

Sunbird Care Ltd

Sunbird Care - East Croydon

Inspection report

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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:

Sunbird Care – East Croydon is a small domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. Not everyone using the service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection seven people were using the service.

People's experience of using this service:

People and their family members liked the care and support they received from Sunbird Care – East Croydon. There were systems in place to help make sure people were protected from the risk of abuse. Staff were aware of safeguarding procedures and understood how to protect the people they supported.

Staff helped make sure people were safe and knew the risks people faced each day. For example, risks to people's health or risks when moving around their home. Staff took steps to reduce those risks while still making sure people had their independence and were able to do as much for themselves as they could.

There was a 24-hour call system in place, this made sure management support and advice was always available for people and staff when they needed it.

People were cared for by staff who received the right training and support to do their job well. The provider and registered manager made sure only suitable staff were employed to work at the service.

Staff felt supported by the registered manager and felt they could talk to them about any concerns and they would be acted on. Staff and their managers met regularly to discuss what was going well and what needed to be improved.

People and their family members were involved in making decisions about their care and care records reflected this. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People and their family members liked their regular care staff and thought they were caring. Staff knew

people well and people's care records told staff how best to support them. People told us staff respected their privacy and dignity.

People were asked about their food and drink choices and staff assisted them with their meals when needed.

People were given the information they needed, in a way they needed it, so they could understand the care they received and the support provided. People were contacted regularly for their views on the service. People and their family members said they would complain if they needed to and knew who to complain to.

The registered manager and the provider made regular checks to make sure the care people received was good. When things went wrong they looked at the reasons why and how they could make things better for people.

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

Rating at last inspection:

This was the first inspection for this service.

Why we inspected:

This was a planned inspection.

Follow up:

We will continue to monitor the service through the information we receive. We will inspect in line with our inspection programme or sooner if required.

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.

Sunbird Care - East Croydon

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.

Inspection team:

One inspector carried out this inspection.

Service and service type:

Sunbird Care – East Croydon 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:

The inspection took place on 17 April 2019 and was announced. We visited the office location to see the manager and office staff and to review care records and policies and procedures.

We told the provider two days before our visit that we would be coming. We did this because the registered manager and provider are sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in.

What we did:

Before our inspection we reviewed information we held about the service. This included notifications the provider is required by law to send us about events that happen within the service. We used information the

provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with the nominated individual, a director, the registered manager and one staff member. We looked at three people's care records, three staff files as well as a range of other records about people's care, staff and how the service was managed.

After our inspection we spoke with two people and three family members of people who used the service. We also spoke with one other member of care staff. We were sent additional information such as service user guides and information about staff training and staff meetings.



Our findings

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes were in place to safeguard people from the risk of abuse

- People told us they liked and trusted the staff they received care and support from.
- Staff knew what to do if safeguarding concerns were raised. It was clear from discussions we had with staff that they understood what abuse was and what they needed to do if they suspected abuse had taken place.
- Systems and procedures were in place for managers to report, investigate and review safeguarding concerns. The registered manager understood their responsibility to report any allegations of safeguarding to the local authority and the CQC.
- Staff had received training in safeguarding and this was renewed regularly to keep their knowledge current.

Assessing risk, safety monitoring and management

- Staff knew about the risks people faced and supported people to be as independent as they could be while remaining safe. Staff gave us detailed examples of how they managed risk. For example, one staff member told us how they helped one person who needed additional support when they walked.
- Risk assessments were in place and covered people's physical, emotional and environmental risks. These were centred around individual risk and included risk around mobility including fall risk assessments, skin integrity and nutrition and hydration. Reviews of risk were completed when people's needs changed. For example, one person was at risk of falls and their risk was reviewed every two months to ensure staff could provide the right support in a timely way. This included identifying additional equipment and mobility aids to help people mobilise.
- Emergency 24-hour on call numbers were given to people when they first started using the service and to staff when they were first employed. This meant they could contact the service out of hours if there was an emergency or if they needed support.

Staffing and recruitment

- There were enough staff to care for people and the service was recruiting to make sure there were enough staff numbers to meet people's needs.
- People told us staff arrived on time and stayed the right amount of time. When staff were running late, for example, because of traffic delays, people told us they would receive a telephone call to explain so they were never worried.
- The registered manager explained they would introduce staff to people when the package first started and

would try to keep the same staff team with the same person for continuity of care. People we spoke with confirmed this.

- The service followed appropriate recruitment practices. Staff files contained a checklist which clearly identified all the pre-employment checks the provider had obtained in respect of each staff member. This included up to date criminal records checks, at least two satisfactory references from their previous employers, photographic proof of their identity, a completed job application form, their full employment history, interview questions and answers, and proof of their eligibility to work in the UK.

Using medicines safely

- Medicines were managed safely. People's care records specified the level of support they required with their medicines and how they liked to take their medicines. For example, with a glass of water.
- Staff received training in medicines management and were assessed for their competence before they were able to administer people's medicines. Regular training and competency assessments were provided for all staff.
- When care staff were responsible for administering people's medicines, they were required to fill in a MAR (Medicine Administration Record) to document that this had happened. These records were part of a live on-line computer system that allowed the registered manager to identify any errors or gaps. The registered manager explained they checked the records daily to make sure care staff were administering people's medicines safely.
- People's medicines were checked during spot check visits to people's homes. If concerns were raised through these checks then appropriate action was taken to ensure staff were refreshed with the appropriate skills and knowledge and given additional support to administer people's medicines.

Preventing and controlling infection

- People's care plans contained information and risk assessments relating to infection control procedures in people's homes.
- Staff had access to and followed policy and procedures on infection control. Staff confirmed they were provided with personal protective equipment such as gloves and aprons to use when supporting people.
- Records confirmed staff had been trained in infection control and food hygiene.

Learning lessons when things go wrong

- Systems were in place to record, review and analyse any accidents and incidents. These were monitored by the registered manager and the provider so any trends or risks to people could be identified quickly and acted upon.
- When there was learning from events, action was taken to reduce risk to people and the risk of future occurrences. For example, we heard how the service worked with occupational therapists to provide essential equipment to help people's mobility when they were at risk of falls.



Our findings

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 asked about the things that were important to them and the support they wanted, when they first started to use the service. One person told us, "[The registered manager] came around originally, she was very nice and efficient. She went over everything with us."
- People were asked about the support they needed and any information concerning their physical, mental health and social needs. People were also asked about their spiritual and cultural needs and information was updated regularly.
- The provider used an app based computer system to give staff the information they needed about the people they cared for. This meant staff were able to instantly access any changes in people's care needs and provide appropriate support. This helped to improve the outcomes for people by focusing on individual care and support.

Staff support: induction, training, skills and experience

- Care staff were provided with an appropriate induction, training and ongoing supervisions to perform their roles.
- The induction consisted of a four-day training programme which followed the principals of the Care Certificate as well as practical training with moving and handling and medicines. Those staff new to care were asked to complete the care certificate with individual assessments and workbooks. (The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of job roles in the health and social care sectors).
- Care staff confirmed they had received an induction prior to starting work and they found this useful.
- The service had a training room available to them with a hoist and various forms of equipment and aids that people might use in their homes. The registered manager was qualified to train staff in the practical aspects of manual handling. They told us they would work with staff, the occupational therapist and the person using the service to make sure staff were competent and confident using equipment to support people's mobility in their homes.
- A programme of refresher training was provided so staff could maintain their skills and experience. This was monitored centrally by the provider and the system identified those staff due for refresher training. This meant all staff received the training they needed when they needed it.
- Staff received regular supervisions and an appraisal system was in place for when staff had been in post for a year.

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

- People's nutritional needs were recorded in their care plans. When required, staff supported people with their meal times.
- When people needed additional support with their eating or drinking or where risks had been identified details were recorded in their care records, so staff were able to support them appropriately. For example, people's risk of being malnourished was assessed and staff had detailed guidance in place to help them look for signs of dehydration.

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

- Where people required support from healthcare professionals, this was arranged, and staff followed the guidance given. For example, we saw logs were kept detailing meetings with healthcare professions, such as GP's, occupational therapists and mental health teams.
- Relatives were able to access their family members care records using an online app. This allowed relatives to see the care and support provided and any problems or issues in real time. One relative we spoke with told us, "The app is brilliant, it allows me to look up daily notes, I know exactly when [the member of care staff] has been and I know exactly what has gone on."

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. We checked whether the service was working within the principles of the MCA.
- The registered manager and the staff we spoke with were aware of their responsibilities under the MCA.
- People gave their consent to care when they first started to use the service and staff gave us examples of how they made sure people were involved in decisions about their day to day care.
- When people lacked the capacity to make certain decisions MCA assessments were completed decisions were made in people's best interests.



Our findings

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

Ensuring people are well treated and supported

- People and their families were happy with the care and support they received. Comments included, "I am very happy with the service so far", "My ladies are all very nice", "The staff are very caring, all of them" and "There are no bad words for them. They are all very good, kind and caring."
- Staff spoke about people with kindness and compassion. One staff member told us, "The best thing is helping the clients. I like the fact we are a small company and we are able to personalise our care."

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

- People were involved in decisions about their care and family members were consulted, when appropriate, regarding care and support of their relatives. Care records provided detailed information to help staff understand the best way to support each person. This included people's spiritual and cultural beliefs.
- Records recorded people's views and how they wanted to be cared for. This included information about people's religious and cultural needs, their interests and family history so staff were able to better understand people's support needs.
- Staff received equality and diversity training. The provider explained how important it was for them all to understand and respect people's equality and diversity. They had set up a notice board in the office with information about people's different backgrounds. This included people using the service and staff. They showed us information leaflets in different languages and were able to provide examples of staff learning. This included staff wearing shoe coverings and respecting people's preparations before prayer.

Respecting and promoting people's privacy, dignity and independence

- People's family members told us staff encouraged their relatives to be as independent as they were able to. One family member told us, "[staff members name] is very good and allows [relatives name] to do things themselves."
- People told us staff respected their privacy and dignity and family members agreed. Staff gave examples of how they respected people's privacy and dignity and offered people choice.



Our findings

People's needs were met through good organisation and delivery.

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

- People and their family members felt they were involved in decisions about their care. People received personalised care that was responsive to their needs. People were involved in the care planning process and records confirmed people's views were recorded. Detailed plans were in place for people's routines, so staff knew how they wanted to be supported.
- The service was using a computer-based care records system. This allowed the registered manager to review people's care in real time and included the times staff arrived and left a person's home and any action required as a result of their visit. Relative's and people using the service had copies of their care records at home but were also able to access their daily care records via an on line app. This meant people and their family had control over the care and support provided.
- Care records were personalised, and the registered manager conducted regular reviews to make sure people were happy with the care and support received and made any changes necessary. Staff would inform the registered manager if there were any concerns or changes in the person's health needs and this information would also prompt a review of care and risk.
- The provider explained they had recently started working with a nurse supplying specialist dementia support to people and their families. Care staff received training in dementia care and the provider hoped the increased knowledge and skills of staff and people's families would result in better outcomes for people living with dementia. The provider explained initial feedback had been positive and they were going to extend this service to other people as and when required.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew who to make a complaint to if they were unhappy but told us they had not needed to. People were provided with details of how to make a complaint in their service user guide. This was given to people when they first started to use the service.
- The service had a procedure which clearly outlined the process for dealing with complaints. No complaints had been made in the last year.

End of life care and support

- The provider was working with the local hospice to help staff support people in their end of life care. Although no one was receiving end of life care at the time of our inspection the provider was keen to introduce training and procedures to ensure staff were able to provide this type of support if required.



Our findings

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.
- The registered manager understood their responsibilities in line with the requirements of the provider's registration. They were aware of the need to notify CQC of certain changes, events or incidents that affect a person's care and welfare. The registered manager was aware of their role and responsibilities.
- The registered manager was supported by a management team. During our inspection we spoke with the nominated individual and a director. The service was in its first year of registration with the CQC and there was a clear direction and focus on the type of quality care they wished to provide.
- Leadership was visible and accessible to people and staff across the service and staff understood their roles and responsibilities. Staff we spoke with were motivated and committed to improving people's lives.

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

- People spoke positively about the registered manager and provider and told us they would recommend the service to others. Comments included, "The manager came around to see us, she was very nice and went over everything with us", "The manager will call to see how we are getting on, I would definitely recommend to others" and "If I have any problems I would go straight to [registered managers name] but there have been no problems. I would certainly recommend them."
- People and their families told us they were asked about their views and experiences of the service. The registered manager would visit or telephone them to see how they were getting on and check if they were happy with the care and support they received.
- Records confirmed spot checks were carried out to review the quality of the service provided. This included checks on care tasks including eating and drinking, personal care, observations to ensure staff respected privacy and dignity. The registered manager also used this opportunity to gain the views of people using the service. Records confirmed feedback from people was positive.
- Regular staff meetings were held to share best practice and provide updates to working practices. This

included updates on policies and procedures including equality and diversity, safeguarding and whistleblowing. Staff felt well supported by their managers and comfortable reporting any issues or concerns.

Continuous learning and improving care; how the provider understands and acts on duty of candour responsibility

- There were systems in place to make sure improvements were made and lessons were learnt when things went wrong. We saw actions taken in response to accidents and incidents and step taken to improve further risk.

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Working in partnership with others

- The service worked closely with healthcare professionals in relation to people's care. This included joint working with the occupational therapists, specialist nurses and the local authority to ensure people received the care and support that was right for them.

Planning and promoting person-centred, high-quality care and support;

- There were comprehensive quality assurance arrangements in place. Systems allowed the provider to record and respond to people's immediate needs. Regular spot checks and telephone checks ensured people were receiving the care and support they needed, when they needed it.
- Regular checks on daily notes and people's medicine records helped to ensure people received their care in line with best practice guidelines.
- Weekly and monthly audits allowed the provider to continually monitor and assess the quality of care people received and where issues were found these had been addressed appropriately.