Sunrise Health Care Service UK Ltd

Havering Council

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

We carried out an announced inspection of Havering Council (Sunrise Healthcare Ltd) on 15 August 2018. This service is a domiciliary care agency. It provides personal care to people living in their own homes. This was the first inspection of the service since they registered with the Care Quality Commission (CQC) in October 2016.

Not everyone using Sunrise Healthcare receives regulated activity; the CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.
At the time of our inspection, the provider was providing a service to a limited number of people.

The service had a registered manager. 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 legal requirements in the Health and Social Care Act 2008 and the associated regulations on how the service is managed. The registered manager was not available on the day of the inspection.

Quality assurance systems were not fully effective to ensure the service was assessed and monitored to improve the service. Risks were identified but there was a lack of detailed information on how to mitigate risks to ensure people received safe care. We have made a recommendation for the provider to ensure risk assessments are more comprehensive and contain more detailed guidance for staff to follow, so that risks to people are reduced. Pre-employment checks had not been sufficiently carried out to ensure staff were fit and suitable to provide care and support to people safely.

Care plans detailed people's preferences, interests and support needs. Staff had good knowledge of the people they supported. However, we have made a recommendation about including more details in daily care records to ensure there was a more person-centred approach to care.

Staff were aware of how to identify abuse and knew who to report abuse to, both within the organisation and outside of the organisation.

Staff told us they had time to provide care and there were enough staff to support people. There were systems in place to reduce the risk and spread of infection. Staff were provided with personal protection equipment to ensure risks of infection were minimised when supporting people.

Staff had received training required to perform their roles effectively. People were cared for by staff who felt supported. Spot checks had been carried out to observe staff performance to ensure people received the required care and support. Staff felt supported in their roles. People's care and support needs were assessed regularly for effective outcomes. Staff could identify the signs people gave when they were not feeling well and knew who to report to.

The registered manager understood their responsibilities under the Mental Capacity Act 2005 (MCA) and staff sought the consent of people when providing support.

People had positive relationships with staff. They told us that staff were caring and their privacy and dignity were respected by staff. People were involved with making decisions about their care and were encouraged to support themselves where possible.

No complaints had been received since the service registered but people knew how to make complaints and staff were aware of how to manage complaints.

Staff told us the culture within the service was open and transparent. People and staff were positive about the management team. People's feedback was sought from visits and phone calls from the management team and there was a plan to further obtain people's feedback through questionnaires as the service expanded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. Recruitment procedures were not followed to ensure staff were safe to work with people.

Risks that had been identified did not contain sufficient information on how to mitigate risks when supporting people.

Staff were aware of safeguarding procedures and knew how to identify and report abuse.

Systems were in place to monitor staff attendance and punctuality.

There were systems in place to reduce the risk and spread of infection.

Is the service effective?

Good

The service was effective.

People's needs and choices were assessed to achieve effective outcomes.

Staff had received training to care for people and felt supported in their role.

Staff knew when people were unwell and who to report this to.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and asked people's consent to care.

Is the service caring?

Good

The service was caring.

People had a positive relationship with staff.

People's privacy and dignity was respected.

People were involved in making decisions on the care and support they received.

Is the service responsive?

Good

The service was responsive.

Care plans included information on how to support people. However, we have made a recommendation about care records.

Staff had a good understanding of people's needs and preferences.

A complaints procedure was in place and people knew how to raise concerns.

Is the service well-led?

Requires Improvement

The service was not always well-led. There were systems in place to monitor the quality of the service. However, we found they were not effective in monitoring the quality and safety of the service because risks to people were not sufficiently assessed.

Staff told us the management team were supportive and there was a positive culture in the service.

People were able to provide their feedback to the management team about their satisfaction with the service when the registered manager visited them.

Havering Council

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 15 August 2018 and was announced. We gave the provider seven days' notice, as we wanted to ensure that someone would be available to support us with the inspection. The inspection was undertaken by one inspector.

Before the inspection we reviewed relevant information that we had about the provider. We contacted commissioners the provider worked with to obtain feedback about the service. We checked a Provider Information Return (PIR) from the service. A PIR is a form that asks the provider to give some key information about the service, what it does well and any improvements they plan to make.

During the inspection we reviewed documents and records that related to people's care and the management of the service. We reviewed care plans, staff recruitment records and two staff files which included their training certificates. We looked at other documents held at the service such as health and safety and quality assurance records. We spoke to the director of the service, the registered manager and one staff member.

After the inspection we spoke to one person and one relative by telephone.

Requires Improvement

Is the service safe?

Our findings

There was a recruitment procedure in place. However, pre-employment checks were not always carried out in full, to ensure staff that were recruited were suitable to provide care and support people safely. We checked records of staff who were to provide support and care to people. Relevant pre-employment checks such as criminal record checks and proof of the person's identity had been carried out as part of the recruitment process. However, references for staff had not been obtained which were required under the provider's recruitment and selection policy. References give employers feedback from applicants' previous employers about their performance and reliability to ensure suitable people were recruited. The registered manager told us they had not managed to obtain them from referees and would pursue them. We were concerned there was a risk to people if staff that had not been fully vetted prior to commencing their roles to provide care in people's homes.

Assessments were carried out with people to identify risks. Risk assessments provided information and guidance for staff on how to keep people safe. There were brief assessments about people's health needs, mobility, visual impairments, continence and their home environment. The seriousness of the overall risk to people's personal safety was assessed on a scale of low to high. We noted that one person had a diabetic condition, suffered hypertension, had 'poor mobility' and used walking aids. Although the person was assessed as being at 'medium' risk, there was no detailed risk assessment for staff to follow should the person experience any difficulties with this. Risk management guidelines for staff relating to the person only included that, "staff should keep a close eye on [person] to avoid any falls or trips. Staff to contact next of kin, emergency services and care coordinator in an emergency." The registered manager told us that people's relatives were mostly responsible for people's care needs and only required the support of care staff. We were concerned that there was not sufficient information for staff to follow in the absence of the person's family members. For example, the registered manager told us and records showed the relatives may plan to go on holiday for some respite, which meant the staff member would have responsibility for supporting the person at home. Additionally, a new member of staff who did not know the person as well as the regular staff member, may not be completely aware of specific risks and what action to take to reduce the risks.

We recommend the provider looks at best practice guidance for assessing, reducing and managing risks.

People and relatives we spoke with told us they were safe when staff supported them. A person said, "Yes I am safe." The relative told us, "Oh definitely, my [family member] is safe. We know the carer very well because they were with our last agency and [carer] is excellent. My [family member] is very happy and feels safe."

Staff and the registered manager were aware of their responsibilities in relation to safeguarding people. Staff were able to explain what abuse is and who to report it to. They also understood how to whistle blow and knew they could report to outside organisations such as the Care Quality Commission (CQC) and the police. One staff member told us, "Abuse can be financial, verbal or neglectful. I have received training and know to report abuse to my manager and the safeguarding authority." Records showed that staff had been trained in

safeguarding people and there was a safeguarding and whistleblowing policy in place.

There had been no incidents since people started using the service. The registered manager and staff were aware of what actions to take if accidents or incidents occurred. There was an incidents form in place that could be used to record them. The registered manager told us that future incidents would be analysed and used to learn from lessons to ensure the risk of re-occurrence was minimised.

Staffing levels in the service were appropriate and people and relatives told us staff were reliable and punctual. One relative said, "Our carer is always on time. They stay the right length of time. Never had a problem." Staff were available to provide care if regular care staff were unable to attend their care visits due to leave or sickness. A staff member told us, "Yes I cover when needed and have been introduced to clients so they know who I am when I go there." The registered manager monitored care visits and tasks via timesheets, which staff completed. Timesheets and task records were signed by people or their relatives to confirm they came on time and completed the required tasks.

There were systems in place to reduce the risk and spread of infection. Staff had been trained on infection control. Staff told us they were supplied with personal protective equipment (PPE) such as gloves, aprons and sanitisers when supporting a person. They also told us they washed their hands thoroughly. This reduced the risk of infections spreading and cross contamination.

The management team told us the service did not support people with medicines as their family members supported them with this. This was confirmed by the person, relatives and staff. Staff had been trained in medicine management. There was a medicine policy in place, should the service support people with medicines in future.

Good

Is the service effective?

Our findings

People and relatives told us staff were knowledgeable of their care needs and had the skills and temperament to provide care and support. One relative said, "Yes excellent. They [staff] know exactly what they are doing. Very professional service."

Records showed that staff had received training and an induction that was required for them to perform their roles effectively and in accordance with the Care Certificate standards. The Care Certificate is a set of standards that health and social care workers stick to in their daily working life. Staff were trained in manual handling, fluids and nutrition, safeguarding adults, diabetes awareness, medicines, infection control, food hygiene, end of life care and first aid awareness. New staff shadowed existing staff to help them settle in and get to know people and relatives.

There was a supervision policy in place stating supervisions should be held four times a year. Supervision had yet to take place as all staff in the service were new and had been employed for less than two months. The registered manager told us that supervisions and annual appraisals would be held when due, to help assess the performance of staff and discuss any concerns they had. At the time of our inspection, the registered manager monitored staff by communicating with them daily to discuss any issues. They also carried out regular checks with people and relatives, by visiting and phoning them to ensure they were satisfied with the staff.

We checked if the provider followed the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We found staff had received training on the MCA. The registered manager and staff were able to tell us the principles of the MCA and how this should be applied for people living in their homes. One staff member said, "The MCA is about assessment the ability and awareness of a person to decide for themselves. We must not take advantage of a person and must seek their consent." We saw that people had capacity to consent to their care and they signed a consent form agreeing to the support provided by the service.

People were supported with nutrition and hydration to ensure their health was maintained. Staff provided them with meals such as lunch and tea. A relative said, "They provide [family member] with a sandwich, cup of tea and a microwave meal. It's very helpful to [family member]." Details of health professionals involved in people's care was recorded in their care plans. Staff told us they knew what action take in an emergency if a person became unwell, "I would call for medical assistance and let me manager know. I may call the police or an ambulance if needed." This meant that people were being supported to ensure they were in the best of health.

Pre-assessments were completed prior to people receiving support and care from the service. These

enabled the service to identify people's needs and requirements, which enabled the service to determine if they could support people effectively. Records showed that at the time of our inspection, there were no changes to people's needs because people were new to the service. The management team told us if there were any changes, the care plans would be updated and these changes would be communicated to staff.

Good

Is the service caring?

Our findings

People told us staff were caring. One person told us, "I really like my carer." A relative told us, "[Carer] is amazing. We would not want anyone else. Superb. We are very happy with the carer. They are very nice and we know them really well. We enjoy having them here. It makes us happy that [family member] gets looked after and we can all have a good chat."

Staff had positive relationships with people. A staff member told us, "The family is very nice and I get on well with them and the client." People had been included in making decisions about how best to support them. Care plans had been signed by the person's relative to evidence that the person and their relatives agreed with the contents of the care and support they received from the service.

Independence was encouraged and records showed, where possible, that staff should encourage people to support themselves. Staff told us they supported people to make choices in their day-to-day lives with personal hygiene and care. A care record stated that staff were to support a person 'to increase their independence and daily living skills and increase their confidence." A staff member said, "I would always encourage and promote independence when supporting a client."

Staff ensured people's privacy and dignity were respected where people required support with maintaining their personal care needs or required prompting to do this from staff. One person told us, "Staff are polite and respect my privacy." A staff member told us, "I respect privacy by asking for their consent. If there is personal care, I would make sure the doors are closed. We must show respect, be friendly, compassionate and supportive. When I give care, I try to be kind and gentle."

Staff understood that personal information should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting their dignity. We saw that confidential information such as people's care plans and records were stored securely.

People were protected from discrimination. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against because of their race, gender, age and sexual status and all people were treated equally. People's religious and cultural beliefs were recorded on their care plan. People and relatives told us they had no concerns about the way staff conducted themselves and spoke to them.

Good

Is the service responsive?

Our findings

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their support needs, which enabled them to understand people's requirements. One person told us, "Carer knows me and I know them. They know what I need."

People had an individual care plan, which contained information about the support they needed from staff and a description of people's current health requirements. Staff told us that care plans were helpful. There was a profile for personal information, their personal care needs, communication needs, social interests and any religious or cultural preferences. Care plans detailed the support people would require and included details of people's family members and any health and social care professionals. These plans provided staff with information so they could respond to people positively and in accordance with their needs.

However, daily records, which recorded information about what support was provided by staff, were limited in detail and not personalised according to the wishes of the person. For example, they only stated that 'lunch' or 'tea' was provided to a person but there was no further information. It was not clear from the care plans what type of food the person enjoyed eating or drinking. Although providing meals was the main task for the staff there were no details on what these meals consisted of and whether the person was happy with them or how they were feeling. This type of information would help staff and management monitor the person's nutritional intake and their general wellbeing. The information would also enable staff to communicate with each other between shifts about the person's general health and inform them if a particular person should be closely monitored. It would help staff respond to any changing needs if further details in the daily records were included.

We recommend the provider looks at best practice guidance on completing daily care or task records to ensure a fully person-centred approach to care and support.

Organisations that provide NHS or adult social care must follow the Accessible Information Standard (AIS) by law. The aim of the AIS is to make sure that people that receive care have information made available to them that they can access and understand. The information will tell them how to keep themselves safe and how to report any issues of concern or raise a complaint. Care plans included how people communicated and people told us they had no concerns on how staff communicated with them.

Records showed that no formal complaints had been received by the service. People and relatives told us they had no concerns about the service but knew how to complain if they did. There was a complaints policy in place. The director and staff were aware of how to manage complaints. A relative said, "I have their number and will speak to the manager if I was unhappy."

Requires Improvement

Is the service well-led?

Our findings

The management team told us they had only recently started to provide support to people at the time of our inspection, despite being registered with us for nearly two years. We found that further work was needed to ensure the service was fully compliant with Health and Social Care regulations.

Quality assurance systems were not yet fully effective in the service. At the time of our inspection, people had only recently begun to receive a package of care. However, we were concerned that care plans did not contain sufficient information about risks to people. Risks to people were assessed but risk management strategies were not effective for staff to fully support people and ensure all risks were mitigated against. The governance systems at the service had failed to highlight these areas of concern.

Furthermore, staff had not been recruited safely and in accordance with the provider's recruitment procedures. People and relatives told us they had no concerns about staff that visited them because they were familiar with staff. However, two staff members who were assessed as being trained to provide care in people's homes, did not have adequate references from previous employers or other people who knew them. This meant people could receive care from people who had not been fully screened by the provider to ensure they were safe. This could put people at risk of harm or put them at risk of receiving an unreliable service. This meant quality assurance systems were not fully effective to ensure the service was assessed and monitored to improve the service. Further improvements were required in the service to ensure it was compliant with Health and Social Care regulations.

The registered manager told us staff meetings were held regularly but we did not see any records of these. They told us they would record these in future as the service grew. Meetings would help staff discuss any issues and any areas for improvement as a team, to ensure people received a good service. The director and registered manager assured us that they were keen to develop and improve the service as it expanded.

People and relatives were positive about the registered manager and the service they received. A relative told us, "I think Sunrise Healthcare have been very professional so far. I have no problems. The service is good. I have met the manager and they are very quick to solve any issues. They call me back straight away." Staff told us that they enjoyed working for the service. They felt supported in their role and there was an open culture, where they could raise concerns and felt this would be addressed promptly. One staff member told us, "We work as a team. We work well together and I feel involved. The registered manager gives me responsibility." The registered manager told us, "I am committed to help developing the service and caring for people. We have worked very hard to promote ourselves. We want to learn, get more experience and improve all the time." The registered manager carried out checks on staff and audited care records to ensure they were completed correctly.

The director told us as that they had a plan to grow the business and provide care to more people through referrals. They said, "We have been registered for two years. It has taken a long time for us to get clients but we have carried on because we have confidence in our service and aim to provide support to more people."

People's feedback was sought through telephone calls. At the time of our inspection, there was a very limited service and the provider had yet to analyse feedback. The management team told us that as the service expanded, feedback would be analysed from people to ensure there was a culture of continuous improvement and people always received good quality care.