

Sunshine Care Limited

Sunshine Care - Central Offices

Inspection report

5 Derriford Park
Derriford Business Park
Plymouth
Devon
PL6 5QZ

Tel: 01752237550

Date of inspection visit:
07 September 2016
08 September 2016

Date of publication:
13 October 2016

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

Sunshine Care provides a 'live in' personal care and support service to people in the South West of England. At the time of our inspection the team of fifty seven care staff was providing support to approximately thirty four people with a range of personal, healthcare and domestic services.

The service is required to have a registered manager and at the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

People told us they felt safe and were well cared for by Sunshine Care. Their comments included; "I feel safe with them," and "Oh yes the carers are like family." Family members were generally positive about the support their relatives received. They said, "They know the job backwards. It's been excellent." Another commented, "We have monthly carers working two weeks and then a replacement. Not a problem with staffing so far."

People told us that due to the agency changing to live in care meant there was no chance of missed visits or staff being late. One person said, "It's the best thing the agency did." The operational manager told us this approach was continuing to be developed but that it was working well and could be managed more effectively than daily calls.

A few people told us communication had been difficult on occasions due to some staff not having English as their first language. One person said this had recently improved. Another person said they had informed the agency of their concerns. The agency was asked about this and said all staff had to have an acceptable level of English but agreed to look into the concern.

The registered manager was confident about the action to take if they had any safeguarding concerns and had liaised with the safeguarding teams as appropriate. Risk assessments clearly identified any risk and gave staff guidance on how to minimise the risk. They were designed to keep people and staff safe while allowing people to develop and maintain their independence. Staff told us they had attended both classroom training and e-learning (computer based training) to learn what action to take should staff witness or suspect abusive practice.

The recruitment process was safe and ensured all new staff had undergone suitable checks to ensure they were safe to work with people who may be vulnerable. The service was actively recruiting more staff to improve the flexibility in staffing levels.

Staff received a four day classroom induction based on familiarisation of the organisations policies and procedures, health and safety and practical learning including moving and handling, use of equipment and

first aid. A staff member told us they had completed the care certificate induction standards so they felt competent in delivering care and support. They said, "They (managers) are good at making sure we are up to date with the training."

People said staff were well trained and understood how to meet their specific care needs. Training records showed staff had been provided with all the necessary training which had been refreshed regularly. A staff member told us, "I have the training I need to carry out my role."

Staff received regular supervisions and annual performance appraisals. In addition 'spot checks' by managers were used regularly to confirm each member of staff was providing appropriate standards of care and support.

Staff knew the people they were supporting and provided a personalised service. Care plans were in place detailing how people needed to be supported. The service had risk assessment procedures in place. This was held at the person's own home as well as a copy being available at head office so this could be monitored.

Suitable medicine procedures were in place should the agency be required to administer medicines. Staff told us they had received training which gave them confidence to support people with medicines safely. Regular auditing of medicine records meant errors were identified and acted upon quickly.

The management team had systems in place to regularly measure the service's performance and look at ways of developing the quality of service they provided. There were processes in place to seek people's views on the service and monitor the quality of the service. Information from customer surveys and the actions the provider took were shared openly and honestly with people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. Risk assessments were undertaken and written plans were in place to manage these risks.

Staff understood how people should be safeguarded and were confident about reporting any concerns.

Recruitment procedures ensured staff were safe to work with people who may be vulnerable.

Good ●

Is the service effective?

The service was effective. People received support from a consistent staff team who understood their needs.

Staff had access to regular training events and there were procedures in place for the induction training of new members of staff.

People's choices were respected and staff understood the requirements of the Mental Capacity Act.

Good ●

Is the service caring?

The service was caring. Staff were kind, compassionate and understood people's individual care needs.

People and their families were involved in their care and were asked about their preferences and choices. Staff respected people's wishes and provided care and support in line with those wishes.

Staff supported and encouraged people to maintain their independence.

Good ●

Is the service responsive?

The service was responsive. People's care plans were detailed, personalised and provided staff with clear guidance on how to meet individual needs.

Good ●

Staff were respectful of people's rights and privacy.

People and their relatives told us they knew how to complain and would be happy to speak with managers if they had any concerns.

Is the service well-led?

The service was well led. Staff were supported by their manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with their manager.

Systems were in place to monitor how the service operated.

People told us they felt listened to and the service responded to their views.

Good ●

Sunshine Care - Central Offices

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 checked 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.

This inspection took place on 7 & 8 September 2016. The service received short notice in advance of the inspection. This was in accordance with our current methodology for inspecting domiciliary care services.

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the Provider Information Record (PIR) and previous inspection reports. 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. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with eight people who used the service, two relatives, four members of care staff, the operational manager and the provider. We received comments from two professionals associated with the service. We also inspected a range of records. These included three care plans, three staff files, training records, quality surveys, meeting minutes and the services policies and procedures.

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe while receiving care and support from Sunshine Care. People's comments included; "I feel safe with them (staff)" and "They (care staff) are very kind. It's good they live here for a few weeks at a time." People's relatives told us, "They (carers) use the hoist appropriately" and "We are looked after very well."

People's care plans included risk assessment documentation. These assessments had been completed as part of the care assessment process and provided staff with guidance on how to protect both the person and themselves from risk. Risk relating to the environment, were also addressed to ensure staff working in peoples own homes were safe. The risk assessments had been regularly reviewed and updated to reflect any changes to identified risks as part of the care plan review process.

Where accidents, incidents or near misses had occurred these had been reported to the service's managers and documented in the service's accident book. All accidents and incidents had been fully investigated and evaluated. This meant that where necessary information was updated to reduce the likelihood of a similar incident reoccurring.

The operational manager and administrators organised the roster which identified which staff were working with which client and for how long. The registered manager carried out initial assessments and matched people with staff who were most suited. A staff member told us, "I was introduced to (person's name) before I started working with them. It works well but there can be personality clashes from time to time." A person called the service at the time of the office visit who did not feel they were suited to the carer. The staff immediately took action to make changes to the roster so the person was not supported by the person again. The operational manager told us this did not happened often but when it did they had a pool of staff that could be matched either temporarily or permanently. People told us they all had 'live in' carers. Some received carers for a month at a time followed by a two week relief worker. All said they had never been without a carer at any time and people thought there were enough staff to meet their needs.

There was an on call system so that care staff had access to a member of the management team at all times. Staff felt the on call system worked well and commented "They (on call staff) are only a phone call away if I have any concerns."

Staff fully understood their role in protecting people from avoidable harm. All staff had received training on the safeguarding of adults and children as they may support people with children living in the house. Staff could explain how they would respond to any incident of suspected abuse. Staff said they would immediately report any concern to their manager who, they were confident, would take appropriate actions to protect the person. Staff understood the role of the local authority in the safeguarding of vulnerable adults and contact details were in the written literature at people's homes.

Recruitment processes for new members of care staff were robust. References had been reviewed and

necessary Disclosure and Baring Service checks had been complete before new members of staff provided care visits.

Staff had received training on how to support people to manage their medicines. The service recognised people should be supported to be autonomous and as independent as possible. In that respect, staff generally supported people with medicines by prompting or reminding people to take their medicines. People confirmed that staff supported them to do this. When spot checks took place, including supervision the registered manager took time to oversee a staff member's competency in medicine management where applicable.

Is the service effective?

Our findings

People received care from staff who knew them well, and had the knowledge and skills to meet their needs. People and their relatives spoke well of staff, comments included: "I can make choices and it works well" and, "I like the way they stay with me for periods of time. It makes such a difference rather than have someone pop in every day." The operational manager spoke of the importance of matching staff members with people to help ensure they developed a positive relationship. Staff were recruited to work with specific clients and people confirmed they knew the people who supported them. One person told us, "Before the agency changed to long term carers I didn't always know who was coming through the door, it could be a complete stranger. This is much better because you know who is coming." A few people told us communication had been difficult on occasions due to some staff not having English as their first language. One person said this had recently improved. Another person said they had informed the agency of their concerns. The agency was asked about this and said all staff had to have an acceptable level of English, but agreed to look into the concern.

People received care and support from staff that were well trained and knew their needs and preferences well. A relative told us, "(Persons name) had two infections which were picked up (noticed) by the carer, who let me know and I contacted a medical professional."

New employees were required to go through an induction programme in order to familiarise themselves with the service's policies and procedures and undertake some training. A member of staff told us the induction process also included a four day classroom based induction consisting of practical training on the use of moving and handling equipment and first aid. In addition all new staff spend time working in the organisations care home so their level of competency can be assessed.

Sunshine Care had integrated the Care Certificate into their staff induction process. Staff received training in the fundamental standards of care during their probationary period. Two staff members confirmed they had completed the care certificate which they felt had equipped them with the knowledge and skills necessary for their new role.

Training records showed staff received appropriate training in subjects including, safeguarding adults, moving and handling, infection control and health and safety. Staff files contained a list of training undertaken as well as certificates. The service had a system to identify when staff training required updating. Staff said they were encouraged to attend further training to strengthen their skills and knowledge.

Staff were supported in their roles by receiving regular supervisions. In addition 'spot checks' by the registered manager or senior staff were used to confirm each member of staff was providing appropriate standards of care and support. Two staff members told us, "I get really good support and (managers name) carries out checks to make sure I am completing the records I need to properly as well as looking at how I meet (person's name) needs." A manager told us, "Besides regular visits I talk over the phone regularly to (Staff name) to see how things are going and if there are any changes needed."

The Mental Capacity Act (MCA) provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make specific decisions for themselves. Managers and staff understood the requirements of this act and what this meant on a day to day basis when seeking people's consent to their care.

People told us care plans had been developed with them or a family member which demonstrated that they were in agreement with how care staff would provide their support. People told us they were able to control how their care was provided and that staff always asked for permission before providing care or support. People's comments in relation to consent included; "I am always asked if I want to do something it's not just expected of me" and "I can make choices, it's very important and works well."

People's care plans included guidance for staff on the support each person needed in relation to food and drinks. For example that people should be given choices by asking them what they would like to eat and drink. Daily care records included details of how staff had supported each person to ensure they were able to access adequate quantities of food and drinks. A staff member told us, "I make sure I write down what (person's name) has eaten and drunk as it needs monitoring for health reasons."

People told us staff supported them with their food shopping and assisted them with the preparation and cooking of their meals. People's choices of the foods they wished to purchase were respected. People told us staff escorted them to the shops to purchase their food items. People said, "Yes, I can say what we eat" and "Carers help with the food preparation. I say what I like. Very, very tasty meals."

Records showed Sunshine Care worked effectively with other health and social care services to ensure people's care needs were met. The management team had a good knowledge of people's health needs and where necessary, contacted professionals to check and confirm that guidance provided was correct. For example to check that the right equipment was in place at a person's home.

Is the service caring?

Our findings

People were generally positive about the staff that supported them and said they were treated with consideration and respect. Everyone we spoke with complimented Sunshine Care staff on the caring and compassionate manner in which they provided support. People told us, "I am very pleased with my carer (staff name) is very kind and patient when they support me," "I am very lucky to have my carers" and "They ask me what I would like. I am getting on with them well." A relative told us, "I think it is excellent. At the moment all is going well."

People told us the care and support they received matched what was written in their care plan. These were available in people's homes so staff were able to look at them to ensure the right care and support was delivered. People were encouraged to express their views about how their care and support was delivered. These preferences were recorded in people's care plans and respected by staff. For example, one person told us, "The owner came and we talked about the plan for (my relative) for about an hour. They also visited (relative) in hospital and talked with staff as well to see what was needed."

We observed a staff member taking time to explain how care would be provided to one person. The person needed to have instructions repeated regularly. The staff member supporting the person respected this and relayed the information whenever asked. Their choices were respected and the staff member was sensitive and caring in their approach. The staff member took the time to speak with the person as they supported them and the person responded positively to this approach. It demonstrated their patience and understanding.

Daily events that were important to people had been recorded so staff could provide care to meet their needs. Information was also documented daily about how the person was, in terms of their social and health needs. A staff member told us this supported them to deliver the appropriate level of care and support. It also informed other staff of any specific triggers they may need to be aware of.

Records demonstrated people's care plans were reviewed with them and updated on a regular basis and when their needs changed. Comments from people using the service and their relatives included, "They come and review the care plan every year" and "Reviewed it (care plan) two weeks ago. Staff follow and go through it."

Staff understood the importance of ensuring a person's privacy and dignity was upheld. A staff member told us, "(Person's name) can be vulnerable when in the community. I always keep my eye out for anything that might draw attention to them so their dignity is protected."

Staff and managers knew people well and demonstrated during their conversations with us a detailed understanding of both people's care needs and individual preferences. Staff told us they enjoyed their role and found living in provided much more continuity of care. Staff comments included; "I get a lot of satisfaction from this job" and "It's very different from what I've been used to but I like 'living in' and getting

significant time off. It fits in with my work life balance."

The operational manager and senior staff told us that due to the nature of the support people received (live in care) it was important people had staff they could get on with. For this reason staff were introduced to people before a service was agreed. The operational manager reviewed schedules daily and made updates as and when necessary. They showed there was little change in patterns of staff supporting people which ensured continuity of care. Some people using the service for some time said they had experienced "different carers at the beginning," but now they were happy with the regularity of staff.

Is the service responsive?

Our findings

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. Staff said, "The introduction process helps us to get to know the person and they get to know us." and "The information we get before we begin supporting a person means we know what level of support is needed. Any changes are fed down to us by the office team."

Before people started using the service the registered manager visited people to assess their needs and discuss how the service could meet their wishes and expectations. From these assessments care plans were developed, with the person and/or their advocate, to record how they would like their care and support to be provided. People were asked if they felt staff had the skills to respond to their needs. Comments included, "Very competent," "Definitely," "Never been worried" and "Quite satisfactory."

Care records contained information about people's initial assessments, risk assessments and correspondence from other health care professionals. For example, a health professional told us they had worked closely with the service, to ensure there was appropriate support to meet a person's complex needs. The care plans were reviewed and updated as people's needs changed. The registered manager visited people regularly to discuss and review their care plan. A relative told us they had been involved in the planning and review of a client's support needs.

Staff has a list of emergency contacts to use in the event of a medical emergency or household emergency.

Care plans were detailed and personalised. People's care plans provided staff with clear guidance on how to meet each person's specific care needs. Each person's care plan included details of their preferences and activities they liked to be involved in. For example, going out and attending events in the community. Type of transport preferred or needed. Comments from people included, "Every other Saturday I go to a charity coffee morning. The carer goes with me" and "Sometimes I go for a walk with one (carer). They ask if I want to go." A relative told us, "I have a special vehicle so we can go out. They (carer) look after (person's name) while I have some time on my own." Most people said they had talked about their interests with their carers. One person said, "We talk about things we like to do or don't like to do."

Although carers 'lived in' they did complete daily logs or records to show what support had been provided and if any significant issues needed to be recorded. These records were viewed during a home visit. They reported on significant issues which were appropriate to the level of care and support provided. For example where a person's usual routine had changed. The staff member said because this was a change of usual routine it was significant to record and would be an indicator for any future review. Daily care records were regularly returned to the service's offices and appropriately audited.

Details of the service's complaints processes were included within people care plans. People told us they understood how to report any concerns or complaints about the service. Some people reported they had

raised concerns and complaints in the past and were satisfied with how they were dealt with. People told us, "They sent two different carers for the two weeks; this was difficult for my (relative) to cope with. I talked to them they now give me one carer for two weeks. I also pointed out younger carer's confused (relative's name). Thinks they were granddaughters. I raised this issue and now we get older staff" and "I would tell Sunshine, I would ring them up. I've never had a need to complain."

Is the service well-led?

Our findings

People and their relatives told us they felt communication with the registered manager, senior office staff and carers was good. When asked if they thought if communication with office staff was good one person said, "Yes it is." People also told us, "Yes it is I speak to the office manager when I need more details about new carer" and "Yes (well run) as everything has gone all right."

There was a management structure in the service which provided clear lines of responsibility and accountability. The provider and registered manager showed effective leadership. People told us the service was organised and well managed. Their comments included; "Things have changed a lot over the last twelve months but it's been for the better. Much more organised" and "Everybody knows their role and responsibilities it seems to be working well."

There were systems in place to gain the views of people using the service. There were two surveys held each year. We looked at the most recent survey from January 2016. It asked people their views on staff supporting them. It also included asking people if they felt their privacy and dignity was respected and did they feel safe. The results were very positive and showed most people found the service they received was excellent or very good. In addition to the formal surveys, senior staff made regular calls made to people to have a general discussion about the person's support and well-being. A family member told us they were regularly spoken with about the service and felt confident to give feedback about how the service was progressing to support their relative. People told us they were very satisfied with the quality of the service they received.

Staff told us the management team were approachable and they felt well supported by their line managers. A staff member told us, "I get regular support from the manager" and "They (managers) make you feel valued and part of a team." Staff said they felt supported by the on call system which meant there was somebody to provide advice and support at any time. One commented, "I know that if I needed support out of office hours it would be there."

Senior staff were supported in their role through supervision and appraisal meetings. Records showed recently promoted staff were being mentored to gain experience in managing staff and carrying out assessments. For example, joint visits were arranged so senior staff could observe and mentor staff when carrying out assessments or supervision sessions.

There were regular office meetings to look at operational issues and how the service was developing. Staff meetings were limited due to the way the service operated. It was not possible to gather staff together due to the nature of their roles in providing 'live in' care. In addition the geographical area was too large for people to get together for meetings. In order to address this and to ensure information was cascaded. All staff received regular emails and newsletters to inform them of updates or changes in operational issues. Staff told us this worked well and they felt the communication of information was good.

There were systems in place to monitor the quality of the service provided to people. For example medication records were returned to the office weekly for audit. The operational manager said this was used

to pick up any anomalies and ensure action was taken. In addition accidents or incident reports were returned to the office for review and audit to pick up any patterns or trends. Regular audits were carried out for all individuals using the service. This included checking support plans, risk assessments and any health and safety issues. Policies and procedures had been reviewed and changes made where necessary in line with changes to legislation.