

Sunnyside House Limited

Sunnyside HomeCare

Inspection report

77-79 High Street
Aveley
South Ockendon
RM15 4AX

Tel: 07856411561
Website: www.sunnysidehouse.co.uk

Date of inspection visit:
31 December 2021

Date of publication:
31 January 2022

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

Sunnyside Home Care is a domiciliary care agency registered to provide personal care to people living in their own homes. 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 inspection, the service was providing personal care and support to 6 people.

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

People and relatives spoke positively about staff and felt safe in their care. The registered manager had a clear vision to support people to live in their own homes with dignity, independence and control over their own lives. Staff had aligned themselves with this vision and a positive culture had been formed. All staff completed a comprehensive induction which also embedded the services vision and Points of Culture (essential workforce attributes to achieve a positive culture).

The registered manager valued continuous learning and development at all levels and supported staff to complete additional qualifications in health and social care. Staff had received safeguarding training and knew how to act on any concerns.

Staff had confidence in their own knowledge and skills, speaking highly of the training provided to them. Staff had been recruited safely following completion of relevant checks. Prescribed medicine was administered by trained staff whose competence was assessed regularly through spot checks and supervisions. Staff were provided appropriate personal protective equipment (PPE) which they used effectively to prevent the spread of infection.

People's needs and choices were comprehensively assessed and reviewed. Care planning records detailed specific guidance to ensure individualised care could be provided safely. Risks had been identified and were managed by appropriate assessments. People's nutritional needs were supported effectively, where required. People were also referred to professionals and supported to access healthcare.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and their relatives consistently told us staff were kind, patient and respectful. Staff told us they were given the time they needed to care for people safely, with respect. People and relatives were impressed with communication from the service. The registered manager had plans in place to improve communication further with technology.

The registered manager advised they have plans to improve End of Life care plans as currently there is limited information in people's records. Information about how to complain was provided to people and

formal processes were in place when required.

Staff promoted independence by taking time to talk and understand what people needed support with, which enabled people to feel in control and remain as independent as possible. Electronic care records reflected this and were detailed in order for staff to support people effectively. Management and staff were very responsive to people's requests. Formal feedback processes to gather and analyse data from staff and people were being developed, with the intent to improve care quality.

Although there were systems in place to monitor the safety and quality of the service provided, these systems and processes were still being modified and developed by the registered manager and support team. It needs to be demonstrated going forward that developments made are embedded and sustained. Nevertheless, the service had management team objectives in place and was keen to drive improvements to quality assurance processes with the aim to maintain high quality care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 02/11/2020 and this is the first inspection.

Why we inspected

This was a planned inspection because the service had not been inspected or rated.

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 was well-led.

Details are in our well-Led findings below.

Sunnyside HomeCare

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 service was inspected by one inspector.

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 a short period notice of the inspection because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 20 December 2021 and ended on 10 January 2022. We visited the office location on 31 Dec 2021.

What we did before the inspection

We reviewed information we had received about the service since it registered with CQC and sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with four people and two relatives of people who use the service about their experiences of the care provided. We received feedback from four members of staff and spoke with the registered manager, deputy manager and managers deputy.

We reviewed a range of records. This included four people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. (ensure there is a full stop at the end of the sentence)

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were trained in safeguarding and were able to identify and report concerns when required. One staff member told us, "Safeguarding is ensuring anyone I care for is free from harm and abuse and that I am ensuring their safety by reporting any concerns I have."
- People and their relatives consistently told us they felt safe when visited and supported by staff.
- One relative told us, "My mind can be at rest because I know [person] is safe and that [person] feels safe with them."
- The registered manager understood their legal responsibilities to protect people and share important information with the local authority and CQC. There were no open safeguarding incidents at the time of our inspection.

Assessing risk, safety monitoring and management

- The registered manager and staff anticipated and managed risks to people that used the service. Detailed interventions were recorded to inform staff how to support people with identified risks.
- The workforce as a whole understood it was the responsibility of everyone to manage risks. Staff used systems in place and communicated well to support people together.
- Staff managed behaviour that challenged them in a positive way to protect people's dignity and rights. One relative told us, "[Person] can be hard work but they are a wonderful service and all pamper [person] like family."

Staffing and recruitment

- The registered manager discussed the challenges faced recruiting staff and maintaining staffing levels during the pandemic. They told us, "It has been very difficult, but the managers deputy has been appointed the task to focus on recruitment. We are actively searching for genuine people that want to provide quality care, who we can retain and support to develop along their own learning pathway."
- Care and support was provided to people safely by staff that had the right skills and knowledge.
- Recruitment processes ensured relevant safety measures including references and Disclosure and Barring Service (DBS) checks were in place before staff could provide care to people. The DBS helps employers make safer recruitment decisions so only suitable people are employed to work with those who are vulnerable.

Using medicines safely

- Staff worked effectively as part of a multi-disciplinary team sharing the responsibility for giving people

their medicines safely. A pharmacist told us, "[Registered manager] leads a team of competent and diligent staff. We have found that we are able to work effectively and efficiently in making sure people get their medication on time and in a safe and effective manner."

- Staff received medicine training and told us their competency was assessed through regular observation and spot checks. One member of staff told us, "I administer medicines and I do feel confident performing my role because apart from the online training, we also have supervisions on it, as well as face to face training. I have had my competency assessed twice as well."
- Staff administered medicines for some people and others had their own arrangements to manage their medicines. The electronic care records did not allow care staff to 'log out' of a call until they had confirmed they had given people their medicines where necessary.
- People received their medicines as prescribed. We saw how a need had been identified by one member of staff, the deputy manager had updated medication records and alerted the workforce effectively to support the changes.

Preventing and controlling infection

- Staff were trained in safe infection prevention and control.
- Care workers told us they were provided with personal protective equipment (PPE) which was replenished whenever required.
- One person told us, "Yes, they always wear their protective equipment." Another person said, "They are so good at helping me clean, the queen could come and have tea."

Learning lessons when things go wrong

- Management responded quickly and openly to any issues people had. We saw lessons were learnt and communicated to support improvement. The deputy manager told us, "If a person raises an issue we speak with staff and discuss our expectations; people are our priority and they come first."
- The registered manager had systems in place to learn lessons following incidents. Although there was limited data available due to the amount of time the service had been providing care, the registered manager and management team were aware of the need to analyse any data trends to improve care provided to people.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- Comprehensive assessments of people's needs and choices were carried out before they began using the service.
- One relative told us, "We had a pre-assessment with [deputy manager] – they looked round the house to make sure it was safe for staff and spoke about [persons] routine, they understand what [person] needs. [Deputy manager] had booked in a later call time initially but changed it for the better. Two calls were joined together so [person] now has two-hour visit. Staff arrive, do dinner and everything else and then help [person] to bed when [person] likes to go to bed."
- The deputy manager told us, "Understanding people's needs is essential. We assess people initially within 48 hours of the request. Within the first week we identify their true needs and wanted outcomes with them to create an accurate care and support plan."

Staff support: induction, training, skills and experience

- The induction process ensured the services values and 'Points of Culture' were embedded into the entire workforce to maintain a positive culture.
- The deputy manager told us, "After each induction process is complete, I have a meeting with each new recruit and ask them what they want to improve on or develop. We hold workshops to refresh knowledge and staff can see all training available to them even if it's not allocated to them."
- Staff applied their learning in line with best practice, leading to good outcomes. One staff member told us, "The training is second to none, everything I need to know I have been taught and everything that is nice to know I have been taught, I feel so confident."

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

- Staff supported people to eat and drink to maintain their health and wellbeing, where required.
- One person told us, "I buy food and [staff] cook it for me. I drink quite a bit, I have to because of medication I take, so [staff] make sure my water is topped up when they come." Another person said, "They make all my meals for me – no problems at all."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager spoke about the importance of accommodating people's assessed needs. They said, "We never cut visits short, unless asked. People's care shouldn't be rushed, people deserve to receive what they pay for. We audit call times and durations to make sure people are receiving their full time."
- The service had clear systems and processes for referring people to external services. A relative told us,

"They [staff] have spoken to me and told me they are going to arrange a reassessment of [person's] needs." Another relative told us, "One carer spotted [person] had a urinary tract infection – they [staff] contacted the GP and the prescription was sent to pharmacy. All I had to do was pick it up."

- We saw referrals had been made to support improvement to people's lives.

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

- The registered manager understood their responsibilities under the Act. They told us no one using the service at the time of our inspection lacked capacity to make their own decisions about how they lived their daily lives.
- People and their representatives agreed with their care plans and signed to confirm they were happy to receive care and treatment.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- The service ensured people were always treated with kindness. The registered manager told us, that "...simple courtesy, politeness and respect are crucial."
- People and relatives consistently reported they were supported by staff who showed respect in their homes. One relative told us, "Everyone who visits [person] are so kind and respectful."
- People's relationships with staff were positive and they felt like staff really cared. One relative told us, "They [staff] are all so lovely they go above and beyond for us." One person said, "They [staff] are kind, and supportive. I feel safe with them and they understand me and my moods, [staff] are very patient and kind."
- One staff member told us, "I am most proud of the way we as a team have worked together to integrate a new very nervous person that didn't want carers going into them at first and now [person] is very happy for us to care for them and we have all built up a little bond with [person]."

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

- Staff understood when people needed help from their families and others when making decisions about their care.
- The registered manager told us how staff worked effectively with other agencies supporting one person to maintain their independence and ensured their preferences were listened to and respected.
- One relative told us, "Managers are nice, easy to contact and they contact me if they need to tell me anything." Another relative told us, "[Person] had a fall and they [staff] called me to let me know what they were doing to sort it all out. They [staff] are so reliable – they call me if anything is wrong and make sure I'm involved in the review of [persons] care."
- The systems and technology in place ensured staff had the information and support they needed to provide care and support in a person-centred way.

Respecting and promoting people's privacy, dignity and independence

- People received consistent, timely care from familiar staff who understood their needs. One relative told us, "They [staff] have really made a difference to all our lives. I can go and visit my mum and just be her daughter now and talk to her about the kids." Another relative told us, "One thing I really appreciate is the fact that ALL the staff are on the same page, I don't need to worry about having to explain everything more than once as everyone has already been briefed."
- Staff understood how to treat people with dignity and respect. A staff member told us, "I have found myself using a lot of what I have learnt to ensure the dignity and safety of people is maintained no matter what."
- Another staff member said, "We support people to have choices and be independent, but we are there in

the background to show support, help and encouragement when it's needed. But most of all to be available to just have a cuppa and a chat!"

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- It was clear from the detail within people's care records they and/or relevant people had been consulted about exactly what needs, and preferences were expected to be met. In turn people felt in control which promoted independence. One person said, "They do all the daily tasks I need help with, I can't do things quickly so it makes my life easier and it means I can make it to my appointments on time."
- One staff member told us, "I have completed on-line training and some topics we learn are specific to the needs of people." The registered manager told us how workshops were held for staff to ensure their knowledge was current, in order to meet people's needs and choices.
- Staff used electronic care records to guide people's personalised care. The electronic system facilitated secure passing of information so care workers and management would be notified of any changes to care provision.
- One care worker told us, "It's brilliant - at a glance you can see all information as the day progresses. We log in using a password when we arrive at a person's address and log out when their session is finished."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care records contained any communication needs which were ascertained during initial assessments.
- The registered manager told us leaflets and websites were provided to people as a way to access information and large print formats could be made available.
- Communication was viewed by the workforce as a fundamental attribute when providing care. People's and relatives feedback reflected this. One person said, "Very good communication, they [staff] are flexible, if I need a later time, they will make it happen." Another person said, "Communication is excellent – they [staff] will let me know if someone else is coming in or will be a little late."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to avoid social isolation. For example, the manager's deputy told us, "One person contacted us distressed as they wanted to cancel their visits; they had tested positive for COVID-19 and didn't want to put anyone at risk. I contacted all the staff individually to reassure them and reiterate all the necessary precautions we needed to take so we could still support the person and stop them feeling alone

through their isolation."

Improving care quality in response to complaints or concerns

- People were informed of how to raise a concern or complaint about their care.
- The provider had a complaints policy and procedure in place. We were not able to assess the effectiveness of the policy because there hadn't been any formal complaints made to the service.
- One person told us, "I'd tell them [staff] if I had a complaint, but I don't."

End of life care and support

- Limited information was recorded within people's care records regarding their wishes for end of life care.
- The registered manager advised they planned to improve End of Life care plans. They planned to consider current guidance to ensure enough information is gained and documented in people's care plans to allow care workers to support a comfortable, dignified and pain-free death at the end of life.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- Systems and processes were still being embedded due to the service only being registered in 2020, throughout which time there were the added pressures of the pandemic. Despite this people and staff say the service is consistently well led.
- The registered manager had clear visions and told us the service has been built upon their 'Points of Culture', which are attributes identified as necessary to provide the best care, some of which are communication, teamwork, accountability and integrity.
- The deputy manager added, "It's our aim to give staff the opportunity to feel valued and proud of their contribution to the team. We have plans going forward to help staff develop their knowledge further so they can champion specialised areas."
- The workforce had positively aligned themselves with this progressive culture. One staff member said, "Sunnyside Home Care is not just for the people, they are also great with the workers, I believe team work is a badge we carry here righteously and I am very proud to work with this company."
- Other staff members said, "It's well managed, the management work very hard." And, "The service is well managed, they are a fantastic bunch that work tirelessly to help and improve, so we can provide the best possible care for people and us."

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

- Systems were in place to investigate and feedback on incidents, accidents and complaints. These systems had not yet been tested by formal complaints or incidents.
- The registered manager understood the duty of candour and their duty to be open and honest about any incident which caused or placed people at risk of harm.

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

- Management team objectives were in place and the service was keen to drive improvements to quality assurance processes with the aim to maintain high quality care.
- The progression of a member of staff's pathway to compliance officer was underway. This had been identified as necessary by the registered manager to ensure further implementation and maintenance of effective governance systems. Thereby increasing oversight of quality assurance.
- The provider was very supportive and involved in the development of staff and the service. The registered

manager said, "There is trust in our relationship and they are very supportive to drive personal and organisational improvements."

- The registered manager and provider were aware of their responsibility to inform CQC about notifiable incidents in line with the Health and Social Care Act 2008.

Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a strong focus on continuous learning at all levels in the organisation. We saw minutes from staff meetings detailing discussions between staff and management about service improvements and best practice. Formal feedback processes were being developed.
- Staff were involved in contributing to service improvements. One staff member told us how it had been identified improvements could be made regarding organising people's appointments and that management were researching appropriate software to enable improvements.
- The service defined quality from the perspective of the people using it. The registered manager told us they had identified a way to improve transparency and efficiency of communication between staff and people/relatives.
- People and management told us there were no paper care plans in people's houses. Staff worked solely and directly from electronic care plans and all communication with people was verbal. As a result plans were underway to provide people and/or relatives access to their daily online care records, along with the ability to make comments, thereby being fully aware and involved in the care.

Working in partnership with others

- The service is transparent, collaborative and open with all external stakeholders.
- The registered manager told us how they had developed good relations with local authorities, "They have been so helpful through the pandemic and are quick to respond to any queries we have. We work well together to provide the best care for people."