

Sunrise Home Care Services Ltd

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 29 June 2017 and was announced. We gave notice of the inspection to ensure the registered manager was available at their office to talk with us. At our last inspection in March 2016 the provider met the regulations we inspected.

Sunrise Home Care Services Ltd provides domiciliary care to people living in their own homes. The agency was providing the regulated activity of personal care to one person at the time of this visit.

The agency had a registered manager in post. 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 person using the service told us that staff treated them with dignity and respect. They were happy with the care and support being provided to them.

Staff said they were supported to carry out their roles effectively and could contact the registered manager if required. They received training relevant to the care and support they provided.

The registered manager and staff understood the principles of the Mental Capacity Act 2005 (MCA). Staff were aware of the need to obtain people's consent prior to them providing any care and support.

There was a system for dealing with concerns and complaints. The person using the service said they felt able to raise any concerns with the staff or the registered manager.

Systems were in place to assess and monitor the quality of the service. These included obtaining the views of people who used the service and monitoring the quality of service provided through spot checks, questionnaires and face to face contact.

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.

Identified risks to individual safety and welfare were being managed appropriately.

There were appropriate staffing levels to meet the needs of people who used the service.

Recruitment procedures were in place to help keep people safe.

Is the service effective?

Good ●

The service was effective.

Training and supervision was provided to staff to help them carry out their role and provide effective care. The frequency of supervision for staff could however be improved.

Staff received training around the principles of the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring.

People were happy with the care they received and felt staff respected their privacy and dignity.

Care plans were personalised and reflected individual preferences about how they received their care and support.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that met and responded to their individual needs.

People had information about how to complain and felt able to raise any issues of concern with the registered manager.

Is the service well-led?

Good 

The service was well-led.

There was a registered manager in post who was supportive and approachable.

The agency carried out checks to monitor the quality of the service and drive improvement.

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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.

Prior to our inspection we reviewed the information we held about the service. This included any safeguarding alerts and outcomes, complaints, previous inspection reports and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law.

This announced inspection was carried out by one inspector and took place on 29 June 2017.

We spoke with a range of people about this service either in person or by telephone. They included the registered manager, one staff member and the person who used the service.

We also spent time looking at records. We checked care documents in relation to the person who received care and support and three staff files. We reviewed records about staff training and support, as well as those related to the management and quality of the service.

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Is the service safe?

Our findings

One person using the service said, "I've been with them over a year. They are very good. Everything is ok." They said they felt safe with the staff who stayed with them all day.

Safeguarding information was available to the registered manager and staff including the applicable local authority procedures. The registered manager knew how to raise a safeguarding alert and the organisation had its own policy and procedure available for reference. We saw that staff received safeguarding training as part of their induction when they started work with Sunrise Home Care Services Ltd. Each staff member was issued with a handbook that included information about safeguarding people from abuse and they received mandatory refresher training.

Safe recruitment practices were in place to help protect people from the employment of unsuitable staff. We looked at the personnel files for three members of staff. Completed application forms included references to their previous health and social care experience and documented their employment history. Each file contained evidence that criminal record checks had been carried out along with two employment references, right to work checks where applicable and proof of identity.

Care records addressed the level of support required by each person including any help with taking their medicines. For example, the person using the service just required prompting to take their medicines. Staff recorded this support in the daily notes with a separate record kept of the medicines the person took each day.

There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by people's needs. For example, the person using the service received care and support from two staff when receiving help with getting up or going to bed. The person using the service confirmed that they received this support safely each day. A staff member told us, "The staffing level is ok. We have two people there for using the hoist."

The service helped to protect people from the risk and spread of infection. Staff told us that they were supplied with the personal protective equipment (PPE) they required.

Is the service effective?

Our findings

The person using the service told us that they thought the staff who provided their care and support were trained and competent. They told us, "Yes the staff are good, they know me well."

Staff completed a nationally accredited induction programme when they first started work for the agency. New induction procedures were due to be introduced to make sure that staff achieved the competencies required by the Care Certificate. The Care Certificate is an identified set of 15 standards that health and social care workers adhere to in their daily working life.

During their induction staff completed training in key areas such as safeguarding and moving and handling. Staff would then spend a period of time during their induction out in the community shadowing more experienced staff prior to them working unsupervised. Further training was provided to staff and refreshed on an annual basis. We saw that training records were kept by the agency to monitor that the training provided to staff was up to date. A staff member told us they had received training around important areas such as moving and handling, safeguarding and the Mental Capacity Act.

Staff received supervision to support them in their roles. Supervision was a one-to-one support meeting between the staff member and the registered manager to review their work role, current responsibilities and development needs. It was noted that records of supervision sessions varied as to frequency between staff and this inconsistency was discussed with the registered manager at the time of inspection. They agreed to make improvements to address this.

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.

We saw staff had received training in the Mental Capacity Act (MCA). The registered manager and staff told us that they always obtained consent from the person when providing care and support. One staff member said "The person tells you exactly what they want. It all depends on what she wants." The person using the service told us that they were happy with the way staff worked with them. They said, "They ask me what I want to do or I say what I want to do." Cognitive assessments recorded any concerns about the person's ability to make decisions regarding the care that they were receiving. The registered manager told us that the person receiving a service was able to give consent and daily notes seen documented where staff had respected the person's right to refuse care.

The agency worked in conjunction with other health services to make sure the person's needs were met. Daily records showed that the agency worked with the district nursing service to make sure the person's physical needs were being met.

Is the service caring?

Our findings

The person using the service told us that staff were caring and treated them with dignity and respect. They said, "They are very nice. I like them all. They are lovely to me."

People were given a guide about the service which was kept at their home. This included information about what to expect from the agency, how to complain and who to contact both during and outside of office hours. The guide included the agency philosophy of care for people using the service addressing key areas such as dignity and dignity.

People's privacy and dignity was respected and promoted. Staff told us how they ensured people's privacy by ensuring they worked in the way the client wanted. They would make sure curtains were closed and people were covered when providing them with personal care. A staff member told us, "[Person's name] is lovely. I think they are happy. They will always tell you what they want."

The registered manager had a good knowledge about the person receiving care and support. Their care plan included personalised information and reflected the person's views about how they wanted their care and support to be provided. The person's favoured daily routine was documented including detailed information about, for example, what they liked to eat and their preferences for support with personal care. A staff member said, "You have to get to know [person's name]. You are not allowed to do anything else, she tells you." They described different ways they worked with the person to support them effectively.

Daily records were kept by staff documenting the care and support provided during their visits. These showed that staff asked people what they wanted before providing support for them and obtained their consent before carrying out any care tasks. It was clear that the person using the service was actively involved in making decisions about their care, treatment and support.

The service had a confidentiality policy and procedure that helped protect people's privacy. Confidentiality was included in the induction training for new staff.

Is the service responsive?

Our findings

The person using the service told us that staff provided them with the care and support they required. They confirmed that the care met their needs with a member of staff staying all day and another staff coming to assist with the hoist equipment at set times.

The person's needs had been assessed before they started using the service. Care plans were developed based on the assessments completed by the registered manager and those provided by commissioners if available. The plans were then agreed by the person using the service or their representative. A copy of the care plan was kept in the person's homes for reference and another by the agency.

The care plan we looked at provided staff with detailed information about the person's preferences, needs and the tasks they were expected to carry out. Staff completed a daily record after each visit recording a summary of the care and support provided as well as any significant observations or issues. A staff member told us that the care plan was kept in the person's home however the person would always tell staff "exactly what they want."

The provider sought feedback from people or their representatives through the use of questionnaires. These were sent out to people at regular intervals seeking their views about the service they received. We saw the person's representative had been able to comment on all aspects of the service in June 2017 including the standard of care provided and the approach and timekeeping of staff.

The provider had a complaints procedure that was given to people and their representatives when they started using the service. The person using the service said that they felt able to raise any issues with the registered manager. We saw records were kept of any complaints with none having been received in the last 12 months.

Is the service well-led?

Our findings

The person using the service said they were happy with the service provided and how it was managed.

Staff told us they felt supported by management. They said that the registered manager was on call 24/7 if they ever needed out of hours support. One staff member commented, "The manager supports you, she listens to you."

There were systems in place to help make sure of the quality of the care and support provided to people on an on-going basis. Staff had one to one supervision sessions and spot checks while they were providing care. These were used to check they had the support they needed, assess any training needs and help ensure the standard of care to people using the service. The registered manager told us that she provided care to the person when staff were off sick or unavailable.

We saw that the provider sent out quality assurance questionnaires to people using the service and relatives to see what they thought of the care. These systems were only in limited use as there was only one person using the service.