

Sunrise Care Limited

Sunrise Care Domiciliary Agency

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

This announced inspection of Sunrise Care Domiciliary Agency took place on 13 September 2016. Sunrise Care Domiciliary Agency is registered to provide personal care to people and the service provides support to people of all ages and different abilities. At the time of our inspection, the service provided care to six people living in one supported living accommodation.

The provider met all the standards we inspected against at our last inspection on 28 October 2013.

There was a registered manager in post at the time of our inspection. 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.

During the inspection we observed people were treated with kindness and compassion. It was evident that positive caring relationships had developed between people who used the service and staff. People who used the service spoke positively about staff and the care provided at the service.

Systems and processes were in place to help protect people from the risk of harm and staff demonstrated that they were aware of these. Staff had received training in safeguarding adults and knew how to recognise and report any concerns or allegations of abuse. Risk assessments had been carried out and staff were aware of potential risks to people and how to protect people from harm. Staff were knowledgeable about people's individual care needs and were aware of the triggers and warning signs which indicated when people were upset and how to support people appropriately.

On the day of the inspection we observed that staff did not appear to be rushed and were able to complete their tasks. People who used the service told us that staff always had time to speak with them. The registered manager explained that there was flexibility in respect of staffing and staffing levels were regularly reviewed depending on people's needs and occupancy levels.

There were arrangements for the recording of medicines received into the service and for their storage, administration and disposal. People told us that they received the medicines on time and had no concerns regarding this.

We found the premises were clean and tidy. There was a record of essential inspections and maintenance carried out. The service had an Infection control policy and measures were in place for infection control.

Care support workers demonstrated that they had the knowledge and skills they needed to perform their roles. Staff confirmed that they received regular supervision sessions and appraisals to discuss their individual progress and development. Care support workers spoke positively about the training they had received and we saw evidence that staff had completed training which included safeguarding, medicine

administration, health and safety, first aid and moving and handling.

People's health and social care needs had been appropriately assessed. Care plans were person-centred, detailed and specific to each person and their needs. Care preferences were documented and staff we spoke with were aware of people's likes and dislikes. People told us that they received care, support and treatment when they required it. Care plans were reviewed regularly and were updated when people's needs changed. The registered manager explained to us that they encouraged people to be independent as much as possible but provided support where necessary.

All care support workers we spoke with had an understanding of the principles of the Mental Capacity Act (MCA 2005). People in the service all had capacity to make their own decisions and care plans demonstrated that they were involved in making decisions about their care.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS ensure that an individual being deprived of their liberty is monitored and the reasons why they are being restricted is regularly reviewed to make sure it is still in the person's best interests. The registered manager informed us that none of the people who lived in the service were subject to any orders depriving them of their liberty. We noted that people could freely go out when they wanted to.

People spoke positively about the food arrangements in the service. There was not a set menu as people ate what they liked and when they liked. The registered manager explained that there was flexibility in respect of what people wanted to eat. People's weights were recorded regularly. This enabled the service to monitor people's nutrition so that staff were alerted to any significant changes that could indicate a health concern related to nutrition.

People spoke positively about the atmosphere in the service and we observed that the service had a homely atmosphere. Bedrooms had been personalised with people's belongings to assist people to feel comfortable.

People told us that there were sufficient activities available. Activities included attending the local day centre, working and going shopping.

We found the service had a management structure in place with a team of care support workers and the registered manager. The service had an open and transparent culture. Care support workers told us they were encouraged to have their say and were supported to improve their practice. They told us that the morale within the service was good and that all care support workers worked well with one another.

Staff were informed of changes occurring within the service through staff meetings and we saw that these meetings occurred regularly and were documented. Staff told us that they received up to date information and had an opportunity to share good practice and any concerns they had at these meetings.

There was a quality assurance policy which provided detailed information on the systems in place for the provider to obtain feedback about the care provided at the service. The service undertook a range of checks and audits of the quality of the service and took action to improve the service as a result.

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. People told us that they felt safe in the service and around staff.

Risks to people were identified and managed so that people were safe. Staff were aware of different types of abuse and what steps they would take to protect people.

Arrangements were in place in relation to the recording and administration of medicines.

Appropriate systems were in place to manage emergencies.

Is the service effective?

Good ●

The service was effective. Staff had completed relevant training to enable them to care for people effectively. Staff were supervised and felt well supported by their peers and the registered manager.

People were encouraged to make their own choices and decisions where possible. Staff and the registered manager were aware of the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

People's nutrition was monitored.

People had access to healthcare professionals to make sure they received appropriate care and treatment.

Is the service caring?

Good ●

The service was caring. We saw that people were treated with kindness and compassion when we observed staff interacting with people who used service. The atmosphere in the service was calm and relaxed.

People were involved in making decisions about their care. Care plans provided details about people's needs and preferences. Staff had a good understanding of people's care and support needs.

People were treated with respect and dignity. We saw that staff respected people's privacy and dignity and were able to give examples of how they achieved this.

Is the service responsive?

Good ●

The service was responsive. Care plans were person-centred, detailed and specific to each person's individual needs. People's care preferences were noted in the care plans.

There were activities available to people in accordance with their interests and people spoke positively about this.

Is the service well-led?

Good ●

The service was well-led. People who used the service told us that management were approachable and they were satisfied with the management of the home.

The service had a clear management structure in place with a team of care support workers and the registered manager.

Staff were supported by the registered manager and told us they felt able to have open and transparent discussions with her.

The quality of the service was monitored. There were systems in place to make necessary improvements.

Sunrise Care Domiciliary Agency

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, and to provide a rating for the service under the Care Act 2014.

We undertook an announced inspection on 13 September 2016 of Sunrise Care Domiciliary Agency. We told the provider two days before our visit that we would be coming. We gave the provider notice of our inspection as we needed to make sure that someone was at the office in order for us to carry out the inspection. The inspection was carried out by one inspector.

Before we visited the service we checked the information that we held about the service and the service provider including notifications about significant incidents affecting the safety and wellbeing of people who used the service. The provider also completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR also provides data about the organisation and service.

During this inspection we observed how staff interacted with and supported people who used the service. We reviewed four care plans, four staff files, training records and records relating to the management of the service such as audits, policies and procedures. We spoke with four people who used the service and two relatives. We also spoke with the registered manager and four care support workers. We spoke with one care professional who had contact with the service.

Is the service safe?

Our findings

People who used the service told us they felt safe at the service and around staff. One person said, "I feel very safe and secure here." Another person told us, "I feel safe here around staff." and another person said, "I am safe here." Relatives we spoke with told us that they were confident that people were safe. One relative told us, "[My relative] is absolutely safe there."

Safeguarding policies and procedures were in place to help protect people and minimise the risks of abuse to people. We saw that the safeguarding policy was clearly displayed in the service and was in an easy read format so that it was accessible to all people. Staff had received training in safeguarding people. They were able to describe the process for identifying and reporting concerns and were able to give example of types of abuse that may occur. They told us that if they saw something of concern they would report it to the registered manager. Staff were also aware that they could report their concerns to the local safeguarding authority, police and the (CQC). The service had a whistleblowing policy and contact numbers to report issues were available. Staff were familiar with the whistleblowing procedure and were confident about raising concerns about any poor practices witnessed.

Records demonstrated the service had identified individual risks to people and put actions in place to reduce the risks. The care plans we reviewed included relevant risk assessments, such as self-neglect, diabetes, choking and behaviour that challenges. These included preventative actions that needed to be taken to minimise risks as well as clear and detailed measures for staff on how to support people safely. The assessments provided outlines of what people could do on their own and when they required assistance. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions. Risk assessments were reviewed and were updated when there was a change in a person's condition.

There were appropriate arrangements in place for managing people's finances which were monitored by the registered manager. We saw people had the appropriate support in place where it was needed.

There were adequate numbers of staff on the day of the inspection. We noted an air of calm in the service and staff did not appear rushed. Through our observations and discussions with staff and management, we found there were generally enough staff to meet the needs of the people living at the service. The rota indicated that there was one member of staff on duty at night. Two members of staff we spoke with told us that the service could do with an extra member of staff on duty at night. We raised this with the registered manager and she said that the service would look into this. The registered manager told us staffing levels were assessed depending on people's needs and occupancy levels. There was a lone working policy which applied to staff that worked during the night shift. This policy detailed the procedures to follow in order to ensure the safety of people and staff.

The registered manager also explained to us there was consistency in terms of staff so that people who used the service were familiar with staff. This was evident through our observations. We saw that people who used the service were comfortable around staff. The registered manager told us there was flexibility in

staffing levels so that they could deploy staff where they were needed. For example, if people needed to be supported on day trips or when people had to attend appointments.

We looked at the recruitment process to see if the required checks had been carried out before staff started working at service. We looked at the recruitment records for four members of staff. We found comprehensive background checks for safer recruitment including enhanced criminal record checks had been undertaken and proof of their identity and right to work in the United Kingdom had also been obtained. Two written references had been obtained for staff.

There were plans in place for a foreseeable emergency. This provided staff with details of the action to take if the delivery of care was affected or people were put at risk. For example, in the event of a fire. We also observed that each person had a personal emergency evacuation plan (PEEP) in place. Risks associated with the premises were assessed and relevant equipment and checks on gas and electrical installations were up-to-date.

Systems were in place to make sure people received their medicines safely. At the time of the inspection, we noted that the service stored people's medicines in the office in a locked cabinet. The registered manager explained to us that they stored the medicines in the office because people who used the service had difficulty taking their medicines. We found that this information was detailed in people's risk assessments. For example; some people were partially sighted and could lose or drop medicines. The service is a supported living accommodation and therefore medicines should be stored in people's own rooms in a lockable cabinet. We discussed this with the registered manager and she explained that each person had a lockable cabinet in their room and provided us with evidence of this. The registered manager said that in future medicines would be stored in people's own rooms instead of the office.

During the inspection we checked some of the medicines in stock and these were accounted for. There were arrangements in place in relation to obtaining and disposing of medicines appropriately and systems in place to ensure that people's medicines were stored and kept safely. We noted that regular temperature checks had been carried out to ensure that medicines were stored at the right temperature.

There was a policy and procedure for the management of medicines to provide guidance for staff. We viewed a sample of medicines administration records (MARs) for people who used the service. These had been completed and signed to demonstrate when medicines were given to a person. MARs had been completed correctly, with the exception of one where we found that there was one gap for one medicine administered on the day of the inspection. We discussed this with the registered manager and she explained that this was an error and that she would look into it. All the other MARs we looked at were completely fully which showed people had received their medicines at the prescribed time.

Staff who administered medicines told us they had completed training and understood the procedures for safe storage, administration and handling of medicines.

We saw documented evidence that medicine checks were carried out regularly and the registered manager confirmed this. The aim of these audits were to ensure medicines were being correctly administered and signed for and to ensure medicines procedures were being followed.

The premises were well-maintained and clean. There was an infection control policy and measures were in place for infection prevention and control. A cleaning schedule was in place which allocated some cleaning responsibilities to staff to ensure that communal areas in the service was kept clean and regularly monitored. People who used the service were responsible for cleaning their own rooms and staff supported

people to do this. On the day of the inspection we saw one person clean their own room.

Is the service effective?

Our findings

One person who used the service told us, "I don't have to worry about anything when I am here. I'm so happy here." Another person said, "I am happy here. It is good here. I have no complaints." Another person told us, "I'm happy here."

Relatives we spoke with were confident that the care provided in the service was effective. One relative said, "I am very, very happy with the care there. [My relative] has improved so much whilst there." Another relative told us, "Care staff are helpful."

One care professional we spoke with told us, "The care is fantastic. They listen and take things on board. They are proactive."

Staff had the knowledge and skills to enable them to support people effectively. They had undertaken an induction when they started working at the service and we saw evidence of this. Staff received training to ensure that they had the skills and knowledge to effectively meet people's needs. Training included safeguarding, medicines, first aid, fire training, infection control and food safety. Staff spoke positively about the training they had received and they all told us that it had been helpful to their role.

Care support workers told us that they were supported by management at the service. One care support worker told us, "I am definitely supported. The manager is really, really supportive. I can talk to her anytime. She listens and is professional." Another care support worker said, "The manager is absolutely brilliant. She is definitely supportive, very understanding and accommodating." There was evidence that staff had received regular supervision sessions and this was confirmed by staff we spoke with. Supervision sessions enabled staff to discuss their personal development objectives and goals. We also saw evidence that staff had received an annual appraisal about their individual performance and had an opportunity to review their personal development and progress and staff we spoke with confirmed this. One care support worker told us, "They are really supportive in terms of my personal development." Another care support worker said, "The manager is always looking for opportunities for us to improve and development. She really does encourage development opportunities."

People spoke positively about the food in the service. One person told us, "Excellent food here." Another person said, "The food is fine. We get a choice of food." There were arrangements to ensure that the nutritional needs of people were met. People's nutritional needs had been assessed and there was guidance for them and for staff on the dietary needs of people and how to promote healthy eating. There was no set weekly menu as people decided what they wanted to eat on a daily basis to encourage flexibility. Each person had a "menu choice" which detailed their likes and dislikes. Some people cooked their own meals with support from staff where required. One person told us, "I cook my own food. I cook what I like. I do not eat pork. They help me." On the day of the inspection we saw one person preparing their lunch with the support of a care support worker. The care support worker encouraged this person to be independent and prepare their own lunch and we observed positive interactions between the person who used the service and the member of staff.

People's weights were recorded regularly so that the service was able to monitor people's nutrition. This alerted staff to any significant changes that could indicate a health concern related to nutrition. The service monitored people's food intake. The registered manager explained to us that previously one person had a low body mass index and showed us documented evidence of what action they had taken in response to this which included communicating with the GP.

People were supported to maintain good health and have access to healthcare services and received on-going healthcare support and we saw documented evidence of this. Care plans detailed records of appointments with health and social care professionals.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People in the service all had capacity to make their own decisions and care plans demonstrated that they were involved in making decisions about their care. Staff had received online training in the MCA and were aware that when a person lacked the capacity to make a specific decision, people's families, staff and others including health and social care professionals would be involved in making a decision in the person's best interests.

The registered manager informed us that none of the people who used the service were subject to any orders depriving them of their liberty. We noted that people could freely go out when they wanted to.

Is the service caring?

Our findings

When asked about the service and how they felt about living there, one person told us, "All the staff are fine. I have no complaints. They spoil me. They support me and understand me." Another person said, "Staff are very good." Another person said, "Staff are very friendly. They always make time to speak with me." One relative told us, "[My relative] is always happy. There is a family environment there."

We observed that care staff showed interest in people and were present to ensure that people were alright and their needs attended to. Staff were attentive and talked in a gentle and pleasant manner to people. Care staff approached people and interacted well with them.

Staff had a good understanding of treating people with respect and dignity. They also understood what privacy and dignity meant in relation to supporting people with their care. One care support worker told us, "People's privacy and dignity is important. I am always friendly. I take an interest in people's interests and encourage people to get involved." Another care support worker told us, "I always knock on doors, greet people and always explain things before doing anything. I keep people informed and make sure they are comfortable around me." Another care support worker said, "I always allow people to make informed choices themselves. I do not impose my opinions on them."

People had free movement around the service and could choose where to sit and spend their recreational time. We saw people were able to spend time the way they wanted. Some people chose to spend time in the communal lounge, their bedroom and some people were out.

The registered manager and care support workers we spoke with had a good understanding of the needs of people and their preferences. Care plans included comprehensive information about people's interests and their background and the service used this information to ensure that equality and diversity was promoted and people's individual needs met. For example; care plans included detailed information about people's individual cultural and spiritual needs. People who observed specific religious practices were supported to do this. For example one person did not eat certain foods due to their religious beliefs and the service supported the person to do this.

People were supported to express their views and be actively involved in making decisions about their care, treatment and support and this was confirmed by people we spoke with. One person told us, "I am able to make decisions here. I can do things myself here." People had regular meetings with their key worker to discuss their care needs and progress.

The registered manager explained to us that they encouraged people to be independent and where possible, to do things themselves. We observed care staff provided prompt assistance but also encouraged people to build and retain their independent living skills. For example; we saw people being encouraged to help prepare their own lunch during the inspection and tidy their bedrooms.

People spoke positively about their bedrooms. All bedrooms were for single occupancy and had ensuite

facilities. People were able to spend time in private if they wished to. Bedrooms had been personalised with people's belongings, such as photographs and ornaments, to assist people to feel at home.

Is the service responsive?

Our findings

People told us that they received care, support and treatment when they required it. They said staff listened to them and responded to their needs. One person said, "Staff really do listen." Another person told us, "I receive the support I need here." One care professional told us, "They really do understand and respond to people's needs."

People's care plans included information about a range of each person's needs including; health, care, social skills, community living, finances and communication. Care plans clearly detailed how each person would like to be supported and were individualised and person-centred. We noted that care plans were written in the first person so that it was clear what the individual person wanted. Care plans contained personal profiles, personal preferences and routines and focused on individual needs. Each care plan included a section titled "Who am I?", "How do I want my life to be?", "How I would like to make my decisions?" and "Who are the important people in my life?" These were all completed fully including details of people's individual aims and goals.

Care plans were reviewed and updated where when people's needs changed. The registered manager explained that reviews enabled staff to keep up to date with people's changing needs and ensured that such information was communicated with all staff.

There was an activities timetable which was devised based on people's individual interests. Activities included attending the local day centre, voluntary work and going shopping. The registered manager explained that this encouraged people to be independent and get involved with the community. People we spoke with told us that there were sufficient activities available and had no complaints. One relative told us, "They really have an active social life there. It makes such a difference." On the day of our inspection, some people were out during the day and some chose to spend time in the service. We saw evidence that the service had organised a nationality culture week where they promoted a particular nationality and prepared different foods from that nationality and people were able to get involved if they wished to do so.

The service had implemented an incentive programme for people called "Tenant of the week". This programme focused on people's interaction in relation to how polite, friendly and helpful they were as well as how considerate they were of other people in the service. The registered manager explained that this received positive response from people in the service and also helped to encourage people to use their initiative and work towards positive behaviour.

There was a system in place to obtain people's views about the care provided at the service. We saw documented evidence that resident's meetings were held so that people could raise any queries and issues. People we spoke with confirmed this and told us that they felt able to talk openly at these meetings.

There was a complaints policy which was clearly displayed in the service. There were procedures for receiving, handling and responding to comments and complaints. We saw the policy also made reference to contacting the CQC and local authority if people felt their complaints had not been handled appropriately by the service. The service had a system for recording complaints and compliments.

A formal satisfaction survey had been carried out in May 2015. The results of the survey were overall positive. The registered manager explained to us that the service was in the process of introducing a new format satisfaction survey which was presented in a user friendly format to encourage people to provide as much information as possible. The registered manager showed us an example of this new format survey. The registered manager confirmed that the survey was due to be carried out in November 2016. The registered manager explained that staff communicated regularly with people's relatives and she encouraged people and relatives to raise issues with her and staff whenever they wished to and not to wait for a satisfaction survey.

Is the service well-led?

Our findings

People spoke positively about management at the service. One person who used the service told us, "I like the manager. She is lovely. I can talk to her easily. She is a good manager." Another person said, "The manager is very good. She is nice. I can talk to her." Another person told us, "The manager is nice. She always helps me. She is supportive." One relative told us, "The manager is constant and always there. I am extremely happy with the manager." One care professional told us, "The manager is absolutely great."

People who used the service and relatives spoke positively about staff and registered manager. They told us that they felt comfortable raising queries with them and found all staff to be approachable.

There was a management structure in place with a team of care support workers and the registered manager. All care support workers spoke positively about working at the service and told us that the morale within the service was very good. Staff said that management were approachable and the service had an open and transparent culture. They said that they did not hesitate to bring queries and concerns to the registered manager. Once care support worker told us, "Honestly this is one of the best places I have worked in care. The manager is really brilliant. She is the best manager I have worked with." Another care support worker said, "The manager is lovely. She is good. She is definitely approachable. There is good communication here." On the day of the inspection we observed that there was a good working rapport between staff and they communicated well with one another.

Staff were informed of changes occurring within the service through staff meetings and we saw evidence that these meetings occurred regularly and were documented. Care support staff told us that they received up to date information and had an opportunity to share good practice and any concerns they had at these meetings. They also told us that communication at the service was good and that they were always kept informed of developments. One care support worker said, "The team work at the service is very good. We all get on well. Another care support worker told us, "There is good communication here."

There was a quality assurance policy which provided detailed information on the systems in place for the provider to obtain feedback about the care provided at the service. The service undertook a range of checks and audits of the quality of the service and took action to improve the service as a result. We saw evidence that regular audits and checks had been carried out by the registered manager in various areas such as care documentation, health and safety, maintenance, medicines, complaints/compliments, staff files and training. The registered manager explained that they always looked at ways that they could improve the service and took necessary action.

The service had a comprehensive range of policies and procedures necessary for the running of the service to ensure that staff were provided with appropriate guidance. Staff we spoke with were confident about being able to access these policies and procedures.

Accidents and incidents were recorded accordingly. The registered manager explained that such information was reviewed by her to help prevent them reoccurring and to encourage staff and management

to learn from these.