Sunshine Coast Support Limited

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Inspection report

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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?	**Requires improvement**

Overall summary

We undertook an announced inspection of Sunshine Coast Support Ltd Domiciliary Care Agency (DCA) 26 October 2015. We told the registered manager two days before our visit that we would be coming. We did this because they were sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure they would be in.

Sunshine Coast Support Ltd provides personal care services to people in their own homes. At the time of our inspection six people were receiving a personal care service. Sunshine Coast Support Ltd provides support for people who require a range of personal and care support related to personal hygiene, mobility, nutrition and continence. Some people were living with early stages of a dementia type illness or other long-term health related condition. People lived reasonably independent lives but required support to maintain this independence.

There is a registered manager at the service who is also one of the owners and a director of the company. A registered manager is a person who has registered with

Summary of findings

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.

This was the first inspection of Sunshine Coast Support Ltd.

The service has been registered with CQC since December 2013 and until June 2015 all care and support had been provided by the registered manager. As the service had developed further staff had been employed. Although some systems were in place to support and protect people these needed to be established and embedded into practice to ensure the service can continue to develop and support people appropriately.

All staff were committed to providing a high quality service that met people's individual needs and preferences. People spoke highly of the staff and the service they received.

Staff knew people really well, they had a good understanding of how to support them. However, support plans did not contain all the information staff needed to look after people.

Staff knew about people and the medicines they required. However, systems were not yet established to ensure medicines were always administered in a safe and consistent way. Guidance for people who needed 'as required' medicines or skin creams was not always in place.

Staff had a good understanding of the risks associated with the people they looked after. However, the risk assessments did not reflect all the identified risks.

The provider had introduced the care certificate to support staff new to care however there was no training plan in place for other staff.

Staff had a good understanding of safeguarding procedures and what steps they would take if someone was at risk of abuse or harm. There were enough staff who had been safely recruited to meet the needs of people who used the service.

Staff had an understanding of MCA and DoLS although not all staff had received DoLS training.

People's nutritional needs were met and they were supported to receive enough to eat and drink.

Staff knew people well and recognised when they may need to be referred to an appropriate healthcare professional for example the GP or district nurse.

Staff and people were supported by a registered manager who was committed to providing a high quality service that met people's needs.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not consistently safe.

Systems were not yet established to ensure medicines were always administered in a safe and consistent way.

There were a range of risk assessments in place however these did not reflect all the identified risks.

There were enough staff who had been safely recruited to meet the needs of people who used the service.

Staff understood what to do to protect people from the risk of abuse.

Is the service effective?

Requires improvement

The service was not consistently effective.

There was an induction programme in place it was not clear how the provider identified what training other staff required.

Staff had an understanding of MCA and DoLS although not all staff had received training.

People's nutritional needs were met and they were supported to receive enough to eat and drink.

Staff knew people well and recognised when they may need to be referred to an appropriate healthcare professional for example the GP or district nurse.

Is the service caring?

Good

The service was caring.

People told us staff were kind and caring.

Staff knew about people's care needs and they respected people's privacy and dignity.

People were involved in making decisions about their care and were supported to make their preferences known.

Is the service responsive?

Requires improvement

Some aspects of the service were not responsive.

Although support plans were personalised and reflected people's individual needs they did not contain all the information staff needed to provide care.

People received care and support that was responsive to their needs because staff knew them well.

People were made aware of how to make a complaint.

Summary of findings

Is the service well-led?

Some aspects of the service were not well led.

Systems to monitor the quality of the service needed to be established and embedded into practice.

The provider and registered manager had a clear philosophy about the service they provided and how this would be developed.

People and staff told us the service was well managed, and the registered manager was supportive and accessible.

Requires improvement

Sunshine Coast Support Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection of Sunshine Coast Support Ltd took place on 26 October 2015 and was an announced inspection. We told the registered manager two days before our visit that we would be coming. We did this because they were sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure they would be in.

Before our inspection we reviewed the information we held about the service. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

During our inspection we went to the office and spoke to the registered manager, the provider and two staff members. We reviewed the care records of four people that used the service.

We looked at two staff recruitment files, supervision and training records, and spoke with the registered manager about the systems in place for monitoring the quality of care people received. We looked at a variety of the service's policies such as those relating to safeguarding, medicines, complaints and quality assurance.

Following the inspection visit we undertook phone calls to two care workers, two people that used the service and relatives of two people that used the service to get their feedback about what it was like to receive care from the staff. We also spoke with two health and social care professionals to get their views on the service.

Requires improvement

Is the service safe?

Our findings

People told us they were well looked after by the staff. One person's relative said the service gave them peace of mind that their loved one was being cared for. A visiting healthcare professional said, following support from the service they were aware people were now a lot safer in their home. A relative told us they had, "Peace of mind" with the care and support provided.

Staff had a good understanding of people and the medicines they required and people told us they were supported to take their medicines. However, medicine administration record (MAR) charts were not always fully completed to show people had taken their medicines as prescribed. Some people required prompting and reminding to take their medicines however staff had signed the MAR chart which indicated they had administered the medicine. This could be misleading as staff could not always be sure people had taken their medicines.

Some medicines had been prescribed to be taken 'as required' (PRN), for example pain killers. There was some guidance in place for example how many tablets the person could take in 24 hours and the frequency these could be taken. However, there was no information about why the medicines were required and what actions staff should take if the medicine was not effective. Some people required skin creams. There was some guidance in place about where these creams should be applied but this was not in place for all MAR charts and support plans we viewed.

The medicine policy did not include any PRN guidance or guidance on crushing medicines if staff should be required to do this.

We spoke with the registered manager and staff about medicines. They had a good understanding of the medicines people had been prescribed and why they were taking them. The registered manager, who was involved in the day to day care, was able to tell us why the MAR charts had not been fully completed. We raised these with the provider and registered manager as areas that need to be improved. Whilst people were not at risk because staff knew people and understood their needs well. As a growing and developing service, systems must be in place to ensure best practice is followed.

We recommend the provider should take into account The handling of medicines in social care by The Royal Pharmaceutical Society of Great Britain.

http://www.rpharms.com/social-care-settings-pdfs/the-handling-of-medicines-in-social-care.pdf

Risk assessments were in place and these identified both personal and environmental risks. However, risk assessments were not in place for all identified risks. For example we were told about one person who had recently fallen. There was no risk assessment in place or guidance about any actions for staff to reduce the risk to this person. There were no risk assessments in place to identify if anyone was at risk for example of not taking their medicines. The registered manager and staff were aware of individual risks and what actions were required to manage the risks to people safely. We highlighted this with the registered manager and provider as an area for improvement.

The risk assessments included information about how people mobilised for example whether they required the support of another person or were independent. Environmental risk assessments identified, any aspect of the person's home which may present a hazard to them or staff. For example areas which may be cluttered or present a trip hazard. Staff were aware of risks to individuals and what actions they took to mitigate these risks. People we spoke with told us they were able to live their lives as they chose.

Staff had an understanding of different types of abuse, how to identify it and protect people from the risk of abuse or harm. This included ensuring people were safe in their own homes and were not for example, at risk of self-neglect. Staff told us all concerns would be reported to the registered manager. If concerns related to the registered manager they would report to the appropriate local safeguarding authority.

There were enough staff who had been safely recruited to meet people's needs. We were told that the service was expanding and as a result staff had been employed to ensure people's needs could be met. The registered manager told us before accepting people to use the service she ensured there were enough staff to meet their needs and provide the level of care and support they required. Staff told us there were enough staff to look after people. People were protected, as far as possible, by a safe

Requires improvement

Is the service safe?

recruitment practice. Records seen included application forms, identification, references and a full employment history. Each member of staff had a disclosure and barring checks (DBS) these checks identify if prospective staff had a criminal record or were barred from working with people. These checks took place before staff commenced work.

Requires improvement

Is the service effective?

Our findings

People and their relatives told us staff had a good knowledge of the care they provided. They told us staff knew when people were not well or needed further support and made referrals to people's doctors appropriately. One relative told us, "They phone the doctor if they're worried."

The registered manager and provider had identified and undertaken a range of training which they required to support people who used the service. This included dementia awareness, end of life care, Mental Capacity Assessment (MCA) and Deprivation of Liberty Safeguards (DoLS).There was a training plan which identified further training and when they would complete this.

Staff had only recently been recruited to the service. They had completed an induction which included looking at policies, how to manage incidents and accidents, complaints and safeguarding. They completed moving and handling, first aid and medicine training prior to working on their own. In addition they shadowed the registered manager for two weeks. They spent time with everybody who used the service and gained an understanding of people's individual care and support needs. Staff told us the time spent shadowing meant they had the knowledge and skills to look after people who currently used the service.

The provider had introduced the care certificate to support the induction process. The care certificate is a set of 15 standards that health and social care workers follow. It ensures staff who are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Staff were supported through this by the provider.

There was currently no training programme in place for staff who had previously worked in care. The provider was aware of this and had identified areas where training was required for example pressure area care. They told us they would be developing training plans for all staff in the future and this is an area that needs to be improved.

When staff started working for the service the registered manager worked with them for two weeks or until they felt the member of staff was able to work unsupervised. Staff told us they were well supported and confident to look after people unsupervised. They told us they were able to contact the registered manager or provider at any time if they needed support or guidance.

There was a supervision programme being developed and staff had received supervision, this was to include unannounced spot-checks when the registered manager would witness care delivered by the staff. Currently, the registered manager was providing care to people and ensured she visited everybody each week. Therefore she was assured staff were providing the appropriate care.

The care staff had not received formal MCA or DoLS training. However, staff demonstrated an understanding of mental capacity in relation to the people they looked after. One staff member said the registered manager had told them about people's capacity during their induction. They said, "If people don't have capacity they are still able and still have the right to make their own choices." The MCA aims to protect people who lack capacity, and maximise their ability to make decisions or participate in decision-making. Staff told us everybody was able to make their own choices in relation to what they done each day. People's assessments contained information about people's mental capacity, their memory and whether they were subject to periods of confusion.

Although DoLS can only be used if the person would be deprived of their liberty in a care home or hospital the registered manager understood how these may affect people and what may constitute a deprivation of liberty.

These safeguards ensure any restrictions to people's freedom and liberty have been authorised by the local authority as being required to protect the person from harm.

People who were able had signed consent forms to show they agreed with the content of their support plans. Where people were unable to do this the registered manager told us they had spoken with next of kin to ensure the information reflected their relative and their needs.

Some people required support to help them meet their nutritional needs. This included preparing and serving meals. There was guidance in support plans for staff to follow for example one person liked their sandwiches presented in a specific way. Staff knew what to do if people were not getting enough to eat or drink. The registered manager recognised the importance of people having

Requires improvement

Is the service effective?

enough to drink throughout the day. Therefore she ensured people were provided with a drink of fresh water at each visit. She told us, "We'll always make a hot drink or whatever anybody wants but it's important they have something to drink when we're not there."

People's health and wellbeing was monitored at each visit. Staff knew about people's day to day health needs and how to meet them. They knew how to identify changes in people's health and what actions to take. Staff told us if they had any concerns about people's health they would inform the registered manager who would contact the person's own GP. One person, who had recently seen their GP told us, "It was the carer recognised I was unwell." Health and social care professionals we spoke with told us the registered manager had a good understanding of people's needs and would contact them appropriately if they had any concerns.

Good

Is the service caring?

Our findings

People told us staff were very kind and caring. They all said they were treated with respect and supported to maintain their independence. They told us they staff had a good understanding of them and their preferences. One person told us, "My relative really enjoys them visiting."

The registered manager and staff knew the people they supported well. They spoke about them with kindness and care. Staff understood people's life histories, their interests, likes, dislikes and

preferences. They told us in detail how they were able to meet people's preferred care and support needs and how they would work with people to ensure they received the support they wanted.

When people started using the service the registered manager spent time getting to know them, their needs, choices and preferences. We were given examples by the registered manager of how they had spent time with people to build a relationship and increase people's confidence to ensure the support they received met their needs and expectations. The registered manager told us, "It's little details, that's where we focus our care, it makes a difference, people know they're being listened to." A visiting social care professional told us the registered manager took time to get to know people and gain an understanding of their needs. A relative told us about "little extras" staff provided for example writing out a shopping list to support the person.

People were involved in day to day decisions about their care. Staff told us they asked people about their care to ensure they received what they wanted. They said they gave people choices. One member of staff told us they helped people maintain their dignity by offering people choices, asking them what they wanted and not assuming. When people started using the service they were provided with a handbook which stated maintaining people's dignity was, "Of prime importance." People we spoke with told us they received the care and support they needed.

Staff understood the importance of supporting people to make their own decisions and choices and encouraging them to remain independent. People confirmed this. h. One person said, "They support me to do what I can't do myself, but they help me stay independent." People were supported to express their views about their care and those important to them were involved in making decisions about their care. People chose or if appropriate, people's relatives were involved in supporting them to make decisions and choices. Information on advocacy was available to people in their handbook if they wanted further support and advice.

The registered manager was involved in providing care and support on a daily basis and if it was identified a person's needs had changed, the registered manager ensured they discussed

this with the person and made any necessary changes. The registered manager spoke with people regularly to make sure their care needs were met and choices and preferences respected. People we spoke with told us they were always consulted about their care.

Staff were always introduced to people by the registered manager prior to delivering care on their own. She ensured continuity of staff for people who used the service, and staff were encouraged to get to know people's preferred routines. This ensured people knew who was visiting them and staff were aware of people's individual needs and preferences. This is important for building trusting relationships between people who use services and the staff who provide their care. One person said, "They know what I like." People and their relatives told us they received a copy of the rota so they knew which staff member was visiting them. One visitor told us, "It's a small service so (my relative) always knows who is coming to see her, that's very important to us both."

Requires improvement

Is the service responsive?

Our findings

Staff knew people well and understood their care and support needs, choices and preferences. Although support plans were detailed and provided clear guidance for staff they did not include all the information staff needed. For example we were told about one person who was at risk of developing sore areas on their skin. Staff told us how they supported this person and what actions they took if they identified concerns. However, there was no guidance in place for staff to follow to ensure consistency or demonstrate people had received the care they required. Where people lacked mental capacity there was no information in the support plans to show how people made choices. This did not provide clear guidance for staff to ensure consistency or demonstrate evidence that people's needs were met. We recognised the service was small and therefore staff knew everybody well, however there was some reliance on verbal information when providing care. We raised this with the provider and registered manager as an area for improvement.

People who used the service and their relatives told us how they were involved in planning their own care and support. They were supported to make their preferences and choices known. Support plans included the person and their relative's view of their support needs and whether they were being met. The registered manager told us support plans would be reviewed every three months however we saw reviews for one person had taken place more frequently in response to their changing needs. Where appropriate people's relatives and representatives were kept updated about changes to people's care and support needs. The registered manager worked with people and their relatives to ensure people received the appropriate care and support when they required it. Relatives we spoke with told us they were always kept informed of any concerns or changes to their loved ones needs.

Support plans were person centred and reflected people's choices and preferences which enabled staff to provide care in the way people wanted it. For example people received care and support at a time of their choosing, there was information about whether they would prefer female or male staff. Some people required support with domestic tasks for example preparing a shopping list. Staff supported people to do this in a way that helped them maintain their independence.

People and relatives told us they received their visits at a time that suited them. They said the service was flexible and would change their visit times as people required. One person said, "I wanted an earlier visit and I have that now." A relative told us, "I am making plans for Christmas, we have talked about it and they are so flexible."

Everybody who used the service had a copy of Service User's Handbook this included the statement of purpose which informs people what the service does and how it achieves this. This included information for people about how they could make a complaint or raise a concern. The registered manager told us they had not received any official complaints. One person told us they had raised a concern which had been dealt with appropriately and promptly. Other people and relatives told us they knew how to raise a concern if they needed to and were confident any concerns would be taken seriously.

Requires improvement

Is the service well-led?

Our findings

Everybody we spoke with spoke highly of the management of the service and the staff.

Staff said the registered manager and provider were supportive, one staff member said, “They are really helpful and so understanding.”

Although some systems were in place to support and protect people these needed to be established and embedded into practice to ensure the service can continue to develop and support people appropriately. The registered manager had until recently been the only person providing care and support to people who used the service. She knew people very well and had a good understanding of their needs and choices. As staff had been recruited she had worked with them and understood their skills and capabilities. The registered manager and the provider had a good understanding of what was required to ensure the service was able to grow and develop.

There were currently no formal systems in place to monitor the quality of the service provided. This was because the registered manager had been providing the majority of support and had complete oversight of what was happening at the service. However, we saw the MAR charts had not always been fully completed although these were marked as audited there was no explanation about why they were incomplete. However, the registered manager was able to tell us why this was. The provider and registered manager recognised with the service expanding a formal system was essential and they told us this would be implemented.

There was no formal feedback system in place. However, due to her hands on involvement the registered manager sought feedback from people constantly. She also learnt from what people told her about their previous care experiences and used this to develop the service. For example people had told her they liked to know who was visiting them therefore they were provided with rotas. The provider told us they had planned to introduce an annual feedback survey for people, relatives and professionals but had recognised this would not give up to date information therefore quarterly surveys were due to be introduced.

Staff told us they were well supported and the registered manager and provider were always available. Comments included, “If I have any worries I just phone.” They told us they were able to discuss any concerns with them and these would be handled appropriately. When staff had raised concerns with the registered manager appropriate action had been taken. This meant staff were supported by the management team.

The owners had clear ideas about how they wanted the service to develop. They had undertaken a range of training and a training plan identified further training and when they would complete this. They were passionate about ensuring people would continue to receive high quality, person centred care that was specific to their individual needs. The registered manager planned to continue spending time with people to build relationships and develop their confidence in the service. The registered manager repeatedly told us the importance of what may be perceived as “little details” and how understanding and respecting these little details made a service good.

Although the team was relatively new we saw there was an open and inclusive culture. Staff were able to speak with either of the owners at any time. The registered manager provided care on a daily basis and was very much part of the team, having day to day contact with the other two care staff. We saw a team meeting had been planned for all staff to meet and a supervision programme had been introduced. One staff member said, “I’m looking forward to meeting my colleague, a team meeting will be good.”

In order to develop the service the registered manager had developed links local health and social care professionals. The service was part of the Support With Confidence scheme which is run by the local authority. It contains information for people who require support in their own home and includes a database of approved providers who have been vetted on grounds of quality, safety, and training.