

Sun Rose Care Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Sun Rose Care Limited is a domiciliary care service. At the time of the inspection, personal care was being provided to 11 people. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Quality assurance systems were not always effective and had not identified some areas for improvement found on this inspection. Staff were in the process of being trained to be able to complete the quality assurance processes in the absence of the provider if needed.

The service had been through a period of change in staff and management, however people and their relatives confirmed that this had not impacted on the quality of care provided. People and their relatives told us that staff were kind and caring and knew how to support them.

People, staff and relatives told us that communication with the service was excellent. People and relatives felt involved in their care and that the support provided was tailored to suit their needs. Staff told us they felt supported by the provider.

Medicines were managed safely. The service had recently implemented a digital medication system which allowed for them to monitor medication administration and receive alerts when not completed. Infection control was well managed and staff were provided with adequate personal protective equipment (PPE) as well as training around COVID-19.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection

The last rating for this service was good (published 4 July 2019).

Why we inspected

This inspection was prompted by our data insight that assesses potential risks at services, concerns received in relation to aspects of care provision and previous ratings. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. This enabled us to review the previous ratings.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those

key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sun Rose Care on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Sun Rose Care Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service did not have a manager registered with the Care Quality Commission. This means that the registered provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection.

Inspection activity started on 2 June 2021 and ended on 24 June. We visited the office location on 24 June 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

Before the site visit, we spoke with four people who use the service, and six people's relatives about their experiences of the care provided. We spoke with five members of staff, this included support staff, senior carers and the care co-ordinator. As part of the inspection process we were sent and reviewed a number of policies, this included safeguarding and infection control. We reviewed the training Matrix.

During the inspection

During the site visit we reviewed documents relating to people's care. This included three people's care plans and medication administration records (MAR's). We also looked at information relating to staffing such as recruitment records. We spoke with the registered provider throughout the inspection.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at the recruitment tracker and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us that staff helped them to feel safe. One person said, "I'm very glad I have them to look after me, I have nothing to worry about."
- Staff were able to identify different types and signs of abuse. Staff knew what action to take if they identified any of these signs. One staff member told us, "If I was concerned, I'd tell my line manager first and [the provider]. If I was worried nothing was being done, I'd tell social services". One staff member was able to tell us about their experience of reporting a safeguarding concern and the positive outcome this had for the person.
- Staff were aware of the provider's whistle-blowing policy and felt confident that their anonymity would be protected.
- There was a clear safeguarding policy in place which detailed action to take in the event of a safeguarding concern being raised.

Assessing risk, safety monitoring and management

- Staff were able to tell us where people's individual risk assessments could be found and told us they had time to read them. Staff understood people's individual risks and how to support each person safely.
- One relative told us, "Carers know the signs for when something is about to go wrong, they know that if [person] is particularly lucid, they're either having a bowel issue or suffering from a UTI (urinary tract infection). This is important to avoid hospital visits."
- Some people using the service were living with dementia, relatives told us that staff understood people's needs well. One relative told us, "[person] has early onset dementia, the carers know what they're doing and they know [person] pretty well." Staff had received training in supporting people living with dementia and felt confident in how to provide support for people's individual needs. One staff member told us, "I feel confident supporting people with dementia now, it's all about getting to know the individual person and what they need to help them and how they like things done."
- Staff were able to tell us the actions they would take if they found someone using the service had had a fall. They said, "If someone has a fall and hasn't pressed their lifeline button, when I arrive I'd call 999, complete the incident form, call the office to tell them my calls may be late or need to be covered and call the next of kin."
- People's care plans had clear risk assessments which guided staff on how to reduce that risk for each individual person. For example, where people had skin conditions, this was clearly documented throughout their risk assessments on how staff should support that person safely in all aspects of their care.

Staffing and recruitment

- Staff told us there were enough staff to support people safely. One staff member said, "We are recruiting all the time so staffing is okay. We help each other out where needed and cover each other's shifts. If there are shortfalls, we all support each other and make it work."
- People and their relatives told us that their calls were mostly on time and never missed. One relative told us, "We've never had any missed calls, and if the carers are going to be late they will always ring and let us know" another said, "They are only ever been a few minutes late, normally they're early."
- Staff received regular training and felt confident in supporting people. Due to the COVID-19 pandemic, most recent training had been online. Training in the use of people's individual equipment took place with each staff member at the person's home. A relative told us, "Carers know what they're doing with the equipment."
- Staff received regular spot checks in which a senior carer attends a visit with a staff member to assess their competency and check they are supporting people to receive care in line with that person's care plan.
- Staff were recruited safely. The provider undertook checks on new staff before they started work. This included checking their identity, their eligibility to work in the UK, obtaining at least two references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Using medicines safely

- Staff received training in administering medication. Staff told us that they received online theory training as well as practical training to ensure they felt confident to administer people's medication safely.
- Staff were using a digital system to record the administration of medication. Staff told us, "If I ever wasn't sure about something on the medication administration records (MAR's) or someone refused, I'd tell the line manager. There's always someone available. If the line manager is busy, it goes through to the office."
- Medication administration records were digitally recorded and sent an alert to the office staff if carers did not complete a person's MAR on a visit. This allowed the management team to be able to immediately action any concerns and investigate incidents as they happened.
- Using the digital system, the management team were able to complete monthly audits of the MAR charts as well as being able to see records being completed in real time.
- Staff's competency to administer medication was regularly assessed, however the record of this needed to be more detailed. (See Well-led section of report)
- The service had a detailed medication policy in place. However, some aspects of the medication policy had not been followed. (See Well-led section of report)

Preventing and controlling infection

- Staff received training in infection prevention and control as well as specific training around COVID-19. Staff understood their responsibilities around infection control and were able to tell us the measures they took to reduce the risk of infection. Staff told us, "We have gloves, masks, aprons. We carry our own antibacterial soap and hand towel as well as hand sanitiser. We dispose of the PPE (personal protective equipment) in small nappy sack bags."
- There were robust infection prevention and control policies in place, these included up to date information about the latest government guidance on COVID-19. Staff received regular emails from the provider to keep them up to date with any changes in government guidance.
- Staff received weekly COVID-19 tests.

Learning lessons when things go wrong

- Relatives told us that any issues they raised in relation to care were addressed. One relative told us, "The

most important thing to my [loved one] is that they (staff) are on time. I've spoken to [the provider] about this before and they seem to be on top of it now."

- The provider told us that any concerns raised were addressed immediately and would prompt a review of the person's care plan to ensure that care was being delivered in a safe and effective way.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Quality assurance processes were not always fully implemented.

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

- At the time of the inspection, there was no registered manager at the service. The provider intended to register as registered manager until a suitable applicant could be found and was in the process of completing their application form. This meant the registered provider was responsible for the service provided.
- Due to a period of changes in staff and management, not all quality assurance processes had been fully completed. For example, although accidents and incidents had been monitored by the provider, there were some occasions where actions taken were not recorded. The provider told us that the new deputy manager would now be supporting with quality assurance processes.
- Some people had been prescribed 'as required' (PRN) medicines. People took these medicines only if they needed them, for example, if they were experiencing pain. Despite being detailed in the service's medication policy, there were no PRN protocols in place. PRN protocols contain guidance for staff on how to identify whether someone needs their PRN medication. We did not see any evidence of people needing their PRN medication and not receiving this. The provider told us that PRN protocols would be put into place for people.
- Staff received regular medication competency assessments; however, these did not contain detail about what aspects of medication administration had been observed. More detail was needed for the provider to ensure that staff had been assessed in all aspects of administering medication.
- We saw for one person who had recently been expressing behaviour that may challenge, that clearer guidance was needed for staff on how to support the person. Whilst staff had been informed via email about the person's behaviours, the care plan had not been updated to reflect how best to support the person. We received confirmation from the provider that due to the person choosing to carry around and read their care plan, they were waiting to update the person's care plan until a review with the social worker could take place and the subject could be brought up sensitively with the person.
- Relatives were positive about the provider and felt that they were fully involved in each person's care. One relative told us, "It's a small team and it's nice to deal with a smaller company because it's much easier to get hold of people. [The provider] is always available and easy to contact."
- Each issue or concern identified in the service prompted an 'action plan' document to be produced, in which the concern was discussed by the management team and actions identified to be taken forward.

- The provider had a clear complaints procedure in place and complaints about care were logged with appropriate actions taken. However, complaints to the service that did not relate to the provision of care were not recorded. We discussed this with the registered provider and suggested that all complaints raised should follow the company's complaints procedure.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people, Continuous learning and improving care

- There had been a number of staff and management changes in the last year. People told us that this had not impacted on the service provided. One person told us, "I find the new carers as good as the old ones, there isn't a carer I don't like so that must be a good sign." Another person told us, "The carers do come and go a bit but there's some core people there. I'm always told when staff are leaving so I know what's going on."
- People and their relatives told us that staff were kind and caring. One person said, "They are very professional and do a good job, I couldn't fault them. They do anything I ask them to."
- People and their relatives told us that staff spent time talking to people. One person said, "They sit and have a chat with me when there's time, and they talk to me while they're helping me as well, we chat about everything."
- Staff were passionate about supporting people to make their own decisions. One staff member told us, "everything is that person's choice. We offer people choices as much as we can. For example, with clothing, different people are able to make choices with different types of support. For one person, they could tell us what they want to wear without looking in the wardrobe, for another you could show them two or three outfits and they can choose from those."
- People's daily notes showed detailed interactions between staff and people. Staff recorded their daily notes in a person-centred way and included information on how the person was feeling, what choices they had made and conversations they had had.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware of their responsibilities and regulatory requirements, including those under duty of candour. Statutory notifications, which are required by law, were appropriately submitted to CQC.

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

- People and their relatives told us they felt involved in decisions around their care. Comments included, "I know I can ring [the provider] directly or the office if I have any concerns at all." And, "If anything needs changing or adjusting, they (staff) are happy to help us with it and make that change."
- Senior carers were responsible for carrying out reviews of people's care. Staff told us that they regularly reviewed people's care and expressed the importance of being able to do this in person. Staff told us, "It's not until you visit people and get in situ that you see how you can improve things for people."
- Staff told us they were involved in how the service was being run. One staff member said, "I have regular communication with [provider] over the phone and they talk to me about how we could improve things. The [provider] is open to suggestions and ideas and really approachable." The provider was in the process of setting up a website for staff to provide feedback on the service.
- People and relatives told us that communication with the service was excellent. One relative said, "After care, communication is the most important thing and I can't fault theirs at all." Another said, "I'm always told if there's the slightest issue, for example if a carer is running slightly late, they will ring to give me the heads up."

- We saw that people and their relatives were sent annual surveys to receive feedback on the care provided. We reviewed the most recent surveys and all the feedback was positive.
- Staff told us that they felt supported by the provider. One staff member said, "I feel supported, I often have loads of questions but they listen and support when I need it."

Working in partnership with others

- Staff worked alongside visiting health professionals to support people to receive appropriate care. For one person who was being supported by the community nursing team, staff told us how they worked in partnership with the team to ensure the person's safety.
- Staff supported people to attend health related visits. One staff member told us, "For one client, we have supported them to book appointments with opticians, GP and dentist, we support [them] to attend these visits."
- The provider told us that they kept in regular contact with health professionals involved in people's care. For example, the provider had been working in partnership with the dietician for a person who was losing weight and fed the information provided back to the person's GP.