

Sunshine Coast Support Limited

# Sunshine Coast Support Ltd

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

We undertook an announced inspection of Sunshine Coast Support Ltd Domiciliary Care Agency (DCA) on 1 November 2016. We told the registered manager two days before our visit that we would be coming. We did this because they were sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure they would be in.

Sunshine Coast Support Ltd provides personal care services to people in their own homes. At the time of our inspection eight people were receiving a personal care service. Sunshine Coast Support Ltd provides support for people who require a range of personal and care support related to personal hygiene, mobility, nutrition and continence. Some people were living with early stages of a dementia type illness or other long-term health related conditions. People lived reasonably independent lives but required support to maintain this independence.

There is a registered manager at the service who is also one of the owners and a director of the company. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider and registered manager had good oversight of the service. They knew people and staff well and had a clear vision for the future of the service. Although some systems were in place to monitor the quality of the service these needed to be established and embedded into practice to ensure the service continues to develop and improve. Support plans were detailed and person centred however we found they did not include all the information to demonstrate the support people required and received.

People told us they were happy with the support they received and staff were very caring. People's care was personalised to reflect their wishes and what was important to them. People were supported by staff who knew them well and understood their needs and preferences. They were visited at times that suited them. People were introduced to staff before they provided them with care and they were looked after by a small team of regular staff who knew them well.

There were a range of environmental and individual risk assessments in place to ensure people were looked after safely. Staff had a good understanding of the risks associated with supporting people. Staff had a good understanding of safeguarding; they were able to recognise different types of abuse and told us what actions they would take if they believed someone was at risk. There were systems in place to ensure people received the medicines they had been prescribed.

There were enough staff who had been safely recruited to meet the needs of people who used the service. People's needs were assessed before they started using the service to ensure their needs and preferences could be fully met.

There was an induction and an ongoing training and supervision programme in place to ensure staff had appropriate skills to support people who used the service. Staff understood the principles of consent and the Mental Capacity Act (2005).

People's nutritional needs were assessed and met. They were supported to receive enough to eat and drink. Staff knew people well and recognised when they may need to be referred to a healthcare professional for example the GP or district nurse.

The provider and registered manager had developed an open and positive culture at the service. The aim of the service focussed on providing a good level of support to people. Staff felt listened to and well supported.

## 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 

Sunshine Coast Support was safe

Staff had a good understanding of the risks associated with supporting people.

There were systems in place to ensure people received the medicines they had been prescribed.

There were enough staff who had been safely recruited to meet the needs of people who used the service.

Staff had an understanding of the procedures to safeguard people from abuse.

### Is the service effective?

Good 

Sunshine Coast Support was effective.

There was an induction programme in place and staff received regular training and supervision to meet people's needs.

Staff understood the principles of the MCA

People's nutritional needs were met and they were supported to receive enough to eat and drink.

Staff knew people well and recognised when they may need to be referred to a healthcare professional for example the GP or district nurse.

### Is the service caring?

Good 

Sunshine Coast Support was caring.

Staff had built positive relationships with people and treated them with kindness.

People told us they were supported by staff who were caring and kind.

People were consistently positive about the caring attitude of

staff.

People were treated with dignity and respect by staff who took the time to listen and communicate.

### Is the service responsive?

**Good** ●

Sunshine Coast Support was responsive.

People's care was personalised to reflect their wishes and what was important to them.

People received care and support that was responsive to their needs because staff knew them well.

People were made aware of how to make a complaint.

### Is the service well-led?

**Requires Improvement** ●

Sunshine Coast Support was not consistently well-led.

People's records did not contain all the information to demonstrate the support people required and received.

Systems to monitor the quality of the service were not yet embedded into practice.

There was an open and positive culture which focussed on providing a good level of support to people.

The staff told us they felt supported and listened to by the registered manager.

# Sunshine Coast Support 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 was planned to check 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.

The inspection of Sunshine Coast Support Ltd took place on 1 November 2016. This was an announced inspection. We told the registered manager two days before our visit that we would be coming. We did this because we needed to be sure they were in the office as sometimes they were out supporting staff or visiting people who use the service.

Before our inspection we reviewed the information we held about the service. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

During our inspection we went to the office and spoke to the registered manager, the provider and two staff members. We reviewed the care records of four people that used the service.

We looked at staff recruitment files, supervision and training records, and spoke with the registered manager about the systems in place for monitoring the quality of care people received. We looked at a variety of the service's policies such as those relating to safeguarding, medicines, complaints and quality assurance.

Following the inspection visit we spoke with four people and their representatives that used the service to get their feedback about what it was like to receive care from the staff. We also spoke with two health and social care professionals to get their views on the service.

# Is the service safe?

## Our findings

People told us they felt safe using the service. One relative said, "I feel reassured because it's regular carers who visit."

People told us they were supported to take their medicines. One person said, "I don't have to worry about that now, they sort it out for me." Medicine administration record (MAR) charts were completed to show people had taken their medicines as prescribed. Some medicines had been prescribed to be taken 'as required' (PRN), for example pain killers. There was guidance in place for example how many tablets the person could take in 24 hours and the frequency these could be taken. The registered manager and staff had a good understanding of the medicines people had been prescribed and why they were taking them. Some people required skin creams. There was some guidance in place about where these should be applied but this was not in place for all MAR charts and support plans we viewed. The registered manager told us if people required a moisturising cream to be applied to their legs this would be written on the MAR chart. However, if a person required a cream for a more specific reason such as an infection this would be documented on a body map to inform staff exactly where the cream was required.

There was information in the support plans about people's medicines. This included how they would like to take them for example one person preferred to take them with squash. There was information for staff to remind one person to keep their mouth closed when using their inhaler. MAR charts were audited to identify any gaps or shortfalls. Any information for improvement was fed back to staff through an email or at supervision to ensure improvements were made.

Risk assessments identified environmental and personal risks. The support plan contained information about identified risks. The risk assessments included information about how people mobilised or whether they required support. One person had been prone to falls and there was guidance to remind the person to walk with their sticks. Another person had been identified at risk of developing pressure sores and there was guidance in their support plan for staff to follow. Environmental risk assessments identified, any aspect of the person's home which may present a hazard to them or staff. For example areas which may present a trip hazard or difficulty parking in the area. Staff were aware of risks to individuals and what actions to take to reduce these risks.

Staff had an understanding of abuse, how to identify it and protect people from the risk of abuse or harm. They were able to tell us about different forms of abuse and how to report it within the organisation or to the local safeguarding authority. One member of staff said, "Talking to people and getting to know them is very important, that's how you know if something's not right."

There were enough staff who had been safely recruited to meet people's needs. The registered manager told us before accepting people to use the service she ensured there were enough staff to meet their needs and provide the level of care and support they required. There was ongoing recruitment to enable the service to develop and expand. Staff told us there were enough staff to look after people.

People were protected, as far as possible, by a safe recruitment practice. Each member of staff had a disclosure and barring check. (DBS) These checks identify if prospective staff had a criminal record or were barred from working with people. Records included application forms, identification, references and a full employment history. These checks took place before staff commenced work.



## Is the service effective?

### Our findings

People told us they were happy with the care and support they received. They said staff were efficient and knew how to support them.

Staff understood the Mental Capacity Act 2005 (MCA) in relation to the people they looked after. The MCA aims to protect people who lack capacity, and maximise their ability to make decisions or participate in decision-making. One staff member said, "Everyone can make some decisions. We give people choices and make sure they are choices people can cope with." Care assessments and support plans contained information about people's memory and whether they were subject to periods of confusion. However, there were no formal mental capacity assessments in place. People who were able had signed consent forms to show they agreed with the content of their support plans. Where people were unable to do this the registered manager told us they had spoken with their next of kin to ensure the information reflected their relative, their needs and choices. Staff knew people well and were able to tell us how they made decisions and the support they needed.

When staff started work they completed an induction which included looking at policies, how to manage incidents and accidents, complaints and the philosophy of the service. They also completed the care certificate to support the induction process. One staff member told us about their induction. They said, "It was lovely, they were very supportive and allowed me to take my time. They were patient, they didn't rush me." The care certificate is a set of 15 standards that health and social care workers follow. It ensures staff who are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Staff were supported through this by the provider. Prior to working with people they completed moving and handling, first aid and medicine training. They shadowed the registered manager for two weeks or until the registered manager was satisfied they were competent to support people. This ensured staff spent time with everybody who used the service and gained an understanding of their individual care and support needs. Staff said the time spent shadowing supported them to get to know people well before they supported them on their own.

There was a training programme in place and training needs were discussed regularly with staff at their supervision. Supervision included a discussion about people who used the service to identify any learning staff may need in relation to the care provided. Supervision was also used as an opportunity to update staff knowledge, and discussions had taken place about mental capacity, deprivation of liberty and safeguarding. One staff member said, "One to one's are really useful, they give me a chance to discuss how I feel." There was no formal assessment of staff competencies however staff did not work on their own until the registered manager was satisfied they had the appropriate knowledge and skills to support people. The registered manager told us they often worked with staff and regularly visited people which meant they were able to identify any areas of staff practice that needed improvement. Staff told us they felt well supported by the registered manager and provider. They were aware of the high standard of care expected of them. One staff member said, "We have high standards but there's no point in having anything less. It's why we come to work."

Some people required support to ensure they had enough to eat and drink throughout the day, they told us they received the support they needed. One relative told us their family member received the support they needed with meals. They said, "She loves her food, she eats well, in fact I think she's put on weight." This included preparing and serving meals and on occasions helping people to shop for their own food. There was guidance in support plans for staff to follow and included information about people's individual likes and dislikes. There was detailed information about people's dietary choices for example whether people preferred tea or coffee and whether they took milk and sugar. One staff member told us how, following discussions with a person and their relative, they were supporting them to make healthier meal choices. Staff told us people were always offered a choice at mealtimes. One staff member said, "We show people what's in their fridge, if they don't like what we offer we carry on until we find something they do like." Staff knew what to do if people were not getting enough to eat or drink. They said they would inform the registered manager who would discuss the concerns with the person's relative or GP. Staff recognised the importance of people having enough to drink throughout the day and told us they always made sure people had drinks near them before they left.

Staff knew about people's day to day health needs and the support they required to meet their needs. They said people's health and wellbeing was monitored at each visit. They told us how they identified changes in people's health and what actions they would take. Staff told us if they had any concerns about people's health they would inform the registered manager who would contact the person's own GP. One staff member told us, in the absence of the registered manager, they had identified one person may be developing a pressure sore and had contacted the district nurses to ensure the person received the appropriate care and treatment. This meant people received treatment from the appropriate professionals when they needed it. One healthcare professional we spoke with told us staff referred people to them appropriately and had a good understanding of their healthcare needs. A relative told us staff identified if their family member was unwell and took appropriate action.

## Is the service caring?

### Our findings

People told us staff were very caring. One person said, "Staff are really super." A relative told us, "They're like a breath of fresh air." Other comments included, "They're wonderful, the carers are lovely" and "You can tell they really care." One staff member said, "We look forward to visiting people and we hope they feel the same about us."

When people started using the service the registered manager and staff spent time getting to know them, their needs, choices and preferences. The registered manager and staff knew the people they supported well. They spoke about them with kindness and compassion. Staff understood people's life histories, their interests, likes, dislikes and preferences. They told us in detail how they were able to meet people's preferred care and support needs and how they would work with people to ensure they received the support and care of their choice. Staff spoke about people with genuine care and affection. A visiting healthcare professional told us staff seemed very 'fond' of the person they were visiting. They told us the staff member's knowledge of the person enabled them to provide treatment in a way that met the person's needs and retained their dignity. One person told us, "They show respect in everything they do."

People were involved in day to day decisions about their care. Staff told us they asked people about their support they wanted and gave them choices at each visit to ensure people were happy. Staff realised the importance of attention to detail in ensuring people received the care they needed. The registered manager told us how she had identified the importance of following the same routine when entering one person's house. She said, "Although the person doesn't always appear to acknowledge us any change of routine can cause distress." This information had been added to the support plan and staff were aware. Staff told us standards were very high at the service. One staff member said, "That means we give people the care they need, that's how I'd want my mum treated and that's what people should expect and receive." Staff understood the importance of supporting people to make their own decisions and choices to remain independent. They supported people to express their views about their care and those important to them such as family and friends were involved in making decisions if appropriate. Care plans showed people and where appropriate their relatives had been involved in their development.

Staff were introduced to people by the registered manager prior to delivering care on their own. The registered manager undertook all the first visits to ensure they were aware of the person's needs. They then accompanied the staff member for their first visit to make sure the person was comfortable with the staff member. Each person had regular staff to support them and this ensured continuity of support for people. This also meant people knew who was visiting them and staff were aware of people's individual needs and preferences. This is important for building trusting relationships between people who use services and the staff who provide their care. People and some relatives received a copy of the weekly rota so they knew who was due to visit them and at what time. One staff member said, "It's respectful to introduce other staff before they start supporting people. People want to know whose coming into their home." One person said, "I have a rota so I know whose coming, I know them all." Another person told us, "I have my regular carer, she's rather a good girl. I'm getting to know her and she's getting to know me." A relative told us their family member had improved because they received staff who they knew. They said, "It seems much better

because they know each other."

People told us they received visits at a time that suited them. This was arranged when they first started using the service and could be adjusted when necessary. Staff told us they visited people on time as far as possible, this included not visiting people earlier than they should. The registered manager told us if staff were going to be more than 15 minutes late they would contact the office who would then inform the person to ensure they were aware of the delay or arrange a replacement if necessary.

The registered manager was regularly involved in providing care and support. When it was identified a person's needs had changed, the registered manager discussed this with the person and made any necessary changes. The registered manager spoke with people regularly to make sure their care needs were met and choices and preferences respected. People we spoke with told us they were always consulted about their care. One relative told us, "I ring them, they ring me I'm completely involved."

Staff were aware of and respected people's diverse needs and preferences and worked with people to enable them to live their own lifestyle. They understood people's spiritual needs and supported them to follow their faith.

## Is the service responsive?

### Our findings

Before people started to use the service the registered manager completed an assessment to ensure people's individual needs and choices could be met. In addition to people's care and support needs the registered manager also ensured there would be enough regular staff available to provide the care and support at a time of the person's choice. The registered manager and staff told us of the importance of regular staff visiting.

Following the assessment staff were introduced to people by the registered manager. Staff told us this was helpful and meant they had a good knowledge of the person before they supported them on their own. People and where appropriate their relatives were involved in the development of support plans and these were regularly reviewed. Support plans were detailed and person-centred. They reflected people's choices and preferences which enabled staff to provide care in the way people wanted it. The support plan included a task list which gave clear, step by step guidance for staff to follow which helped ensure the support was delivered the way the person wanted it. There were also reminders to staff, for example, to ensure people had their emergency personal alarm with them. The registered manager had identified in the PIR that the task list had been recently developed and was an area that would continue to be developed.

People received person-centred care and support because staff knew them well, and had a good understanding of people as individuals, their routine, their likes and dislikes. Staff also visited the same people regularly. This ensured good continuity of care and enabled staff to identify changes to people's health and support needs. People received the care they required, for example in relation to their continence and pressure area needs. Staff told us they observed people's pressure areas when they provided care.

Although staff knew people well they told us the detail in the support plan enabled them to provide the appropriate care people needed. One staff member said they had supported one person with their personal hygiene and getting dressed. The staff member was ready to leave but the person remained upstairs applying their make-up. The staff member told us, "That had never happened before, she had always come downstairs with me. I wasn't sure if I could leave her so I looked in the care plan and it said she could manage the stairs on her own. I went back and chatted to make sure she was ok and then I left." This demonstrated the importance of detailed support plans.

Staff had a good knowledge of people, their needs and choices. They told us about the support they provided and how they adapted this to meet what people wanted. One relative said, "If something needs tweaking I just tell them and it's actioned straight away."

People were regularly asked for their feedback about the service and support they received, they told us this was positive and they felt listened to. The registered manager visited people regularly to provide support and used this as an opportunity to gather feedback. Surveys were sent to people and where appropriate their representatives every six months to gather feedback. A recent survey had been analysed and showed that people were happy with their care. The registered manager had introduced a 'family comments folder'

where people's relatives could provide updates or leave messages for staff. One relative told us this was an asset and enabled them to communicate with staff whenever they needed. They said, "If I wash her dressing gown I leave a message to say it's in the airing cupboard it's really useful."

People and relatives told us they had no cause to make a complaint but if they did they would ring the registered manager. There was a complaint's policy in place and people were given a copy of this when they started using the service. The registered manager told us that being attentive to people's feedback on a daily basis prevented minor issues escalating into formal complaints.

## Is the service well-led?

### Our findings

Staff told us they were well supported at the service. One staff member said, "They (provider and registered manager) are approachable, appropriate and responsive. There's always someone there for you."

The provider and registered manager had good oversight of the service because she regularly provided care. They knew people and staff well and had a clear vision for the future of the service. However, we found aspects of the service were not well-led. The provider and registered manager acknowledged work was required to develop formal reporting systems and consolidate current good practice in to the services methods of operating and ensure they are fully embedded into practice. Some issues had been identified at the last inspection and whilst some improvements were seen they had not all been fully addressed. The registered manager told us due to staffing levels she still spent three or four days a week providing direct care and this had impacted on her time. The registered manager had acknowledged this in the PIR. The registered manager had identified the majority of shortfalls we found as areas for development over the next 12 months.

People's records did not include all the information to demonstrate the support people required and received. For example some people had been assessed at risk of developing pressure sores but there was no information about what staff should do to prevent this. There was no information in the care diaries to record any progress or deterioration. There were no risk assessments recorded to identify where people may become at risk of developing pressure sores to ensure action would be taken to prevent deterioration. There was no information in care diaries about people's mood or well-being at each visit. When there were changes to people's support needs staff were updated about the changes through email however support plans were not always updated in a timely way. This did not impact on people because there was a small team of staff who knew people really well and understood their care and support needs. However, incomplete records could leave people at receiving inappropriate or inconsistent care. This is an area that needs to be improved.

There were a range of policies in place. The registered manager was currently reviewing these to ensure they were personalised to reflect the needs of the service. For example the safeguarding policy included details of the local safeguarding authority and telephone numbers. However, not all policies were in place or followed. There was a mental capacity policy in place however the provider had not ensured this had been followed to ensure decisions had been recorded. There was no information about how decisions had been made or whether best interest meetings were needed. Within support plans we saw people's relatives had signed forms in relation to care and treatment. People told us staff asked their consent prior to offering support. However, there was no information about whether relatives had the right to consent on the person's behalf or whether the agreement should be as the result of a best interest meeting. There was no information in the care plans about whether people had a power of attorney in place and what this covered. The medicine policy had been updated to include information on crushing and covert medicines. Within the medicine policy there was a PRN policy but this did not include all the guidance required for staff to follow. Although there was some PRN guidance in the support plans there was no information about why the medicines were required and what actions staff should take if the medicine was not effective. The PRN policy did not include

guidance to follow to ensure all the information was available to staff.

There were limited systems in place to monitor the quality of the service. MAR charts were audited and when shortfalls were found these were addressed with the appropriate member of staff either through supervision or by an email. However, there was no analysis to identify any themes or trends. There were no formal systems to assess and record staff competencies. The registered manager regularly worked with the care staff and gave examples of when and how she had supported staff to improve their practice but these had not been recorded. Although there was a training plan in place and informal learning was undertaken at supervision the provider and registered manager had not identified that staff had not received infection control training.

The provider and registered manager had developed a positive culture at the service. They were visible and approachable and worked at the service on a daily basis. The registered manager spent a lot of her time providing support to people and knew them well. They supported staff to maintain a high standard of care. The philosophy was to provide the best level of service possible to give people the best life possible. The provider, registered manager and staff consistently demonstrated this attitude throughout the inspection. Staff told us they felt well supported. One staff member said, "Any problem we can phone in, we're never made to feel silly."

Since our last inspection the service had developed and grown. The provider and registered manager had a clear vision for the direction of the service. They told us this included consolidating what they had already done and recruiting more staff to enable them to support more people and grow the business further. Staff told us they felt involved with the development of the service. One staff member said, "They tell us how they're doing as a company, their future plans and the vision for where they are going."

Staff had a clear understanding of their roles and responsibilities. The registered manager had introduced the key worker role. Staff who were key workers had a responsibility for ensuring MAR charts and care diaries were fully completed. One staff member explained the role as, "The eyes and ears for the registered manager." The registered manager told us having key workers with defined responsibilities would enable her to spend more time on the management of the service.