

Sunrise Day Care Services Ltd

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Inspection report

New Horizon Centre
South Lodge Avenue
Pollards Hill
Surrey
CR4 1LT

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 22 April 2015 and was announced.

Sunrise day care services is a domiciliary care service that provides personal care for people with personal care and support needs. There were 13 people using the service when we visited. The service specialises in supporting older people from ethnic minorities living in the community with their families and who use the associated day care centre.

The service had a registered manager who was also a director of the company that owned the service. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Summary of findings

Care workers had not received updated training in areas of their work identified as essential by the provider. They had also not received regular or documented supervision required for them to carry out their role and responsibilities effectively. When we discussed this with the registered manager, they agreed and started making arrangements for care workers to receive training and regular supervision. This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of the report.

People and their relatives told us they felt safe with the service they received at home. There were arrangements in place to help safeguard people from the risk of abuse. The provider had appropriate policies and procedures in place to inform people who used the service, their relatives and staff about how to report suspected abuse.

People had risk assessments and risk management plans to reduce the likelihood of harm. Staff knew how to use the information to keep people safe.

The registered manager ensured there were safe recruitment practices to help protect people from the risks of being cared for by staff assessed to be unfit or unsuitable.

People were involved in planning their care and their views were sought when decisions needed to be made about how they were cared for. The service involved them in discussions about any changes that needed to be made to keep them safe and promote their wellbeing.

Care workers respected people's privacy and treated them with respect and dignity.

People indicated that they felt that the service responded to their needs and individual preferences. Care workers supported people according to their personalised care plans, including supporting them to access community-based activities.

The provider encouraged people to raise any concerns they had and responded to them in a timely manner. People were aware of the complaints policy.

People gave positive feedback about the management of the service. The registered manager and the care workers were approachable and fully engaged with providing good quality care for people who used the service. The provider had systems in place to continually monitor the quality of the service and people were asked for their opinions via feedback surveys. Action plans were developed where required to address areas for improvements.

Summary of findings

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. People told us they felt safe with the service. There were robust safeguarding and whistleblowing procedures in place and care workers understood these and what abuse was and knew how to report it. There were enough care workers to care for and support people. Recruitment checks were completed on new care workers.

Risks were identified and appropriate steps taken by staff to keep people safe and minimise the hazards they might face. Management consistently monitored incidents and accidents to make sure people received safe care.

Good



Is the service effective?

The service was not always effective. We found that improvements were needed in the training, development and support offered, so that staff had the knowledge and skills required to support the needs of people.

Care workers had not received updated training or structured supervision as required. The registered manager and care workers understood their responsibilities in relation to mental capacity and consent issues. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were able to make decisions about the care and support they received and were asked for their consent.

People received the support they needed to maintain good health. Care workers worked well with health and social care professionals where necessary to meet people's needs. Care workers knew how to support people to eat a healthy diet which took account of their preferences and nutritional needs.

Requires improvement



Is the service caring?

The service was caring. People told us that care workers were caring and supportive and always respected their privacy and dignity.

Care workers were aware of what mattered to people and ensured their needs were met. People were fully involved in making decisions about the care and support they received. People were supported to be independent by care workers.

Care workers respected the confidentiality of people using the service.

Good



Summary of findings

Is the service responsive?

The service was responsive. The support people received was personalised and focussed on their individual needs and wishes. People's needs were assessed and care plans developed to address their needs. They were developed and reviewed together with their involvement.

People had enough opportunities to participate in meaningful social activities that reflected their age and interests.

There were systems in place to deal with complaints. People felt comfortable talking to care workers or to the registered manager if they had a concern and were confident it would be addressed.

Good



Is the service well-led?

The service was well led. People spoke positively about the registered manager and how they ran this domiciliary care service in an inclusive and transparent way.

The views of people and their relatives were welcomed and valued by the registered manager. They were used to make changes and improvements to the service where these were needed.

The provider regularly monitored the care, facilities and support people using the service received.

Good



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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 22 April 2015 and was announced. It was carried out by a single inspector.

Before the inspection we reviewed the information we held about the service. We reviewed information about the service such as notifications they are required to submit to the CQC.

We gathered information by speaking with three people who use the service, the registered manager and two staff members. We looked at five people's care records and four staff records and reviewed records related to the management of the service.

After our visit we contacted four relatives of people who use the service to find out what they thought about the service being provided to people.

Is the service safe?

Our findings

The service took appropriate steps to protect people from abuse and neglect. We asked people who used the service and their relatives if they found the service provided by Sunrise Day Care Services to be safe. All the people confirmed they felt safe. Some of the comments we received were: “I am happy with the service. I feel safe”, and “The care workers help me to get ready in the morning to go to the day centre. I couldn’t manage without this help. It makes me feel safer.” A relative said to us about the service, “Yes I’m happy with the service and more importantly so is my mother. The lady who comes to help mother knows what’s needed and she is a great help.”

The registered manager had attended a safeguarding adult’s course. It was clear from comments we received from the registered manager and care workers that they knew what constituted adult abuse and neglect. They were able to describe the signs that would indicate someone may be at risk of abuse and the action they would take if they had any concerns that people were being abused or neglected.

The provider identified and managed risks appropriately. Care plans we looked at contained risk assessments that identified hazards people and care workers might face. This provided clear guidance for care workers as to how they should support people to manage the risks and keep them safe. It was evident from discussions we had with care workers that they knew what the risks people might face and how to manage the risks. Two care workers gave us good examples of providing personal care for people and the moving and handling practices they used when supporting people to shower.

The service managed accidents and incidents appropriately. We saw care workers had appropriately maintained records of any accidents and incidents involving people who used the service. We saw risk assessments were reviewed and had been updated where any accidents and incidents had occurred. This ensured

that care plans and associated risk assessments remained current and relevant to the needs of the individual. One care worker gave us a good example of how they had recently amended an individual’s care plan to ensure it accurately reflected their changing mobility needs and how they should support this person to minimise the risk of them falling and injuring themselves.

The registered manager said that the agency provided a service for 13 people and had seven care workers who were responsible for the delivery of personal care to these people in their own homes. The records we saw confirmed this and we saw that wherever possible the registered manager endeavoured to deploy the same care workers to support people. This was to provide continuity for people and consistency in the care provided. We were told that this might sometimes change due to annual leave, sickness or when they had moved on to new jobs. However people told us they had enjoyed consistency in the care they received and were always informed if ever there was a change in their care worker. The registered manager told us that the agency had sufficient capacity to meet the needs of the people using the service and based on the evidence we saw, we can confirm this to be true.

The registered manager had developed an effective recruitment and selection policy and procedure that we saw provided consistency with the recruitment processes. In all the files we looked at we found that there were application forms; interview records; a health assessment; references; disclosure and barring service checks and proofs of identity including photographs. All the care workers files we reviewed provided evidence that the registered manager had completed the necessary checks before people were deployed to work with vulnerable adults. This helped protect people against the risks of unsuitable staff.

The registered manager told us that care workers did not administer medicines to the people they supported in their own homes. Relatives confirmed this with us when we spoke with them.

Is the service effective?

Our findings

People and their relatives expressed positive views about the effectiveness of the service. All the people we spoke with said they were pleased with the support they or their relatives received. One relative said, "Our care worker is excellent and such a good help to us." Another relative said, "The care my mother receives at home is very good, they do all that has been agreed."

Notwithstanding the above we had some concerns about the supervision and professional training and development of care workers. The registered manager told us that care workers had received induction training that included training in all the essential areas of their work. Care workers told us their induction training had been useful and they confirmed that it included training in health and safety, safeguarding adults, manual handling and other areas essential to their work. We saw certificated evidence of care workers induction training. However care workers had not received any subsequent training arranged by the service to help them to continue to carry out their jobs effectively. We raised this with the registered manager who acknowledged the need to provide further training for care workers to help to ensure they continued to improve their professional development.

The registered manager told us that additional training for care workers was planned for this summer as he had recognised people benefit from care workers who have improved and developed their skills and competency levels. The registered manager said he would now ensure further training was booked and arranged this summer for all care workers and we saw written evidence of this. As an example we saw safeguarding adults refresher training had been booked for careworkers. Two care workers confirmed with us that they had not been supported with additional training since their induction. They informed us that the registered manager had arranged training for them this summer.

The registered manager told us all care workers received regular informal supervisions and appraisals. We asked about the frequency of these meetings and were told this could mean weekly if the need existed. Staff supervision is an opportunity for staff to talk with their line manager about their developmental needs and any issues that

affected the way they do their work. Whilst the registered manager was clear that these supervisions needed to be carried out we were told these meetings were informal and no records had been kept.

The registered manager showed us some records to do with spot checks relating to care workers' competency carried out through observation by them and the use of a checklist to record whether basic competencies were met. We noted that in all the spot checks records we looked at, care workers were found to be competent in all their work.

Two care workers told us they did not receive formal supervision but confirmed they had informal meetings with the registered manager when they needed to and in the office however these discussions were not recorded. The registered manager confirmed this and he was unable to evidence that meetings with staff for their supervision had occurred. These meetings are important as they provide staff with the opportunity to talk about the work they do with people and any training and development needs they may have themselves. The registered manager agreed this needed to be improved immediately and set in place on the day of this inspection a formal programme of supervision for care workers. The registered manager told us that all care workers would now receive supervision every four to six weeks alternating between a formal meeting in the office and an unannounced spot check of their work supporting people in their homes.

This lack of training and supervision for staff meant that the provider was in breach Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were able to make decisions about the care and support they received and were asked for their consent. It was clear from speaking with people and their relatives that they were actively involved in making decisions about their care and support needs. Records showed that people were involved in making decisions about their care and support and their consent was sought and documented. Care workers displayed a good understanding of how and why consent must be sought to make decisions about specific aspects of their care and support.

People were helped to get access to healthcare as required. Where people were found to have a medical or health problem the service advised them or their relatives who to

Is the service effective?

seek help from. The registered manager told us that none of the people lived alone and so it was their relatives who contacted health care professionals if necessary on their behalf.

Risks which related to people having enough to eat and drink and having fresh food where the service was responsible had been reviewed and recorded. One person who needed help to ensure they ate a balanced diet was being supported by the service to eat. The care workers

worked with family members and used the daily care notes to provide this support and monitoring. Two other people were supported to have enough to eat and drink and the service also ensured that shopping for food was done. The care plans included specific instructions about this, including information about the shopping arrangements and prompts for care staff to monitor the freshness of food and to dispose of out of date food.

Is the service caring?

Our findings

People were supported by caring staff. People spoke positively about their care workers and typically described them as “kind and caring”. This view was endorsed by the relatives of people who we spoke with. Comments we received included, “I like the carer who helps me, they are very caring and helpful”, “It’s really good, the care worker is always pleasant and helpful” and “my mother wouldn’t be able to do without that support and care, they do everything that’s asked of them, no problems.”

Throughout our inspection we observed that the relationships between care workers and people who used the service was friendly and relaxed. Care workers talked with us about the people they supported in their homes with respect, warmth and compassion. People we spoke with looked at ease and comfortable in the presence of care workers.

People’s privacy and dignity was respected. People said their care workers respected their wishes and relatives confirmed this. Care workers told us they knew how the people they supported liked to receive their personal care and what their preferences were for other aspects of their support, as for example with their choice of meals and food. We saw that care plans contained good assessment information that helped care workers understand what people’s preferences were and how they wanted their personal care to be provided for them.

People were supported to maintain relationships with their families and friends. A relative told us, “We work during the day and our family member would not be able to live at home without this support. That has helped us all keep good relationships.” Another person said, “I like to do as much as possible for myself, with this help I can and that helps me get on with my family because I don’t have to rely on them so much. This also helps me to be more independent.”

Relatives of people told us the registered manager and care workers responded quickly to their requests for assistance. One person said, “I know I can call the office 24/7 if there’s ever a problem and staff will always respond quickly if I call them.” A care worker said, “I always ask people if there’s anything else they need me to do for them over and above what’s on the care plan.”

The service respects the confidentiality of people using the service. People told us that their care workers did not share information about them inappropriately with other people and thereby respected their confidentiality. Care workers confirmed this with us. We saw files containing personal information about people and care workers was securely stored away in lockable filing cabinets in the office, which was kept locked when it was not in use.

Is the service responsive?

Our findings

People were involved in discussions about their care. One person told us they and their relatives were central to the needs assessment and risk assessment that was carried out by the registered manager when they first contacted the service. The registered manager confirmed that before a person received a service, they carried out an assessment of their abilities and needs. We were told this was used to develop personalised care plans for each person using the service.

Care plans we looked at reflected people's needs, abilities, preferences and goals and the level of support they should receive from care workers to stay safe and have their needs met. Care plans also included people's daily routines and how they liked to spend their time, food preferences, social activities they enjoyed, social relationships that were important to them and how they could stay healthy, well and safe. It was clear from discussions we had with care workers that they were familiar with people's life histories and preferences. For example one care worker we spoke with was able to tell us about the routine one of the people they supported liked every morning, what they had done when they worked and what their favourite food was. Another care worker knew about the religious wishes of one of the people they supported and how their prayer routine was important to them every day.

The service took account of people's changing needs. People and their relatives told us they were encouraged to be involved in reviewing their care plan. One person said, "Yes I have a care plan and yes it has been reviewed with me." A relative said, "We are invited to the reviews of my relative's care plan. We contribute to the reviews as they

[family member] live with us." We saw care plans had been regularly updated to reflect any changes in people's needs which helped to ensure they remained accurate and current.

We saw people's wishes and preferences were respected in relation to the personal care and support being provided. It was clear from discussions we had with people they could decide what time they got up, when they went to bed, what they wore and what they did during the day. We saw people were dressed appropriately. Another person told us if they did not want to attend their day centre they did not have to and they could decide to stay at home. Care workers told us that people were encouraged to make their own choices and to express their preferences for what activities they wanted to do and that this was important for people in helping them to maintain their independence. The registered manager told us that people were able to decide how they chose to spend their time and they would be supported with their decisions by care workers.

The service responded to complaints appropriately. People told us they were given a copy of the complaints procedure when the service started. People also felt comfortable raising any issues or concerns they might have with the registered manager or other staff. One relative told us, "I have no complaints about the service but if I did I know the manager would listen to what I had to say and get something sorted out for us." We were provided with a copy of the complaints procedure and we saw that it clearly outlined how people could make a complaint and the process for dealing with this. We noted all complaints received by the provider were logged by the registered provider and the actions taken to resolve them had been well documented.

Is the service well-led?

Our findings

We asked people who used the service and their relatives if they found the service was well managed. Comments we received included: “We are very happy with the service. We have never had any concerns with it”; “I’m happy with it and more importantly she’s happy with it”; “It’s really good, they understand her and her special requirements to do with her religion, her language and her personal care needs.”

It was clear from discussions we had with care workers they felt the service had an effective management structure in place. Two care workers told us they “enjoyed the work because we work as a team”, and “the manager has done well to help us and support us with what we do, so we enjoy it.”

The registered manager ensured there was an open and transparent culture in which people and their relatives could share their views, experiences and ideas about how the service could be improved. People told us the care workers provided good levels of support and were “always ready to do that little bit more for them” and that they were able to share their views about the care and support they received with their care worker. Relatives also told us they were invited to share their views about the domiciliary care as part of the services’ annual satisfaction survey. The registered manager showed us the result of the satisfaction survey that was sent out to people and their relatives last year. It was clear from the feedback information received, people were happy with the standard of care they and their relatives received. The registered manager told us that another survey was planned again to be sent out in May this year. We were shown a copy of it and we could see that topics included questions on the quality of care being provided by care workers and by the office. The manager said an analysis of the feedback would be made so that any improvements could be implemented.

Care workers were asked for their views about the service. They told us they were involved in assessing the quality of their service and often discussed aspects of the service in their team meetings with the registered manager and other care workers. One care worker told us they thought team meetings were useful because they provided them with a chance to discuss what they did well as well as what could be improved. Care workers seemed confident the services’ management listened to what they had to say and would always take seriously any concerns they might raise with them about the service. One care worker said, “The manager is always here, they know the service really well, they know the people really well and they are always available to give us the support and advice we need.”

The service had good governance systems in place to assess, monitor and improve the quality and safety of the service people received. We saw quality assurance records that indicated the registered manager regularly undertook internal audits of the service’s working practices. This include the “spot checks” carried out to monitor care workers actually providing care and support to people, care plans and care plan reviews, needs and risk assessments and performance reviews or annual care workers appraisals. We saw where any issues had been found an action plan had been developed and implemented that set out what was needed to be done to improve the service.

The registered provider demonstrated a good understanding and awareness of their role and responsibilities particularly with regard to CQC registration requirements and their legal obligation to notify us about important events that affect the people using the service, including serious injuries, incidents involving the police, applications to deprive someone of their liberty and allegations of abuse. It was evident from CQC records we looked at that the service had notified us in a timely manner about all the incidents and events that had affected the health and welfare of people using the service. A notification form provides details about important events which the service is required to send us by law.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing People were not protected against the risks associated with the unsafe care and support as staff had not received all the necessary training and support to ensure they had all the necessary skills and competencies to carry out their role and responsibilities appropriately.