

Sunrise Care Limited

Sunrise Care Domiciliary Agency

Inspection report

57-59 Castleton Avenue
Wembley
Middlesex
HA9 7QE

Tel: 02089032010
Website: www.sunrisecare.co.uk

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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:

Sunrise Domiciliary Care Agency is a small supported living service that provides support to people with learning disabilities and other cognitive impairments. At the time of our inspection the service was supporting six people living in a shared house.

This service provides care and support to people living in one 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include choice, control and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service:

People told us they were happy with the support that they received. They spoke positively about staff.

Care and support was person centred and reflected people's individual needs. People's support plans and risk assessments were person centred. They had been reviewed regularly and updated when there were any changes in people's needs.

Staff were knowledgeable about people's needs and preferences. People told us that staff had supported them to achieve greater independence.

Staff had received training in safeguarding adults. They understood their roles and responsibilities in ensuring that people were kept safe from harm or abuse.

People were supported to make decisions about their support. People told us that they participated in meetings about their needs and were involved in developing and agreeing their support plans.

The service was meeting the requirements of the Mental Capacity Act (2005). Information about people's capacity to make decisions had been recorded in their care files.

The support provided by staff was person centred. Guidance for staff was included in support plans and risk

assessments to ensure that they understood people's needs and preferences, People's support plans and risk assessments had been reviewed regularly and updated where there were changes in their needs.

Staff communicated well with people. They spoke with people about subjects of interest and checked that people understood information and requests.

Staff had received training in a range of core skills and this was updated regularly. Newly recruited staff members did not commence work until checks on their suitability had been carried out. Regular supervision from a manager had taken place to support staff to carry out their roles and responsibilities effectively.

Staff supported people to take their prescribed medicines safely. Accurate records of medicines administration had been completed.

People planned and shopped for their food independently or with staff support where required. Staff supported people to cook and prepare meals where required. A person described how they shopped independently for food that meet their cultural and religious preferences.

People had good healthcare support. Staff had supported people to attend healthcare appointments. Where health or other professionals had provided guidance in relation to people's needs this was included in their support plans.

Regular quality assurance monitoring of the service had taken place and any actions arising from this had been addressed. Some actions had not been dated although we found that they had been completed.

People had been asked about their views of the service. We found that people demonstrated a high level of satisfaction with the support that they received.

Rating at last inspection:

The service was rated Good (Report published 19 October 2016).

Why we inspected:

This was a planned inspection based on our rating at the last inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to inspect as part of our re-inspection programme.

For more details, please see the full report which is on the CQC website at 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?

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.

Sunrise Care Domiciliary Agency

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:

This inspection was carried out by a single inspector.

Service and service type:

The service is a registered domiciliary care agency supporting young adults with learning disabilities and autism. Support is provided in a shared house.

The service did not currently have a manager registered with the Care Quality Commission. The provider's nominated individual was based at the service to provide day-to-day management support. 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. The provider's nominated individual told us that arrangements were in place to ensure that a new registered manager was recruited to the service.

Notice of inspection

We gave the service 24 hours' notice of the inspection site visit because this is a small service for people with learning disabilities who may be out during the day.

What we did:

Before our inspection we reviewed records that we held about the service. These included:

- □ Notifications and other information provided by the service and other stakeholders such as

commissioning local authorities.

During our inspection we:

- ☐ Spoke with five people using the service, the nominated individual and two support workers.
- ☐ Looked at the care and support records for three people, three staff records and other records relating to the management and quality of the home.

Following our inspection we:

- ☐ Spoke with a representative of a local authority.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- ☐ The service had a policy and procedure to ensure that people were safe from the risk of abuse. Staff members had received safeguarding adults training.
- ☐ The nominated individual and the staff we spoke with understood their roles and responsibilities in ensuring that people were safeguarded from the risk of harm or abuse.
- ☐ The service's safeguarding records showed that any concerns were immediately reported to the local authority safeguarding team. Notifications about safeguarding concerns had been sent to CQC.

Assessing risk, safety monitoring and management

- ☐ People had individual risk assessments. These were reviewed regularly and included guidance for staff on how to reduce risk to people. The risk assessments covered a wide range of individual needs including safety in the community, mobility, medicines, health, management of personal finances, cooking and shopping
- ☐ The nominated individual told us that the service aimed to support people to be as independent as they could and people's risk assessments reflected this aim.
- ☐ Some people had mental health support needs. Their risk assessments and support plans provided information about these. Guidance for staff included information on how to identify early signs of anxiety and the actions they should take to support the person to be calm and reduce the likelihood of any escalation of distress.
- ☐ A person said, "Staff help me to be safe. They have helped me to learn to go to church and the shops on my own."
- ☐ An annual health and safety audit of the service had taken place. There were regular checks of fire safety equipment and people and staff had participated in fire drills. People had individual personal emergency evacuation plans (PEEPS). These provided information about people's individual needs should there be a need to evacuate the service in an emergency.
- ☐ The house where people lived was well maintained and furnished. Regular safety and maintenance checks had taken place.

Staffing and recruitment

- ☐ Checks of staff suitability had been carried out before they started working at the service. These included references and criminal records checks.
- ☐ We observed that people did not have to wait for support when they required it. Staff responded immediately to people's requests for support and assistance.
- ☐ The staffing rotas for the service showed that there was always one member of staff on shift each day and evening. Additional staffing is provided where people required support to attend medical appointments. One staff member 'slept in' overnight and was on call if people required support. Other 'outreach' staffing

was provided if people required support to attend an activity. The nominated individual told us that they were based at the service pending recruitment of a new registered manager. They were in the process of recruiting a senior support worker to take on some lead roles such as supervision of staff.

Using medicines safely

- ☐ The service supported people to take their prescribed medicines. Individual medicines risk assessments had been carried out and these showed that, at present, people using the service were unable to safely look after their own medicines.
- ☐ Five people's medicines were safely stored in locked cupboards in their rooms. The medicines for another person was maintained in a separate locked medicines cabinet. Medicines administration records (MARs) were accurately completed. However, there was one error in a person's MAR where a staff member had recorded a medicine as being administered on the day after they had taken it. We saw that there was a record in the communications book about this medicine and the nominated individual told us that they would be speaking to the staff member about this. Some people's MAR charts included hand written entries where new medicines had been prescribed. Although accurate details of the medicines had been recorded as prescribed the entries were not dated. The nominated individual said that they would ensure that all handwritten MAR chart entries were recorded.
- ☐ Where people had been prescribed PRN (as required) medicines for anxiety or pain relief, PRN protocols had been developed. These provided guidance for staff on when and how to administer these medicines.
- ☐ One person was prescribed warfarin. Staff had supported the person to receive the regular blood tests required for this type of medicine.
- ☐ Staff had received training in safe administration of medicines. They knew what people's medicines were and why they had been prescribed. Assessments of staff competency in medicines administration had taken place.
- ☐ Regular monitoring audits of medicines and medicines records had taken place.

Preventing and controlling infection

- ☐ Staff supported people to keep their bedrooms and the communal living areas clean and tidy.
- ☐ Staff had received training in infection control. They used disposable gloves and aprons when they were carrying out tasks such as cleaning.
- ☐ Staff supported people to store their food items safely to prevent the risk of infection. Regular checks of fridge and freezer temperatures had been carried out.
- ☐ The service had carried out an annual infection control audit.

Learning lessons when things go wrong

- ☐ Records of incidents and accidents showed that actions had been taken to reduce risk to people. For example, the service had liaised with health professionals to support a person who was showing signs of confusion.

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

Good: ☐ 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

- ☐ The service had assessed people's needs and preferences when they started to receive support. People's assessments had been regularly reviewed and updated when there were any changes in their needs.
- ☐ People had been involved in their reviews. Their family members and other health and social care professionals had also been invited to review meetings where required. A person said, "Sometimes we have meetings. We talk about the things I am doing, and I can tell them what I think."
- ☐ Information about people's individual needs and cultural and other preferences had been included in their care plans. Staff members were knowledgeable about these.
- ☐ Staff supported people to make choices, for example in relation to the activities that they wished to do within the local community. They helped people to arrange activities and provided support to enable their participation where they required. A person said, "I want to go to the library on my own and someone is coming to help me learn how to get there."

Staff support: induction, training, skills and experience

- ☐ All staff members had received training to support them in their roles. This was updated regularly. All new staff had completed an induction linked to the Care Certificate which is a nationally recognised standard for staff working in health and social care services.
- ☐ Staff training included health and safety, medicines administration, dignity and respect, equality and diversity, food safety, infection control and positive behaviour support.
- ☐ Staff members had received regular supervision from their manager where they were able to discuss their work and personal development. Staff confirmed that they felt well supported and trained. A staff member said, "I can always speak to a manager at any time if I need to discuss something."

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

- ☐ People were supported to have a healthy balanced diet.
- ☐ People shopped for their own food. Four people chose to eat shared meals. They contributed to a food 'kitty' and they were supported by staff members to agree a weekly menu. Two people preferred to eat and shop for their meals independently. One person shopped for kosher food at a specialist supermarket. Another person planned their meals and shopped with staff from a day service that they attended. People shopped for day to day basic foods independently or with staff support if they required this. During our inspection two people went out independently to the local shops. One person showed us the milk they had bought. They said, "I can go to the shop on my own now."
- ☐ Staff were aware of people's needs and preferences in relation to food and nutrition. People's support plans included information about their preferred foods, including the cultural food preferences of two people.

- People prepared their own food where they could do so with encouragement and support from staff.
- During the inspection we saw people using the communal kitchen to prepare their own lunch, drinks and snacks.

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

- Staff had worked with other agencies to ensure that people had the support that they needed.
- Referrals to other professionals such as GPs and local mental health teams had been made promptly where there were concerns. People's support plans had been updated to reflect guidance agreed with other professionals.
- Staff had liaised with local specialist services to ensure that a person who was recovering from an injury had suitable mobility equipment to assist them with their rehabilitation.

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

- Staff supported people to make and attend regular health appointments.
- Staff supported people to exercise regularly and eat a healthy diet.
- People's care plans contained information and guidance about their health needs. Staff were knowledgeable about these.
- Information about people's health needs was included in their support plans. People had hospital passports which included information about their health and personal needs and preferences. These were updated regularly and used if people were admitted to hospital to ensure that hospital staff had information about their needs and preferences.
- During our inspection, the nominated individual liaised with a day service and a district nurse to ensure that a person's healthcare needs were met.

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. This is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- People's support plans included assessments of their ability to make decisions. The support plans described the decisions that people could make for themselves.
- A DoLS application had been made for one person using the service. This was made to the Court of Protection which is the DoLS authorising body for this type of service.
- Best interests' assessments had been undertaken in relation to decisions about hospital treatment where the person was unable to understand and agree to this. The assessments included involvement from the person's GP and hospital medical staff.
- Staff members had received training on MCA and DoLS.
- People had signed their care records to show that they agreed with them. Where a person was unable to provide their consent the reason for this was recorded. A person showed us a copy of their support file. They said, "Staff helped me to make my plan. I like to read it"

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; respecting equality and diversity

- ☐ Staff supported people in a friendly and respectful way. They demonstrated that they were knowledgeable about people's needs and preferences.
- ☐ There was a relaxed atmosphere at the service. Staff members chatted proactively with people about their interests and responded quickly when people asked questions or requested support.
- ☐ Staff spoke positively about the people they supported. People told us that they appreciated the support that they received from staff. A person said, "The staff are lovely." Another person said, "Sometimes I take my feelings out on staff, but they are really good and help me to feel better."
- ☐ Staff understood people's individual cultural needs. They were able to tell us about people's preferences in relation to food and worship preferences and how they supported people with these. Information about people's sexual and relationship choices and preferences was included in their care records. The nominated individual said that people were supported to maintain relationships with family members and significant others. This was confirmed by the people we spoke with.

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

- ☐ People told us that they had been involved in making decisions about their care. During our inspection we observed staff asking people what they wished to do and if they required any support.
- ☐ Regular house meetings had taken place where people had been asked for their views about any proposed changes to the service and had discussed their preferences and plans for group activities. People told us they had been consulted on decorations in their rooms and the communal areas of the house. They had also had opportunities to decide on, and plan, holidays and other activities.
- ☐ People told us that they were involved in reviews of their care and support. A person said, "We have meetings. I go to them and they ask me what I think."

Respecting and promoting people's privacy, dignity and independence

- ☐ People's privacy and dignity was respected. Staff spoke with people in a respectful way. When people were in their rooms staff members knocked on their doors and asked for consent to enter.
- ☐ When a person wished to discuss something, a staff member suggested that they go to their room so that the conversation could take place in privacy.
- ☐ People's personal information was stored securely. The nominated individual and staff understood the importance of confidentiality. People were provided with copies of their individual support records which they could keep in their rooms if they wished.
- ☐ People's support plans included information about the things they could do without support. Staff supported and prompted people to undertake tasks and activities as independently as possible.

Is the service responsive?

Our findings

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

Good: ☐ 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 had support plans which identified the assistance that they required in their day to day lives. The support plans included guidance for staff on enabling people to maintain and develop skills to increase their independence.
- ☐ Information about people's cultural needs was included in their support plans. For example, some people liked to attend their preferred places of worship and staff supported them with this where they required. One person told us that staff had helped them to learn how to travel to a local church independently.
- ☐ Information about people's communication needs was included in their support plans. These included guidance for staff on how to support people to express their feelings and make choices. We observed that staff spoke with people in ways that they understood and responded to.
- ☐ Information was provided to people in easy read and picture assisted versions where they required. Staff had supported a person to obtain a picture assisted bible which they liked to read. The nominated individual told us that if anyone using the service in the future had sensory needs or language preferences they would seek to ensure that information was provided in a format that they understood.
- ☐ People were supported to arrange and participate in activities in their local community. During our inspection people went shopping and to day services. One person went to meet a family member. They told us that when they were out, they had arranged to get a new passport, had lunch and went shopping. Another person was excited because staff had arranged for a person who worked for Transport for London to meet them with a view to helping them to learn how to undertake a journey independently. A person told us about their job working in a kitchen. They said that staff had helped them to get this job.
- ☐ Staff supported people to take holidays, either as a group or individually. A person told us about a holiday to Gran Canaria. Another person said they were looking forward to going to Cyprus this year. Staff had supported people to choose where they wanted to go. A person said, "Staff come on holiday with us, and help me to have a good time."
- ☐

Improving care quality in response to complaints or concerns

- ☐ The service had a complaints procedure. This was available in an easy to read version.
- ☐ People told us they knew what to do if they had a complaint. One person said, "I am very happy here. I would tell a staff member if I had a complaint about anything."
- ☐ The service had not received any complaints in the past two years.

End of life care and support

- ☐ People using the service were young adults. Staff had not been involved in supporting anyone at the end of life.
- ☐ A support plan that we looked at for one person included information about end of life preferences. The

nominated individual told us that this information was included in another person's support plan.

- ☐ The nominated individual said that staff were working towards developing end of life plans for everyone but people and family members did not always wish to discuss their preferences regarding end of life care and support.

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

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

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

- ☐ The nominated individual was committed to providing high quality support for people in an environment where they felt at home. They told us that the main objective of the service was to support people to develop and maintain the skills that they required to be as independent as they could.
- ☐ A person told us about how they had been supported to become more independent. They said, "I go to places on my own now and staff are helping me to go to other places without them." Another person described how staff were helping them to recover their mobility after an accident. They said, "They encourage me, and this helps me to feel confident. I wouldn't have improved so much if it hadn't been for them."
- ☐ Staff members understood the importance of supporting people to develop their independence. They told us that they valued the support that they received from their manager.
- ☐ The nominated individual was aware of their responsibilities to provide CQC and the local authority with important information and had done so in a timely manner.

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

- ☐ The provider had carried out regular quality assurance monitoring of the service. This included reviews of people's support and monitoring of records and health and safety at the service.
- ☐ The nominated individual and staff members understood their roles in supporting and developing a high-quality service. Regular team meetings had taken place where staff were able to discuss practice and quality issues.
- ☐ The provider had notified CQC about incidents and concerns where appropriate.
- ☐ The nominated individual described the actions that they were taking to ensure that a new registered manager was recruited to the service. In the meantime, they were providing management support to people and staff members.

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

- ☐ Surveys of people's views about the service had taken place. These showed high levels of satisfaction.
- ☐ People told us that they had been asked for their views about any changes to the service.

Continuous learning and improving care

- Actions identified through quality assurance monitoring had been addressed and improvements had been made. However, we found that actions had not always been dated, for example, in relation to completion of maintenance tasks. The nominated individual told us that they would discuss this with the staff team.
- Staff members met regularly with a manager to discuss issues around ensuring that people's needs were supported.
- People's support records showed that actions had been taken to support people to develop greater independence. People told us that staff had supported them to participate in activities independently and to develop new skills.

Working in partnership with others

- Staff had good working relationships with other health and social care professionals.
- Information about people's health care appointments and the outcomes of these was included in their care records.
- Professional advice had been sought to support people with their health and social needs. For example, staff had liaised with local mental health professionals to support a person's needs.