. Staff adhered to safeguarding procedures.

Requires Improvement ●

Is the service effective?

The service has improved from Requires Improvement to Good.

Good ●

Is the service caring?

The service remains Good.

Good ●

Is the service responsive?

The service remains Good.

Good ●

Is the service well-led?

Some aspects of the service were not well-led. Accurate and complete records were not maintained about people's care. Risk assessments and care plans were not regularly updated in line with changes in people's needs.

The same registered manager remained in post. Staff felt well supported by them. There were systems in place to obtain feedback from people and regular spot checks were undertaken on the quality of care delivery.

Requires Improvement ●

Sunrise Day Care Services 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 checked 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 8 June 2017 and was announced. The provider was given 72 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office. The inspection was carried out by an 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.

Before the inspection we reviewed the information we held about the service, including statutory notifications submitted about key events that occurred at the service. We also reviewed the information included in the 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.

During the inspection we spoke with five people using the service, one person's relative, four staff, including the registered manager and reviewed four people's care records and three staff records. We also reviewed records relating to the management of the service.

Is the service safe?

Our findings

One person told us, "I feel quite safe there. They communicate very well and I think my health has improved since being with them."

From people's care records we saw that a general risk assessment was undertaken at the time people started receiving support. However, these had not been updated in line with people's current needs and were not detailed or sufficient to manage the risks to people. For example, one person had a history of falls. Within their care records it stated they were to use a zimmer frame and staff were to provide assistance. A falls risk assessment had not been completed and a thorough falls prevention and management plan was not available. Another person was unable to mobilise independently. They required the support of two staff and a hoist to transfer. This person's risk assessment informed staff to use the hoist but did not include any further information about risks associated with their mobility. This person's care record did not include any information in regards to their skin integrity or the risk of pressure ulcers due to their reduced mobility.

The registered person has not adequately assessed or managed risks to people's health and safety. The provider was in breach of Regulation 12 of the HSCA 2008 (Regulated Activities) Regulations 2014.

Most people managed their own medicines or they were supported with medicines by their relatives. However, we saw in people's care records and heard from staff that they checked people had taken their medicines. People's care records did not state what medicines people were taking, when they should be taken and what dose. Therefore there was a risk that staff could not adequately check or prompt people to take their medicines. We spoke with the registered manager who said they would make sure more detailed information was recorded about people's medicines.

There continued to be sufficient staff to meet people's needs. People told us there was consistency in the staff that cared for them and staff turned up to visits on time and stayed the required length of time. The registered manager informed us regular staff were allocated to support individuals and had a set rota so they knew where they needed to be and when. This also enabled them to set up clear travel arrangements so they knew how long it took to travel between people's homes. As much as possible staff supported people who lived nearby to them to reduce travel times.

The provider continued to have robust recruitment procedures in place to ensure suitable staff were employed. This included ensuring people had the knowledge, skills and experience to undertake their role, as well as obtaining references from previous employers and undertaking criminal records checks.

Staff continued to safeguard people from harm. They were aware of signs of possible abuse and reported any concerns about a person's health or safety to the registered manager. The registered manager was aware of their responsibility to report safeguarding concerns to the local authority safeguarding team. Staff continued to receive training on safeguarding adults and the provider's safeguarding adults policy had been updated.

Is the service effective?

Our findings

Staff had the knowledge and skills to provide people with the support they required. All staff members had completed level two of the Qualifications and Credit Framework (QCF) in health and social care. In addition they had completed certified training on moving and handling and medicines awareness. We saw that staff's records did not contain any information about training completed since January 2016. The registered manager informed us they undertook in-house refresher training on health and safety, medicines management, fire awareness, moving and handling and recording every six months, and this was confirmed by the staff we spoke with. The registered manager told us no records were currently kept of the in-house training provided and they told us they would implement this to enable them to track staff's adherence with mandatory training.

Staff continued to receive regular support and supervision from the registered manager. The supervision sessions gave staff the opportunity to review their performance and reflect on the support provided to people. If the registered manager identified staff required additional support or had gaps in their knowledge additional training was provided.

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.

Staff continued to support people in line with the MCA and people consented to the care and support provided. Staff provided support in line with people's choices and preferences. Staff and people confirmed that in line with people's preferences family members were also involved in care decisions.

People confirmed that staff continued to support people who required it with their health and nutritional needs. Staff helped people with meal preparation and information was included in people's care records regarding their dietary requirements and foods they liked. Staff told us as they regularly supported the same people they were able to easily identify any changes in their health or behaviour that may indicate they were unwell. Staff said they liaised with people's family members and the person's GP if they had concerns about their health. Staff felt confident in calling an ambulance if they had significant concerns about a person's health.

Is the service caring?

Our findings

One person told us, "Yes, I trust them I've known them for over two years now. Same girl has come around for all this time." Another person said, "They treat me in a kind way they don't make me rush. They speak to me in Gujarati and treat me like family." A relative told us, "It is fantastic. They do take care of all her needs. We needed someone that could speak Urdu with her which they have provided and they take care of any other problems we may have."

The registered manager informed us they ensured consistency in the staff supporting people. Staff were allocated to support people based on their skills as well as the languages they spoke. The provider specialised in delivering a service to the South Asian community and as much as possible matched staff and people ensuring they spoke the same language so people's communication and cultural needs were met.

People confirmed they had developed relationships with the staff supporting them and this was due to the same staff providing them with support. This enabled staff to know people's preferences their interests and what was important to them. People confirmed that staff provided them with support in line with their preferences. People were encouraged to express their views and opinions and be actively involved in how their care was provided.

Staff continued to treat people with dignity and respected their privacy. Personal care was provided in the privacy of a person's home and in the privacy of their bedroom or bathroom. Staff were matched in line with people's cultural background and religious preferences, and this enabled staff to treat people with dignity in line with their individual needs.

Is the service responsive?

Our findings

One person said, "The carers are excellent and look after us really well." A relative told us, "I am really impressed with this service, they help us tremendously. They communicate fantastically. We have nothing to complain about." Another person told us, "I am satisfied with the support I get from them, the fact I can ask them to do anything and they will help me." A third person said, "They do meet my needs and they go above too. Things like make sure everything is done before they leave."

Staff continued to provide people with the care and support they required and people received personalised care. The staff we spoke with were knowledgeable about the people they were caring for and the level of support they required. This included any updates in people's care needs as their health and independence changed. People confirmed staff provided them with the support they needed.

Staff said they had sufficient time to undertake their duties and ensure all tasks were completed. They were clear about their responsibility to keep accurate records and told us they recorded all support provided. The daily log books were kept at the person's home and then archived off site and therefore we were not able to review the quality and completeness of these records. Nevertheless, the registered manager told us they reviewed the quality of these records during spot checks and prior to them being archived. They assured us adequate records were being maintained and the records showed staff were adhering to the set times for people's appointments.

One person told us, "They are very good, no complaints." A complaints process remained in place. People and their relatives told us they felt able to speak with staff including the registered manager if they had any concerns or complaints. The registered manager told us they would listen to and investigate any concerns raised. They also said there had not been any complaints made since our last inspection.

Is the service well-led?

Our findings

The registered manager remained in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Processes remained in place to monitor the quality of care people received. This included a programme of regular spot checks. These were unannounced. As part of these the registered manager checked staff were turning up on time and observed the quality of their interactions with people. The spot checks we saw showed no major concerns were raised and staff were providing good quality care. Where minor improvements were required these were addressed with the staff.

Nevertheless, the provider did not have robust systems in place to check the quality and completeness of care records. We saw care plans and risk assessments were not regularly reviewed nor were they updated in line with changes in people's needs. Care records were not sufficiently detailed to provide an accurate account of the level of support people required. For example in answer to questions about mobility, vision and hearing it was often an answer of either 'good' or 'poor' was recorded. There was no explanation to explain the answer or how to support the person.

The registered person had also not kept accurate records in regards to staff training so they were unable to track who had received updated training on key areas of service delivery.

Accurate and complete records were not maintained in regards to people's care and staff training. The provider was in breach of Regulation 17 of the HSCA 2008 (Regulated Activities) Regulations 2014.

A relative told us, "We have monthly meetings to discuss what is going on and he [registered manager] always asks if we are unhappy with something. So far everything has been good." One person said, "They are doing a grand job at the moment and they are always improving and they are always explaining what they are changing as they go along."

One staff member told us, "I like my job...I'm happy with my manager." Staff said they continued to feel supported by the registered manager and able to have open and honest conversations with them. They said the registered manager was accessible and available should they have any concerns or need any advice.

The registered manager welcomed feedback from people and their relatives to improve service provision. This included through the completion of an annual satisfaction survey. We viewed the findings from the latest survey which showed people rated the service they received as either 'very good' or 'excellent'.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered manager had not assessed the risks to people's safety and mitigated those risks. (12 (1) (2) (a) (b)).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have effective systems to ensure accurate, complete and contemporaneous records were maintained. (17 (1) (2) (c)).</p>