

Sunrise Day Care Services Ltd

# Sunrise Day Care Services Ltd

## Inspection report

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Date of inspection visit:  
16 April 2019

Date of publication:  
28 May 2019

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

About the service: Sunrise Day Care Services Ltd is a domiciliary care agency and registered for 'personal care'. This service provides personal care to people living in their own houses and flats. At the time of this inspection 10 people were using the service.

People's experience of using this service:

- Risks to people's health and safety were not always identified and assessed to ensure safe care delivery for people. Care records did not reflect people's current support needs. The provider did not have effective systems in place to monitor the quality of the services provided for people, including accuracy of care records. This was a repeated breach of Regulation 17 of the HSCA 2008 (Regulated Activities) Regulations 2014.
- Staff's understanding about safeguarding and the Mental Capacity Act 2005 (MCA) was limited and some of the training refresher courses had not been delivered since 2015. This was a repeated breach of Regulation 18 of the HSCA 2008 (Regulated Activities) Regulations 2014.
- Staff were required to undertake checks before they were employed by the service. However, records were not always available to support the employment decision, but the registered manager agreed to address this as necessary.
- The registered manager was not fully aware of all the statutory notifications they had to submit to CQC. We will check their knowledge at our next comprehensive inspection.
- Staff followed the provider's procedures to support people if they noticed them being at risk of harm or when incidents and accidents took place. There were no allegations of abuse or incidents and accidents that had taken place since the last inspection.
- Staff were trained and had access to policies and procedures for infection control.
- People had assistance to prepare their meals according to their culture and choices.
- Staff understood their responsibility to contact healthcare services should they noticed people's health needs rapidly deteriorating.
- The MCA principles were understood and applied in practice by the registered manager as necessary.
- People told us they were well treated, and that staff kindly attended to their care needs.
- Staff supported people to enhance their independence and express their choices where possible.
- People were encouraged and provided feedback about the services they received which was positive and they had no complaints.
- People felt that the management team was approachable and responded well if they wanted to make changes to their care delivery.
- Family members were involved and supported people to make important decisions about their care.
- Staff received the necessary guidance to perform in their role well and made decisions about the service delivery.

Rating at last inspection:

- The service was previously inspected on 22 May 2018 and was overall rated Requires Improvement, with Requires Improvement in safe, effective and well-led. We found two breaches of the Regulations in relation

to good governance and staffing.

Why we inspected:

Enforcement:

- Full information about CQC's regulatory response to the more serious concerns found in inspections and appeals is added to reports after any representations and appeals have been concluded.
- This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

- We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspection will be planned in line with our re-inspection programme. If any concerning information is received, we may inspect the service sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 not always safe

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective

Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

Details are in our Well-Led findings below.

**Inadequate** ●

# Sunrise Day Care Services Ltd

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Notice of inspection and inspection team:

- The inspection was carried out by one inspector.
- We gave the service 48 hours' notice of the inspection visit because we needed to be sure that the registered manager would be available on the day of inspection.

Service and service type:

- This service is a home care agency. They provide care and support to people living in their own houses and flats.
- The service provides personal care to older people who may be living with dementia and have a physical disability.
- Some people supported by Sunrise Day Care Services Ltd did not receive a regulated activity from the service. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care', which includes 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, 10 adults were receiving support with personal care from this service.
- Sunrise Day Care Services Ltd is a specialist service offering assistance and support to ethnic minority groups in Merton. Whilst the inspection was to cover support in the people's own home, the organisation also offered people day centre services.
- 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.

What we did:

- Before the inspection, we looked at information we held about the service, including previous inspection reports and notifications they had made to us about important events. Notifications are information about important events which the service is required to tell us about by law.
- During the inspection, we spoke with two people and one relative asking for their feedback about the service delivery. We also spoke with three staff members working for the service.
- We visited the agency office on 16 April 2019 and spoke with the registered manager and the administrator. We reviewed three people's care records, four staff files, training and medicine records and other relevant documents relating to the service.
- After our inspection, we contacted healthcare professionals for their feedback about the service delivery, but they did not respond.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

RI: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- At the inspections, carried out on 7 June 2017 and 22 May 2018, we found that the provider had not taken all the necessary actions to assess risks to people to ensure they were protected from the risk of injury and harm.
- At this inspection we found that risk management plans were not sufficiently updated to address people's care needs. People's risk assessments had not identified individual risks to people in relation to their mobility, nutrition and daily activities. Information was not available on how to mitigate the potential risks to people to ensure their safety, including guidance for staff on the assistance people required with moving and handling. This meant that staff were not provided with accurate information about people's care needs to ensure safe care delivery.
- There were no environmental risk assessments carried out to ensure people's and staff's safety in people's homes, including fire safety.
- We discussed these concerns with the registered manager who told us they took actions to improve people's risk assessments and that they had not realised that people's risk management plans continued lacking information.

This was a repeated breach of Regulation 17 of the HSCA 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- People told us that staff attended their visits on time, with one person saying, "Timing is brilliant. I had the same [staff] for years."
- Systems were in place to help the registered manager to check staff's suitability for the role. The registered manager told us that staff had to complete a job application form, attend an interview, provide two references, one personal and one in a professional capacity, and carry out a criminal record check before they started working with people.
- However, some recruitment files lacked relevant information, including interview notes and the second reference. The registered manager told us they carried out all the necessary checks before they employed staff, which staff confirmed, but that they could not find these records at the time of inspection. The registered manager reassured us that going forward all relevant information about the staff members will be carefully stored should they require to address their performance on the job.

Systems and processes to safeguard people from the risk of abuse

- People told us that staff looked after them well, with one person saying, "Honestly, staff are very good, they care about me. I do not have any concerns."
- Systems were in place for taking the necessary action if a safeguarding concern was received. Staff had

access to policies and procedures to ensure they recorded and reported any allegations of abuse appropriately.

- The registered manager told us they worked in partnership with a local authority to investigate any safeguarding concerns received and to prevent the incidents recurring.
- There were no safeguarding concerns received since the last inspection.

#### Using medicines safely

- At the time of inspection, the service did not support people to manage their medicines. The registered manager told us they had policies and procedures in place for staff to follow should people required assistance to take their medicines safely.
- Records showed that staff received training in medicines management in preparation to assist people with their medicines should they needed such support. One staff member told us, "We need to make sure that we give medication to clients only if it comes from the right places such as being prescribed by the doctor or pharmacy."

#### Preventing and controlling infection

- Staff told us they used appropriate clothing to protect people from cross contamination, including gloves and aprons when supporting with personal care. One staff member told us, "We make sure we dispose [of waste] correctly to avoid the risk of infection."
- Staff had access to policies and procedures for infection control to ensure they supported people safely.

#### Learning lessons when things go wrong

- Staff were provided with a policy and were required to complete an incident form if they witnessed an incident or accident taking place. This information was passed on to the registered manager who ensured that all the necessary actions were taken to protect people, including reporting the incidents to other agencies such as the local authority and Care Quality Commission where appropriate.
- There were no incidents or accidents reported since the last inspection.

# 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

RI: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience

- Staff received support through regular supervision and appraisal meetings. Records showed that staff used supervision meetings to discuss their developmental needs, including areas they required to improve on such as their communication with people. Staff also had an appraisal meeting facilitated annually to evaluate their work for the year and set development goals for the coming year.
- At our last inspection, we found that staff were not provided with the training courses necessary for their role. At this inspection we saw that staff were required to complete a work book which was checked and certified by the registered training provider. This included training in safeguarding, health and safety, equality and diversity, nutrition, mental health, learning disability, Mental Capacity Act 2005 (MCA) and infection control.
- Although staff were provided with the MCA and safeguarding training courses, we found their knowledge was limited in these areas. All three staff that we spoke to could not tell us what the MCA was about but when prompted, they provided us with examples how they supported people to make everyday choices related to their care. Staff told us that any concerns they had were reported to the registered manager, however, two out of three staff could not tell us what types of abuse they should look out for.
- At our last inspection, we also saw that staff last completed manual handling and first aid training courses in 2015. This time the registered manager told us that staff were booked to complete these courses at the end of April 2019. However, this meant that since our last inspection the provider had not taken timely action to ensure they provided staff with the required level of knowledge for their role.

This was a repeated breach of Regulation 18 of the HSCA 2008 (Regulated Activities) Regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager told us they talked to people to gather personal information about them and that where people consented, they involved family members to support people to plan their care. This information was then passed onto the staff members to ensure they met people's preferences and choices.
- Systems were in place to ensure good communication between the staff team. An electronic system was used to share information. This included staff having access to the provider's policies and procedures at any time they needed it.

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

- People told us that staff prepared meals according to their choices, with one person saying, "I tell what I want to eat and [staff] make it."
- Staff provided us with examples of how they supported people with their meal preparations, with one staff

member saying, "I take into account clients' backgrounds when I prepare food for them. I cook what they like, and I know what they like as they had told me."

Supporting people to live healthier lives, access healthcare services and support

Staff working with other agencies to provide consistent, effective, timely care

- Staff were aware of the actions they had to take should people's health needs rapidly deteriorated, including calling emergency services for guidance and support.
- The registered manager told us they had not supported people to book or attend their medical appointments as this was provided to them by their family members. The staff team were prepared to assist people to attend to their health needs should they require this support.

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 with appropriate legal authority. In community services that application must be made through the Court of Protection.

We checked whether the service was working within the principles of the MCA.

- Staff had access to the provider's policy should they require to adhere to the principles of the MCA.
- At the time of our inspection, the service did not support any people who did not have capacity to understand and make decisions. However, they had systems in place to support people should the need arise. The registered manager understood the principles of the MCA and told us that if a person's capacity was doubted, they would work in partnership with the local authority aiming to carry out a mental capacity assessment, followed by the best interest decision.

# 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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us that staff were caring and kind. One person said, "[Staff] are very nice, they are good to me." A relative told us, "Staff are very good and sociable."
- Staff were aware of people's cultural and religious needs. They provided us with examples of how they supported people to dress according to their culture and prepare meals based on their religious beliefs. A staff member said, "We treat people as they are and not according to their age or health conditions." Staff were aware of religious celebrations that were important to people and provided support accordingly to meet their needs.

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

- Staff understood their responsibility to enhance people's choices. Staff's comments included, "I respect client's choices. Sometimes they want a shower and sometimes a bath and I help them to do what they want" and "We fulfil people's wishes as this is our duty."
- The registered manager told us that where a person requested to be supported by a female staff member, their individual preferences were adhered to with respect. People confirmed they were provided with support according to their preferences.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff attended to their personal care with respect, with one person saying, "[Staff] respect me, staff are good."
- Staff said they respected people's privacy and that they closed room doors when supporting people with personal care. One staff member told us, "I ask the family to leave the room before I help the client to get ready for a bath."
- Staff understood their responsibility to promote people's independence where possible. One staff member told us, "I allow clients to do as much as they can for themselves but where needed I supervise as sometimes they need little help."
- Confidentiality principles were applied to ensure that personal information about people was only shared on a need to know basis. Staff used passwords to access people's electronic care records. People's care plans were kept in a lockable cabinet and only authorised staff had access to personal information about people.

## Is the service responsive?

### Our findings

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

RI: People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The provider was compliant with the Accessible Information Standard (AIS). AIS is a law which aims to make sure people with a disability are given information they can understand, and the communication support they need. The registered manager told us that staff spoke to people in their preferred language which in most instances wasn't English. People confirmed they had support from the staff who knew their first language and therefore they could express themselves well. We saw a staff member helping a person to communicate with others by translating their conversation because the person found it difficult to express themselves in English language.
- At our last inspection, we found that people's care plans did not always reflect people's individual care needs and the support they required with daily activities. At this inspection we saw some improvement made in this area. Information was available on how people wanted to be cared for, including guidance for staff regarding people's daily routines and the assistance they required to attend to their personal care such as support with changing their clothes and preparation of meals.
- However, people's care plans had not always identified people's health conditions, communication, nutritional and mobility needs which meant that staff were not provided with guidance to ensure safe care delivery for people. Care plans continued lacking information related to people's cultural and religious needs and their end of life wishes.

The above issues demonstrated that the provider had failed to update people's care records in a timely manner. This represents a breach of Regulation 17 of the HSCA 2008 (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns

- People told us their concerns were addressed appropriately when needed, with one person saying that the registered manager had listened and provided them with a different staff member when they requested this. A relative said, "If we had issues with the staff, I would talk to the manager in first instance and then the council if needed. Nothing like this had happened as we do not have complaints."
- Systems were in place for recording and monitoring any complaints received which helped to ensure that the necessary action was taken to address the concerns raised. There were no formal complaints received since the last inspection.
- People and their relatives were regularly asked to express their views about the service delivery. Questionnaires were sent out for feedback should people want to express their views anonymously. The registered manager told us they analysed results individually and that any improvement required was addressed immediately with the staff team, for example where it was noted staff being late for their shifts.

End of life care and support

- Since the service's registration with the CQC, they had not provided end of life care. The registered

manager told us they would provide such services should they receive a referral.

- Staff had access to the provider policy for the end of life care which guided them regarding the assistance people required at the end stages of their lives.

# 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

RI: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Continuous learning and improving care

- At our last inspection, we found that quality assurance processes were not in place to monitor the quality provision at the service. At this inspection, we saw that some systems were in place to monitor staff's performance. The registered manager had regularly evaluated staff's performance on the job through direct observations and obtaining feedback from people.
- However, there were no quality assurance processes in place to review the quality of people's care records and to identify improvements required. The registered manager told us that people's care records were updated by them if there was a change in people's care needs. As we already noted, care records did not always reflect people's current care needs and this was already noted at our previous inspection report. This meant that the registered manager had failed to take appropriate action to monitor and update people's care records.
- After our last inspection, we asked the provider to send us an action plan telling us how they would meet the regulations. According to our findings, sufficient action was not taken to meet the proposed actions to ensure safe care delivery.

This was a repeated breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People told us the registered manager was "a very good person" and available to speak to when they needed support.
- The service worked closely with the relatives to ensure effective care delivery for people. The registered manager said, "We do not have barriers with the families as we know them very well. If changes are needed, we talk to them and take actions as needed."

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

- There were shared responsibilities within the organisation. The staff members were aware of their role and responsibility to raise concerns should they have any. The registered manager was providing on-call service for the staff team should they require guidance and support outside office hours.
- We saw the previous CQC inspection's ratings being displayed on the premises as required by law.
- However, the registered manager was only aware of death and safeguarding related statutory notifications

that they had to submit to CQC. We asked the registered manager to update their knowledge to ensure they sent us all the necessary statutory notifications in good time. We will check their progress at our next comprehensive inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff said they had good working relationships with the registered manager. Their comments included, "The [registered] manager is very co-operative. Whenever we have issues, we get help" and "We have a good relationship with the [registered] manager who does regular checks and makes sure everything is fine."
- Staff contributed to care delivery and expressed their views to drive improvements at the service. Regular staff meetings were facilitated to engage staff in developing the service and to discuss good practice related to confidentiality and people's rights.

Working in partnership with others

- The registered manager told us they used external providers, including the CQC, for information and updates in the social care sector.
- The registered manager had also completed on-line sessions for providers which were aimed to update them about the changes taking place in legislation.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Care records had not reflected people's current support needs and risks to people's safety were not identified.</p> <p>The provider did not have robust systems in place to check the quality and accuracy of people's care records.</p> <p>Regulation 17 (1), (2)(a), (b) and (3)(b)</p>

### The enforcement action we took:

WN

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staff were not always provided with the required training courses for their role.</p> <p>Regulation 18(2)(a)</p>

### The enforcement action we took:

WN