

Sunbird Care Ltd

Sunbird Care - East Croydon

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Sunbird Care – East Croydon is a domiciliary care service providing personal care to people in their own homes. At the time of the inspection 10 people were receiving personal care, most of whom were elderly and required support to remain as independent as possible. 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

People received the right support in relation to risks, such as those relating to age and moving and handling. There were enough staff to support people safely and staff timekeeping was good. The provider checked staff were suitable to work with people through recruitment checks. Staff received training in infection control practices, including the safe use of personal protective equipment (PPE), to reduce the risk of COVID-19 transmission. People received the right support in relation to their medicines and the provider had good oversight of this through electronic systems.

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

The registered manager and staff understood their role and responsibilities. The registered manager engaged and consulted well with people using the service, relatives and staff. Staff felt well supported by the registered manager. The registered manager understood their responsibility to notify CQC of significant events as required by law.

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 the service was good, report published 10 May 2019.

Why we inspected

This inspection was prompted because of the length of time since our last inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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?

Good ●

The service was well-led.

Details are in our well-led findings below.

Sunbird Care - East Croydon

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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 Health and Social Care Act 2008.

Inspection team

Our inspection was completed by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure the registered manager would be available to support the inspection. We also needed to obtain the consent from people using the service to be contacted by us to obtain feedback on their experience of using the service.

The inspection activity started on 3 February 2023 by visiting the provider's office to meet with the registered manager. We then made phone calls to people using the service and staff, and inspection activity ended on 13 February 2023.

What we did before the inspection

We reviewed the information we had received about the service since they registered with us, including any statutory notifications received. The provider completed a 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. We used all of this information to plan our inspection

During the inspection

We received feedback from 2 people using the service and/ or their relatives about their experiences of the care provided. We spoke with the registered manager and 2 care workers. We reviewed a range of records including care and staff records and records relating to the management of the service. After the inspection we continued to seek clarification from the provider to validate evidence found.

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.

Staffing and recruitment

- There were enough staff to support people safely and recruitment was ongoing to continue to grow the business.
- People and relatives did not raise concerns regarding staff timekeeping.
- The provider carried out recruitment checks including those relating to criminal records, references, fitness to work and identification. The provider explored any gaps in people's employment records and the registered manager was able to tell us the reasons for any gaps we questioned. However, the reasons were not always clearly recorded and the registered manager told us they would do so going forwards.

Preventing and controlling infection

- People received care from staff who followed safe infection control practices. Staff received training in infection control and the safe use of personal protective equipment (PPE) to reduce the risk of infections including COVID-19. A relative told us, "Staff always wear masks, gloves and aprons."
- Staff also received training in food hygiene.
- The provider carried out checks of infection control practices to ensure staff followed current guidance.

Using medicines safely

- People's medicines were managed safely. Risks were assessed and managed well and staff had reliable guidance to follow. A relative told us they had no concerns regarding medicines management.
- Staff received training in managing medicines safely with checks on their competence to do so.
- Medicines administration was recorded in line with best practice.
- Staff recorded medicines administration electronically, so the provider was alerted to errors in real time and medicines records were also audited to check best practice was always followed.

Systems and processes to safeguard people from the risk of abuse

- People were safe with the staff and were encouraged to raise concerns with the service or social services if necessary. A relative told us, "The carers are kind and very caring."
- Systems were in place to protect people from the risk of abuse such as annual training for staff on how to recognise abuse and take the right action. Staff understood their responsibilities in relation to this.
- Although there had been no allegations of abuse, the registered manager understood their responsibilities to report to the local authority safeguarding team, follow their guidance and to notify CQC.

Assessing risk, safety monitoring and management; learning lessons when things go wrong

- The provider identified and assessed risks to people, such as those relating to mobility, medical

conditions for example dementia, and the home environment.

- Guidance was in place for staff to follow to reduce the risks and staff were informed of all key details before providing care. Staff had access to all information about people, including their assessments, on a secure application on their phones. A relative told us staff understood the risks well and kept a close check on necessary areas.
- Staff understood how to respond to accidents and incidents, including falls, and received training on this. Systems were in place to record and review accidents and incidents and to put in place any learning from these.

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 when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The provider assessed people's capacity to consent to their care where it was suspected they may lack capacity, and made decisions in their best interest, consulting their relatives and others involved in their care. They checked if anyone had legal authorisation to make decisions for people and consulted with them if so. Records relating to this were clear and reliable for staff to refer to.
- Care workers understood their responsibilities in relation to the MCA and received training in this.

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 good. At this inspection this key question has remained the same. This meant service leadership was consistently well managed and well led. Leaders and the service culture they created promoted high-quality person-centred care.

Continuous learning and improving care; managers and staff being clear about their roles, understanding quality performance, risks and regulatory requirements; continuous learning and improving care

- The registered manager was experienced and knowledgeable and our inspection findings showed they understood their role and responsibilities. Two relatives described the registered manager as 'efficient'.
- The registered manager was well supported by the provider who spent much time directly supporting them in the office.
- The provider had a system of audits to check people received a good standard of care. These included checks of all care records, staff support and supervision, spot checks and training.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others; 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 communicated well with people and relatives with regular phone calls and visits to check their quality of care. The provider took note of any equality characteristics and recorded them in people's care plans with guidance for staff on how to meet them.
- The registered manager communicated well with staff to keep them informed of any changes to people's care or service developments. Staff were asked for their feedback and felt engaged and supported by the registered manager.
- The registered manager understood the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong. People, relatives and staff told us the registered manager was open and transparent.
- The registered manager understood their responsibility to send us notifications in relation to significant events that had occurred in the service such as any allegation of abuse, although none had been required.
- The provider communicated with external health and social care professionals such as district nurses and GPs to ensure people received the care they needed.