

Upward Care Limited

Sunhaven

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

About the service

Sunhaven is a housing with care facility. Not everyone who used the service received personal care. 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. Sunhaven has 36 apartments where people live. At the time of our visit 19 people living in the apartments received care calls to support them with personal care. Others lived independently and did not require support.

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

Arrangements for managing infection control were in place but some improvement was needed to ensure this was managed safely consistently. People had risk management plans in place to support staff in managing risks associated with people's care. Sometimes these lacked detail, to ensure potential risks were managed effectively. Staff supported people with their medicines where needed. However, medicine procedures were not always reflective of good practice guidance. People told us they felt safe living at Sunhaven and spoke positively of the staff that supported them. There were sufficient staff to provide the number of care calls people needed and people felt staff were responsive to their needs. Arrangements were in place to ensure staff were recruited safely and to ensure they completed essential training so they could support people in a safe way. Staff knew how to recognise potential abuse and how to respond to this.

People's needs were assessed prior to them receiving care and support calls, and information in care plans, helped staff to support people in accordance with their needs. However, information in some care plans was not clear to support staff in meeting people's needs effectively. 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 confirmed staff sought their consent before providing support. People were supported with food and drinks during care calls if this had been agreed. A cafeteria within the premises enabled people to access meal deliveries where they could not access this, due to the Covid-19 pandemic.

People said staff were caring. Staff knew people well, so they knew how to provide care and support in ways people preferred. People were supported to access healthcare professionals if needed. Staff understood the importance of respecting people's privacy, dignity and individuality and aimed to support people to be as independent as possible.

The provider had quality monitoring systems to check people received safe care and support. However, systems failed to provide sufficient oversight of the service to ensure risks were always identified and managed. Records were not always sufficient to demonstrate potential risks would be identified and acted upon.

People were happy living at Sunhaven and knew of the complaints process should they have any concerns about the service. Staff spoke positively of working at the service and of the support they received.

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 14/10/2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the registration date of the provider.

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? The service was not always safe.	Requires Improvement ●
Is the service effective? The service was effective.	Good ●
Is the service caring? The service was caring.	Good ●
Is the service responsive? The service was responsive.	Good ●
Is the service well-led? The service was not always well led.	Requires Improvement ●

Sunhaven

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 inspection team consisted of four inspectors. Two inspectors visited the service and two inspectors worked remotely. One inspector gathered information from the registered manager via email and both inspectors working remotely contacted people and staff by telephone to discuss their experiences of the service.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

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

Our inspection was announced. We gave the service 48 hours' notice of our visit because the service was inspected during the coronavirus pandemic and we wanted to be sure we were informed of the service's coronavirus risk assessment for visiting healthcare professionals before we entered the building. We also needed to check the availability of the registered manager.

What we did before the inspection

We reviewed the information we had received about the service since it became registered with us. We also

reviewed records we had requested from the registered manager prior to our visit. We used this information to plan our inspection.

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.

During the inspection

We spoke with seven people and a relative who used the service about their experience of the care and support provided. We spoke with nine staff including the operations director, registered manager, safeguarding and training lead, and care staff.

We reviewed a range of records. This included three people's care records, complaints, accidents and incidents, safeguarding, training, staff recruitment and medicine records. We looked at a variety of records relating to the management of the service including policies and procedures, and quality monitoring records.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant 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

- People's care needs were assessed to identify any potential risks related to their care and people were able to agree the arrangements for support they may require. However, some risk management plans contained conflicting or limited information to ensure people's needs were met effectively. For example, one person's care records identified them to be diabetic but other care information stated they were not. This information was shared with the registered manager to enable information to be reviewed.
- Another person had a catheter (a tube from the bladder to drain urine) to support their continence needs but did not have a clear plan detailing potential risks and signs to check whether they may be developing an infection. This meant there was a risk staff may not identify and manage risks effectively. However, at the time of our visit, the person was able to alert staff to any concerns or discomfort. A district nurse was also involved in supporting this person's catheter care.
- Where people were at risk of weight loss, food and fluid records had been implemented for staff to record and monitor food offered and food consumed. However, records did not clearly show what people had consumed to demonstrate people had received sufficient to maintain their health.

Learning lessons when things go wrong

- Systems to monitor areas of risk and learn from incidents were not always sufficiently robust. For example, staff recorded accidents and incidents, but it was not always clear, what action had been taken to minimise the risks of a future reoccurrence.
- The registered manager told us staff would be subject to further training where we had identified areas of potential risk.

Using medicines safely

- Arrangements in place for medicine management were not always clear to ensure medicines were managed safely. Some people were prompted to take their own medicines and others had their medicines administered by staff.
- A medicine administration record for one person listed medicines including prescribed creams to be administered "as directed". The person's medicine care plan did not list the creams or provide clear information about how they should be used on the body.
- Staff had received training on medicine management and were observed by management staff to check they were competent to administer them. However, we saw one person's medicines in the medicine pot, two hours after it had been 'administered' by staff. This was not safe practice. The registered manager said this would be followed up with staff as appropriate.
- People told us they received support with their medicines at the times they required them.

Preventing and controlling infection

- Arrangements were in place to protect people from the risk of infection, but an improvement in temperature check monitoring was identified. Visitors and staff had their temperatures checked upon arrival and anyone with a fever was not allowed entry. However, where checks had resulted in low body temperatures being recorded, these had not been investigated. For example, to check the temperature probe was working correctly which is essential in mitigating risk.
- Care staff received training in infection control and were provided with appropriate protective clothing to prevent the spread of infection.
- The provider had a system to inform staff when there were changes to the infection control guidance. Since the start of the COVID-19 pandemic, regular reviews of the guidance had taken place, and this had been shared with staff so they could continue to protect people and themselves from the risk of cross infection.
- Hand sanitiser, hand soap and paper towels were in communal bathrooms to limit the spread of cross infection.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at Sunhaven. One person told us, "I feel very safe...I've never not felt safe." Another said, "They (staff) always talk to me properly like an adult. They treat me like a friend ... I feel very well loved here."
- Staff had completed safeguarding training and understood their responsibilities to report any concerns to management. One told us, "Abuse can be anything physical, mental, negligence, financial. I understand that, and I understand the whistle blowing policy (where employees may report suspected misconduct, illegal acts or failure to act) to report it."
- The safeguarding and training lead manager followed up safeguarding concerns. They told us of two recent incidents they had investigated regarding allegations of poor practice. The registered manager had followed the reporting procedure for safeguarding concerns which included notifying the local authority and us (CQC).
- People had access to emergency alarm pendants or watches with push buttons to alert staff they needed assistance. People told us staff responded within a reasonable time.

Staffing and recruitment

- People told us staff completed calls to their homes at the times they expected, and staff let them know if they were going to be delayed due to an emergency.
- The provider employed enough care staff to safely meet people's needs.
- Safe recruitment processes were followed to check staff were of good character and suitable to look after 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

- People told us they were involved in everyday decisions about how their care and support was managed and had agreed to the care calls they received.
- The provider assessed people's needs before they started using the service. Information from the assessment was used to create plans of care for staff to follow to help ensure people's needs were met.
- Assessments included information about people's care needs, life histories, individual preferences, life style choices, and considered the protected characteristics under the Equality Act 2010. This helped to ensure staff met people's needs effectively.

Staff support: induction, training, skills and experience

- Staff completed essential training to ensure they had the skills to care for people safely. Management staff observed care staff to check their competence and understanding of training completed.
- The safeguarding and training lead manager was reviewing staff training arrangements due to the challenges of maintaining social distancing in any face to face training and the need prevent the risk of potential spread of infection.
- Improvements needed regarding staff practice were identified by the provider and training courses planned to re-educate staff where needed. For example, training in the importance of good record keeping.

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

- Staff supported people with meals or drinks as required during pre-agreed care calls at specific times of the day. There was a cafeteria people could use that prepared meals each day. However, at the time of our inspection, staff were supporting people with delivering meals due to COVID-19 restrictions.

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

- People received support from staff to access healthcare professionals if, and when, needed. One person told us, "I sometimes phone for an appointment myself or my daughter will do it for me. If I need any extra (support), the care staff will help."
- Staff monitored people's health and knew to report any concerns to the registered manager, such as, signs of illness. This ensured where appropriate, arrangements could be made for the person to access the healthcare support needed.
- COVID-19 restrictions meant staff were unable to accompany people to hospital if they needed emergency care. Paramedics were provided with a "health passport", a document that contained details of the person's care needs to help maintain continuity of their care.

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 service worked within the principles of the MCA. The registered manager had assessed if people had capacity to make decisions for themselves. The registered manager understood their responsibilities under the Act, should they identify concerns about a person's capacity.
- People using the service made daily decisions for themselves, or if appropriate, with the support from relatives and staff.
- People told us when staff completed care calls, they explained what personal care they wanted to carry out and sought their consent. One person told us, "Yes they do (ask if can provide care) because I like to know what they are going to do beforehand."

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

- People spoke positively about staff and described them as caring. One person told us, "I've never met a bad carer here yet. They are all very good." A relative told us, "They are all very politethey're all friendly. I think they know mum's needs well."
- People's individual preferences regarding the gender of staff who supported them had been identified, but requests had not always been met. For example, one person requested a male care staff member provide their personal care, but this had not happened. The registered manager told us action would be taken to address this where possible.
- Staff explained how they were caring towards people. One told us, "I think I treat them in the way that I would want to be treated when I'm older. Sometimes it's the small things, just taking time to get to know them and have a chat. [Name] gets down, when they are feeling down, I will sit with them. [Name] likes just having someone who will listen."

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

- People told us they made day to day decisions about their care and staff respected people's right to decline support if that was their wish.
- People were involved in periodic reviews of their care to ensure the support provided continued to meet their needs.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected and maintained. One staff member told us, "We always knock on the door, announce our names. We ensure blinds are closed for personal care and ask family to move to another room. I cover them with a towel, so they are not exposed and try to maintain dignity by only uncovering one area at a time."
- Staff knew how to support people to retain their independence.

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; 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 made daily living choices about how they spent their day. They spoke of being 'happy' about the care and support they received.
- Each person who received support had a care plan in their apartment that provided staff with information about how to support people in ways they preferred.
- People had their own telephones so they could keep in regular contact with their families and maintain relationships with people important to them.
- Staff organised social events for people when this was possible to support people's wellbeing.

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.

- The registered manager recognised some people may not understand some forms of communication and advised information was shared with people in ways they could understand.
- There was the facility for written communications with people to be produced in large print if needed. The registered manager confirmed large print was used when producing information for people such as newsletters and COVID-19 updates.
- At the time of our visit, people were able to communicate verbally or had family members living with them who could communicate on their behalf.

Improving care quality in response to complaints or concerns

- A complaints policy was in place and people knew who to share concerns with if they were dissatisfied.
- Complaints received had been investigated. One person told us when they had raised a concern, it had been managed effectively and they were satisfied with the outcome. However, arrangements for recording complaints did not allow for provider oversight of all complaints received to minimise any potential reoccurring themes.

End of life care and support

- At the time of our inspection no-one receiving a service was at the end stage of life. Some people's care plans contained information about their end of life wishes.

- Staff had completed training on end of life care and had previously cared for people at the end stage of life. One staff member told us, "One resident wanted certain music to be played as they passed away and for a certain carer to be with them because they didn't have any family, this did happen."
- 'ReSPECT' forms, which indicated a person's wishes in the event of a life limiting condition, were seen in some files to help ensure health professionals respected people's wishes.

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 Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; 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

- The provider's systems and processes to monitor, review and continually improve the quality and safety of the service provided were not always effective.
- Reviews of care and supplementary records had not identified the shortfalls we found in people's care and risk management plans, food and fluid monitoring records.
- The provider did not have an effective process to show, what quality audits and checks had been completed, what areas for improvement had been identified, and the actions taken. For example, there was no evidence of audits of care plan quality, daily records, medicines and call monitoring to identify potential areas of improvement. We found most of one person's care calls in December 2020 had not been completed for the correct duration with no reason why this might be.
- The provider's systems for checking staff followed medicine procedures were not consistently effective to ensure people's medicines were managed safely.
- The provider had not identified that records of temperatures taken from staff and visitors contained low recordings that did not appear to be correct. The providers policy for disposal of those records had also not been followed as we saw records dated August 2020.
- The provider's system for managing complaints focussed on the individual person and their records but did not include collective oversight of complaints received. Oversight was important to enable patterns and trends to be identified and learning to be achieved to prevent reoccurrence.
- A monthly falls analysis failed to document all incidents. For example, incident analysis for November 2020 recorded no incidents but we identified three incidents. We could not be confident all incidents were known and analysed and so that lessons were learned.
- The provider was aware that it was their legal responsibility to notify CQC of any allegations of abuse, serious injuries or any serious events that may stop the running of the service and be open and transparent to people should something go wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- The provider had considered people's equality characteristics and people told us staff engaged with them when providing care to ensure this was person centred.

- Staff told us they treated each person as an individual. One told us, "We help them to follow their beliefs and choices. We try to encourage people to follow their own beliefs and meet with their own community but with lockdown this has been difficult."
- Meetings with people who used the service and staff usually took place to share information about the service and seek opinions. However, COVID-19 had impacted on these regularly taking place.
- The provider completed regular 'tenants' and 'staff' surveys to check the quality of the service provided. Feedback included positive comments such as, "Since [Name] came, staff have been amazing.", "Our manager is fantastic", "All staff and managers are great and work as a team" and "It is brilliant working here."
- Several thankyou cards had been received by the service. Typical comments were "Thank you for all your help and support."
- Some people spoke of difficulty accessing the registered manager. One told us, "She's got a tough task of keeping everyone happy, but it has been difficult to access her. We used to see her every day/week now it might be once a month or more." However, at the time of our visit, there were restrictions on face to face contact due to the COVID-19 pandemic.

Working in partnership with others

- The provider worked in partnership with other professionals such as local authorities and health care professionals to ensure people experienced positive outcomes in relation to their care.