

Sunnyfield Support Services Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service: Sunnyfield Support Services Limited is a domiciliary care service which was providing support to 70 people in their own homes on the day of our inspection. It provides support to adults with a learning disability or people living with an autistic spectrum disorder. The service provides this support in assisted living schemes and, on occasions, where people have a good degree of independence in their own traditional home setting.

People's experience of using this service:

- The service had deteriorated overall since our last inspection from an outstanding service to one that requires improvement.
- Significant environmental safety issues were found at two of the assisted living schemes that we visited during the inspection. As a result, we found one breach of the regulations in relation to these issues.
- Some recruitment issues meant that the service could not be satisfied that all staff had been recruited safely. We have made a recommendation about this that can be seen in the 'safe' section of the report.
- Checking and auditing systems had not picked up on the issues seen at the inspection.
- The service met the characteristics of good in three out of five domains and requires improvement in two out of five domains.
- There were also good practices within the service.
- People were assisted to have maximum choice and control over their lives.
- People who used the service, their relatives and staff members gave us positive feedback about the service and the management.
- Some systems and processes within the service ensured people were safe but others had not picked up on the issues seen at the inspection.
- Staff knew people well and had built positive relationships with people they supported.
- People had an active say in how the service was operated and managed through meetings, surveys and reviews.
- We were satisfied that the registered manager was in the process of putting in place effective governance systems and processes to ensure that the service improved. This area needed to be improved and we have made a recommendation about this that can be seen in the 'well-led' section of the report.
- More information is contained in the full report.

Rating at last inspection: The service was rated outstanding overall. Our last report was published on 15 January 2016.

Why we inspected: This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up: We will continue to monitor the service to ensure that people receive safe, high quality care.

Further inspections will be planned for future dates.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Sunnyfield Support Services Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 was conducted on 7 and 8 February 2019.

Inspection team: This inspection was conducted by one adult social care inspector and an expert by experience. An expert by experience is a full member of the inspection team and in this case a person who had personal experience of using or caring for someone who uses this type of service.

On the first day of the inspection, the inspector visited the service's main office and met with the registered manager. On the second day, the same inspector visited three assisted living schemes and spoke with people and staff. The expert by experience contacted people and their relatives by telephone on both days of the inspection to seek their feedback on their experience of the service.

Service and service type: This was an assisted living and care at home service [domiciliary care agency]. It provided care to people in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The first day of the inspection was announced. We informed the registered manager of our inspection 36 hours prior to it starting. This was due to the type of service and the registered manager often being out of the office. We needed to be sure someone would be available.

What we did: Our plan took into account information the provider sent us since the last inspection. We also considered information about matters the provider must notify us about, such as events involving injury. We obtained information from the local authority commissioners and safeguarding team and other professionals who work with the service. We also looked at the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with nine people who used the service to ask about their experience of the care provided. With consent, we also visited three peoples' bedrooms in assisted living schemes. We spoke with the registered manager, two service managers and three care staff. We looked at five people's care records and a selection of medicines and medicines administration records (MARs). We looked at other records including quality monitoring records, recruitment and training records for six staff members.

Details are in the key questions below.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- At the two schemes we visited there were environmental safety issues. In one person's bedroom a window restrictor that would have prevented a fall from height was inoperative and required maintenance. At another scheme, dangerous cleaning products such as bleach were not locked away and people with learning difficulties could access them.
- At one of the schemes we visited, areas of the home were dirty and required a thorough clean.
- The environmental issues that were identified were addressed during the course of the inspection. The registered manager said, "I will ensure that there is an urgent check at all schemes to ensure that these matters are not repeated."

This series of environmental safety concerns were a breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People who used the service and their relatives told us that people felt safe using the service.
- Staff members we spoke with confirmed they had received training in safeguarding and knew their responsibilities to raise concerns.
- Safeguarding and whistleblowing policies and procedures were in place to guide staff in their roles.
- One person who lived at an assisted living scheme told us, "I feel safe and am better off here than my previous location."

Assessing risk, safety monitoring and management

- Risks to people's health and welfare had been identified and care records contained information about the management of identified risks to keep people safe. If risks changed, we saw evidence that reviews were undertaken.
- We saw that some consideration had been made to some hazards within people's own homes. If any risks had been identified, there was a plan of how these were to be managed. Unfortunately these had not picked up on the environmental safety issues described earlier in this section of the report.
- There was a system for the recording of accidents and incidents.

Staffing and recruitment

- Recruitment systems and processes were in place but in three of the six files we considered, insufficient recruitment checks had been made with previous employers prior to the members of staff starting work. All other checks such as criminal records and identity checks had taken place. The registered manager undertook to arrange for further enquiries to ensure that the recruits had been safely employed.

We recommend that the service revises its recruitment processes to ensure that all relevant checks are made on staff before they start work.

- We received positive responses from people in relation to staffing levels within the service. During the inspection we also observed a good staff presence at the assisted living schemes that we visited.
- Staffing rotas supported that there were enough staff available to manage and support people's needs.
- During the inspection we noted that senior staff at head office and the care managers organised staff rotas to meet people's needs. They considered the geographical locations of people and staff and staff availability.
- One person said, "There's never a problem with staff being available."

Using medicines safely

- People's medicines were managed safely, and most staff were trained in the safe management of medicines. The provider had a medicines management policy available and all staff were familiar with it.
- We checked Medicines Administration Records (MAR) for four people for the month preceding the inspection and saw that the records were completed accurately to confirm they had received their medicines as prescribed. We counted the medicines, in the secure cupboard, of two people who used the service and found that they accurately reflected the information in the records and that there were no medicines left over.
- People told us they were happy with the support they received with medicines.

Preventing and controlling infection

- The service did not effectively manage and control the prevention of infection. This issue has been reflected in the breach of the regulations seen earlier in this section of the report.
- Some areas of one of the assisted living schemes we visited were dirty. The windows and sills of one person's bedroom and the windows of a communal bathroom were particularly dirty and required a thorough clean. All areas of the other schemes we visited were clean and tidy.

Learning lessons when things go wrong

- Although accidents and incidents were recorded there was limited evidence of lessons learned. We saw that these records were not regularly reviewed and there was no documented evidence that discussion was held with staff and relatives around any lessons learned. The registered manager said that they were in the process of instigating a system of reviews around these records. We will look at this issue at the next inspection to see if improvements have been made.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Reviews of care records were being completed and information contained in care files was up to date.
- Assessments obtained from health and social care professionals were used to plan effective care for people.
- Care files supported that assessments of people's needs were completed prior to them moving into the service.
- Management and staff applied their learning in line with best practice. This led to good outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience

- The service had a robust system in relation to the induction, training and supervision of staff.
- All the staff we spoke with confirmed they had an induction when commencing employment and received regular supervision and appraisal sessions with management staff.
- Staff said that they had attended various training courses and that this was a mandatory requirement. One staff member told us, "I am encouraged to attend training and to complete my external qualifications in health and social care."
- Records showed that staff had access to a number of courses including, safeguarding, first aid, moving and handling, medicines, and specialist feeding techniques.

Supporting people to eat and drink enough to maintain a balanced diet

- One person who lived at a scheme run by the service told us, "Staff encourage me to eat and drink healthily but I can make my own mind up about what I have."
- If it was part of the agreed package of care and support, staff supported people with their dietary needs.
- Care files contained a good level of information about how to support people with their individual dietary requirements.

Staff working with other agencies to provide consistent, effective, timely care

- People told us that staff attended on them on time and provided support for the right amount of time.
- We saw timely action had been taken when people required the use of different services. For example, we noted that one person required the use of expert health care services. Staff had seen to this quickly and had appropriately involved the person's family. This resulted in proper supervision and support at the time of the person's contact with the specialist and an effective outcome.

Supporting people to live healthier lives, access healthcare services and support

- Records we looked at showed the service supported people to access healthcare services such as GP's as and when required.

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 so that they can receive care and treatment with appropriate legal authority. When people are using services in the community, the Court of Protection has to agree to any restrictions on people's liberty. We checked whether the service was working within the principles of the MCA and if any applications had been made to the court of protection.
- Most of the people using the service at the time of our inspection had capacity to make their own decisions. Appropriate restrictions were applied on those that weren't able to make some decisions, and we noted that the service had made representations to the local authority around this. In these cases we noted that there was extensive family and social care professional involvement to ensure that people's best interests were preserved.
- MCA training was included as part of the induction so that staff had an understanding of the legislation.
- The registered manager and service managers understood their responsibilities in relation to this legislation.
- Care records we looked at showed that consent had been sought and people had signed their care plans in agreement to the care and support being provided.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- One person said, "Really, nice people. I can talk to the staff, friendly and easy to get on with. They help me with one to ones and we go out and do our bedrooms and they make time and sit and talk to us."
- One person's relative said, "The staff are very caring. My relative has thrived at Sunnyfield."
- All the people we spoke with told us staff at all levels were kind and caring. This included the registered manager.
- During the inspection we observed staff interactions with people. This was unrushed and supportive. Staff also spoke with us about the people they were supporting with empathy and respect.
- All the staff we spoke with told us they felt they knew people well, including their likes and dislikes, hobbies and interests.
- The care records we looked at showed how best to communicate with people who may have some form of disability that limited communication.

Supporting people to express their views and be involved in making decisions about their care

- One person's relative told us, "I see the staff a lot and they talk to me about all aspects of my relative's care and welfare. Recently there was a change and we all got together as some big decisions needed to be made and together we helped my relative with that."
- The information contained in people's care records showed that their histories and backgrounds were covered. It also showed, where appropriate, that relatives had been consulted with as part of the support provided to people.
- Care records directed staff to give people choices when supporting them.
- People had access to advocacy services if they required. Advocacy seeks to ensure that people are able to have their voice heard on issues that were important to them.

Respecting and promoting people's privacy, dignity and independence

- One person we spoke with told us, "The staff and management respect my independence but assist me when I need help."
- Staff were able to describe how they promoted people's privacy and dignity. For example, we noted that staff only entered people's bedrooms with permission.
- Confidential information was stored securely and only authorised staff had access to sensitive material and records.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care planning was person centred and dealt with the person as an individual with structure and support to suit the person's needs and requirements.
- One person who used the service told us, "I'm fully involved in my care plan and any reviews. I can access it if I want to."
- Equality and diversity training was provided to staff. It was part of new staff member's induction and a comprehensive policy was available to staff to consider.
- A member of staff said, "Equality is about fairness. We treat everyone in this scheme fairly and as equals."
- Reasonable adjustments were made, where appropriate, and the service identified, recorded and met people's information and communication needs, as required by the Accessible Information Standard. This included providing important documentation in accessible formats including easy to read and braille. This standard was introduced in 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need.
- We looked at how technology was used in the service. People had access to WiFi and computers. We noted that people were using these facilities during the inspection. Some people used a 'keysafe' systems [a key to their front door in a locked external box].

Improving care quality in response to complaints or concerns

- People and their relatives knew how to provide feedback about their experiences of care and the service.
- People and their relatives knew how to make complaints; they felt these would be listened to and acted upon in an open and transparent way.
- There was a complaints policy and procedure in place within the service to guide management and staff.
- Records we looked at showed the service had received two complaints in the past 12 months. These had been acknowledged, investigated and responded to consistent with the provider's policy.

End of life care and support

- At the time of the inspection, all the people using the service were young adults and were not requiring end of life support. The registered manager said that the service had a policy and systems to support people with end of life care that incorporated extensive involvement with family members and local GP's.
- Some staff had completed training in end of life care and support.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations at the inspection may or may not have been met.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The service demonstrated a commitment to provide a person-centred and high-quality care approach by engaging with everyone using the service, their relatives and health care professionals.
- During the inspection we saw that the registered manager and senior staff positively encouraged feedback from people and relatives and acted on it to continuously improve the service. When things went wrong, we noted that the service engaged with people and their relatives.
- Records relating to the care and support of people who used the service were accurate, up to date and complete.
- Policies and procedures were available to support staff in care delivery.
- Although the registered manager was completing some quality system checks, there was an absence of any documented provider led checks or input on areas such as recruitment and disciplinary action with staff and environmental concerns following visits to schemes.
- There were plans to continue improvements within the service and noted that this was discussed at meetings with staff. However, we noted that this was a relatively recent development and coincided with the registered manager implementing a more robust system of audits and checking This followed the registered manager's assessment, before the inspection, that some areas of care delivery required improvement.

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

- Managers and staff understood their roles, and the importance of quality performance, risks and regulatory requirements. One member of staff said, "We are a family orientated 'close knit' team. We all know our roles and responsibilities."
- Any notifications that the registered manager and provider were obliged to make such as those alleging abuse, had been made to the CQC and local authority.

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

- All the people, relatives and healthcare professionals we spoke with told us that management staff were approachable.
- Staff members we spoke with were complementary about the registered manager and other senior managers. Staff said they felt involved in the running of the service and that management attitude helped them to feel encouraged.

- Records we looked at showed that regular staff meetings were being held.
- Meetings for people who used the service were conducted and records of these were also available.
- The service had received compliments from people and relatives about the service and staff members.
- A staff member said, "The service is improving and the new manager has implemented better systems that improve life for us and people we care for. For example, we now spend more time with people in one scheme instead of being moved from scheme to scheme. This allows us to get to know people better."

Continuous learning and improving care

- Quality assurance processes and systems were in place. We noted that the registered manager had implemented a thorough system of checks and this had been effective from January 2019. There was a absence of documented checking prior to this. From the January 2019 checks, we saw some evidence that action was taken in circumstances where improvements were required. However, these processes had not identified the staff recruitment and significant environmental safety issues seen in the 'Safe' section of this report and some improvement is required in this area to ensure that they pick up on issues and systems are appropriately robust. We will check this at our next inspection.
- We noted that the registered manager discussed with staff areas of improvement at team meetings.

We recommend that the service continue with the improvements with quality checking identified by the registered manager and broaden the areas of concern to ensure that they are robust and cover all essential safety issues.

Working in partnership with others

- The service was able to demonstrate they were working in partnership with others, such as social workers, GP's and district nurses.
- Health and social care professionals views on the service were mixed. One professional said, "This is a well-run service and the new manager is alive to issues and we get appropriate referrals." Another said, "Senior staff and managers are good but I worry about some of the more junior staff and how well they are supervised and managed."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The service did not always ensure that service users lived in a safe environment.</p>