

Sunnyside Domiciliary Support Services Limited

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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

We undertook an announced inspection of Sunnyside Domiciliary Support Services Ltd on 13 and 19 January 2017. The provider was given 48 hours' notice because the location provides domiciliary care service and we needed to be sure that someone would be in. At our last inspection on 5 March 2014, the service met the standards in all the areas we inspected.

Sunnyside Domiciliary Support Services provides a service to people living in supported living accommodation in the London Borough of Bromley, as well as to people living in their own homes in the borough. Some people received personal care. At the time of the inspection, there were six people using the service, including four people who lived in a purpose built block of flats, which the local authority used for supported accommodation. The accommodation was maintained and owned by a housing association.

The service had a registered manager. 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.

People were supported to maintain healthy diets and ensure their nutritional requirements were met. They had access to treatment from health professionals and staff contacted them in emergencies. There were recruitment procedures in place and staff were recruited safely. People were prompted to take their medicines as prescribed.

Staff respected people's privacy and choice. They told us they had support, training and supervision. They had knowledge of safeguarding and whistle blowing procedures and were able to describe the steps they should take to protect people from abuse and how to report incidents of abuse. Records showed they regularly attended staff meetings with the management team.

People told us they made their own decisions regarding various day-to-day tasks including choices of food, activities and daily routines. We noted there were systems in place that adhered to the requirements of the Mental Capacity Act 2005 (MCA) and they were implemented when required.

Each person had a support plan which stated their support needs. The support plans were regularly reviewed to reflect any changing needs. People felt independent and had improved their daily living skills whilst in the service.

People and relatives told us they knew how to make a complaint. They said staff listened to them and they were happy with the way the registered manager responded to complaints.

The registered manager had systems in place for auditing and monitoring the service to ensure quality was being maintained. Fire safety checks took place and people's finances and medicines were regularly

audited. A survey questionnaire was distributed to people and their relatives to ask them for their opinion about their experience using the service. The registered manager analysed the responses to the questionnaires and responded to any feedback to help improve the service.

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. People and relatives told us they felt safe and staff were friendly.

Staff understood how to identify potential abuse. Staffing levels were sufficient to ensure people received support to meet their needs.

The provider had effective recruitment procedures to make safe recruitment decisions when employing new staff.
People received their medicines safely when required.

Is the service effective?

Good ●

The service was effective.

The registered manager provided staff with support, training and supervision to monitor their performance and development needs.

Staff understood the requirements of the Mental Capacity Act (MCA) 2005. People's capacity to make decisions was assessed. People had access to health professionals to ensure their health needs were monitored. People had their nutritional requirements met.

Is the service caring?

Good ●

The service was caring. People were happy with the support they received and said staff treated them with respect and kindness.

Staff supported people to make their own decisions regarding various aspects of their life.

Staff were familiar with people's care and support needs. They had developed caring relationships with the people they supported and promoted their independence.

Is the service responsive?

Good ●

The service was responsive.

Support plans were personalised and reflected their preferences and needs. They were reviewed on a regular basis.

The provider had a complaints policy and people knew who to make a complaint if they had a concern.

Is the service well-led?

Good ●

The service was well-led. There were clear lines of accountability which were understood by staff.

Quality assurance procedures were in place to ensure the service was running effectively.

People's views regarding the quality of the service were sought and a system was put in place to regularly ask people's opinion about the care they received. Staff had regular meetings.

Sunnyside Domiciliary Support Services Limited

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.

We gave the provider two days' notice of this inspection because the location provided a domiciliary care service. The inspection was carried out over two days. We visited the supported living service, Dunstonian Court, in Orpington, Bromley on 13 January 2017 and spoke with people who used the service and staff. The registered manager was away on the first day of the inspection. We visited the head office in Farningham, Kent on 19 January 2017 and spoke with the registered manager and viewed the service's policies and procedures. The inspection was carried out by one adult social care inspector.

Before the inspection we looked at all the information we held about the service. These included the notifications that we had received from the provider and communications with people's relatives and the local authority.

During the inspection we spoke with two people who used the service, the deputy manager, two staff and the registered manager. We also looked at four care files, five staff files, and documents such as the providers' recruitment policy, safeguarding policy, staff training records and health and safety information. After the inspection, we spoke with two relative of people who used the service.

Is the service safe?

Our findings

People and relatives told us that the service was safe. One person said, "I am safe here." A relative told us, "It is a very safe service and place for my [family member] to live."

We noted that each person had a risk assessment which outlined potential risks and guidance for staff how to manage them. For example, one person was a wheelchair user and there was a risk of them falling when transferring from the wheelchair to a wet room chair when showering. In the risk assessment, staff were advised to "ensure the floor is dry and following [person's] shower, transfer to [person's] wheelchair to avoid a slippery surface." Records showed staff reviewed the risks regularly. Staff told us they knew each person's identified risks and how to manage them. They said they had read the risk assessments and were clear about the actions they would take in case of any incidents involving people.

People were supported for a set number of hours per week as commissioned by the local authority including weekends. The registered manager told us people were supported flexibly, according to their wishes. People and relatives told us they were happy with their care and support arrangements and that staff arrived at suitable times.

Records showed staff were trained in safeguarding people from abuse. Staff told us they had read the safeguarding and whistleblowing policies and understood the different types of abuse. They knew how to report concerns to the local authority and to the police, should they need to. Whistleblowing is a procedure to enable employees to report concerns about practice within their organisation to regulatory authorities. People and their relatives said if they had any concerns about people's safety and welfare they would report these to the provider.

There were enough staff employed to meet the needs of people. If there were staff absences, the registered manager made themselves available to provide care and support. Staff rotas showed that one member of staff stayed in the supported living accommodation located in Dunstonian Court, Bromley, during the night in a separate flat to ensure that people remained safe.

There was a safe staff recruitment process in place. New staff completed application forms outlining their previous experience, provided references and evidence that they were legally entitled to work in the United Kingdom. They attended an interview as part of their recruitment process. We saw that a Disclosure and Barring Service (DBS) check had been undertaken. The DBS is a check to find out if the person had any criminal convictions or were on any list that barred them from working with people who use care services. The provider undertook renewals of DBS checks for staff every three years.

Staff entered and exited people's homes safely by ensuring that they announced themselves when arriving by ringing the doorbell. They were required to identify themselves when they entered a person's home. Staff used Personal Protective Equipment (PPE) such as anti-bacterial gels, gloves and aprons to prevent any risks of infection when providing personal care.

The management team and relatives supported people with their finances, where they were given permission. The staff held money on behalf of all the people securely. Records and receipts were kept when staff spent monies on behalf of people which meant there was an audit trail of how much was being spent. Systems were in place to keep people as safe as possible in the event of an emergency. People living in Dunstonian Court had a Personal Emergency Evacuation Plan in place and there were suitable entry and exit points for people requiring wheelchair access.

The management team and staff informed us that they only prompted and did not administer medicines to people. Staff confirmed that they had attended training in medicine safety. Support plans detailed if prescribed medicines were to be taken by the person themselves. Records showed that one person was required to take medicines and this was stipulated in their support plan. Staff were required to prompt the person and ensure that they witnessed and recorded the dosages taken in medicine record sheets and in daily note files. The deputy manager told us, "Staff ensure [the person] has taken their medicines from blister pack and record it on the sheet." Blister packs are plastic packages containing individual pills and tablets that can be removed one tablet at a time.

The person was also required to use inhalers to assist with their breathing and staff were required at fixed times, to monitor that the person was using their inhaler. When they did not witness the person using their inhaler, staff were required to record that they had 'Not Seen' (NS) them use it, usually because they might have done so early in the morning, before staff had arrived. We noticed some gaps in the recording where 'NS' was not filled in. The registered manager told us that it should have been filled in. They assured us that they would remind staff to complete these records fully and appropriately.

Is the service effective?

Our findings

People and relatives said they thought the staff were well-trained and competent. One person told us, "I am happy with my care. They know what to do to provide care." A relative said, "Staff treat my [family member] with respect and they are very supportive. [Family member] gets continuity of care and support."

There were systems in place so that the requirements of the Mental Capacity Act 2005 (MCA) were implemented when required. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We found that the provider was working within the principles of the MCA and that people's human rights were protected. We saw that records of capacity assessments were available, where applicable. People were able to make their own decisions and were helped to do so when needed. Staff understood their responsibilities under the MCA and what this meant in ways they cared for people. Staff would discuss concerns about people's capacity with the registered manager. They had an understanding of the MCA, why it was required and how it should be applied.

Staff told us they received the training and support they needed to do their job well. They had received training in a range of areas which included safeguarding adults, medicine administration, the MCA and DoLS, positive approaches to challenging behaviour, health and safety, moving and handling, emergency first aid and food hygiene. There was also training provided around the awareness of disabilities such as dementia care and learning disabilities. Staff were in the process of completing or had completed Diplomas in health and social care. The deputy and registered manager explained that some people presented behaviour that put themselves and others at risk of harm. However, staff received appropriate training to provide care and support and were able to manage any situations, where people were at risk.

Staff told us they were satisfied with the training they had undertaken. One staff member told us, "I have completed all my online training and all the sections. We get a lot of good support and guidance from the managers as well. I have learned a lot because I didn't used to do care." Staff training records confirmed the dates that they took training and any scheduled dates for refresher training in the future. Staff told us the registered manager supported them in their roles. They said they had regular supervisions and an annual appraisal. Regular supervisions took place every month, in which staff had the opportunity to discuss the support they needed, guidance about their work and any training needs. Supervision sessions are one to one meetings with line managers where staff are able to review their performance.

People told us they made their own decisions regarding how to spend their time, money and what to eat and drink. They said they had their own front door and flat keys which they used to go out freely. We noted

that staff provided support for people for food shopping and cooking. People were able to devise their own shopping list and prepare meals of their choice. Staff told us they were guided by people regarding their food preferences but provided advice if and when appropriate about healthy eating. A relative told us, "The staff help my [family member] stay healthy by monitoring their weight and lifestyle and putting care plans in place."

Support plans contained information about people's nutrition and hydration needs. They also contained information such as a shopping checklist and healthy eating guide for meals, such as ideas for breakfast. People were supported to control their weight if required and were provided with healthy food choices using the person's chosen menu. This helped people make informed decisions about their food preferences.

Each person was registered with their own GP who they saw when needed. Records showed that people had access to healthcare professionals. We noted that staff supported people to attend hospital appointments. This showed people received healthcare services when they were needed.

Is the service caring?

Our findings

People told us staff were compassionate, caring and treated them with respect and kindness. One person said, "The staff are really nice. I am well looked after." A relative told us, "Oh they are lovely people. My [family member] is in good hands. They are caring, have a good sense of humour and put themselves out for [family member]." People told us they liked using the service. One person said, "I really love it here." Another person told us, "The staff do a good job and they are very nice."

Staff understood the importance of respecting people's privacy and dignity. They knew about people's individual needs and preferences and spoke about people respectfully. We found that staff had worked together in the service for many years and supported the same people for the same length of time. This meant that staff and people knew each other well and developed positive relationships. People told us they felt comfortable with the staff and enjoyed their company because there was an understanding and familiarity between them. A relative said, "Using a small service is perfect for [family member] and for us. It is important that they have familiarity and see the same carers."

We noted care file records were written in a manner that demonstrated sensitivity towards people. Staff told us they were clear about the importance of understanding people's preferences and routines so that they had full knowledge of people's needs and how to support them. One member of staff told us, "When providing [the person] with personal care, I make sure the door is closed, that I wear appropriate clothing and equipment. I never leave them in an undignified way, especially as we are different gender. I have to be sensitive and professional."

We noted that people were supported by staff who discussed their support and care needs in planned meetings. People were able to spend time in their room and had their privacy respected. Staff told us they ensured people made their own decisions and lived as independently as possible. People were able to gain skills and set objectives to enable them to live in their own accommodation and go out freely into the community. For example, one person's support plan stated, "[Person] has become stronger on their legs for walking. [Person's] confidence to transfer from their wheelchair to the bed or car has grown enormously."

The provider recognised the importance of people's personal details being protected and to preserve confidentiality. Staff were aware of confidentiality and adhered to the provider's data protection policies. Staff also received training in equality and diversity, which meant they treated people equally, no matter their age, race, gender or disability. One staff member said, "I provide care and support everyday so have a great relationship with [person] and their family. I really enjoy it. The service users are happy and are able to get on with their lives."

Is the service responsive?

Our findings

People and relatives told us the service responded to their individual needs and preferences and staff listened to them. They said staff always arrived and completed tasks before leaving and told us they were satisfied with the care and support they received. One person said, "The care is good. I am very happy with my support worker. All the staff listen to me." Another person commented, "It's really nice here. I love my flat." A relative told us, "The staff are really friendly and polite. They always let us know of any issues and keep us up to date." During our inspection, we observed staff asking people about their individual choices and were responsive to that choice. People and their relatives told us individual choices were respected.

Staff were available at the service at all times of the day, including at night. The registered manager told us that staff were advised to be flexible and provide people with the support they wanted. People were referred to the service by the local authority if they required support to live independently in the community or required personal care. People were also able to purchase their support privately in the form of a Direct Payment, which enabled them to choose and pay for the type of service they wanted. We saw an assessment of people was carried out before the care and support was commenced. Discussions were held with other health or social care professionals for further information.

Each person had a care and support plan which stated their support needs and a copy of their plan was in their home. The plan reflected their personal choices and preferences regarding how they wished to be cared for. Support plans were reviewed and updated to reflect people's changing needs. The support plans were personalised and included details such as how a person wanted their care to be delivered, their interests, likes and dislikes, details of significant relationships and their personal histories. For example, we noted that people were able to highlight what they enjoyed doing and how they wished to be supported. One person's support plan said, "[Person] said, 'I love my chocolate!' But [person] is proactive and wants to eat and choose healthy options as an ongoing way of life. Staff will support [person] to manage and monitor their diet." This information was important because it enabled people to describe their likes but also informed staff about their aspirations to change their lifestyles.

Support plans confirmed that staff met with people and kept records of changes in people's support needs. Support plans were reviewed fully every year and updated throughout the year, usually every three to four months. Staff told us they read the care files and had up to date knowledge about people's needs. We saw that people's support plans contained information and objectives for the person's household tasks, their health and wellbeing, community life, choices, decisions and ability to live safely. They contained assessments titled, "What have we done?", "What went well?", "What did not go so well?", "What do we want to do next?" and "What have we learned?" People were able to go through these sections with staff and were used as part of support plan reviews to monitor how well they were doing and how they were feeling. Staff completed notes each day to record that they had seen and supported people. We looked at daily notes written by staff and found that they were hand written and contained details about the care and support that had been provided to each person and highlighted any issues. This helped to monitor people's wellbeing and respond to any concerns.

People had opportunities to be involved in hobbies and interests of their choice. Staff told us people were offered a range of social and leisure activities. One person told us that they liked to go "to watch football, to the pub and to work." People were supported to engage in activities in the community so that they remained healthy and active. We saw that each person had a timetable for every day of the week. They were able to find employment or work voluntarily in areas that interested them. For example one person was supported to work in a police station and attend college courses. People were able to spend time in the staff flat, where they could speak with staff, watch television and play games if they wished.

People and relatives told us they knew how to make a complaint. One person said they were satisfied and "I have no complaints. I would speak to my support worker if I did." Another person told us they had no reason to make a complaint but they were aware of how and who to contact if they had a concern. The provider's complaints policy gave clear instructions and guidance on what people needed to do if they wanted to raise a concern or complaint about the service. The policy was written in an easy to read and user friendly format. We noted that one complaint had been recorded and investigated by the deputy manager. This showed that the provider took people's complaints seriously and addressed them.

Is the service well-led?

Our findings

People told us they were satisfied with the service provided and the service was managed well. One person said, "I am happy with this service. I really like the staff and the managers, they are good to me." A relative told us, "The staff are very professional and nice. We meet with the registered manager regularly to go over and review my [family member's] care. We are very happy with the service."

The registered manager was also the director of the provider and therefore a Responsible Individual. This meant they had overall responsibility and ownership of the provider, in partnership with another director. Their office was in a separate location in Farningham, Kent, which is a few miles from Dunstonian Court. The registered manager visited people living there and spoke with staff daily. There was a staff flat located in Dunstonian Court for staff to hold meetings and complete paperwork and records. The registered manager told us that during their visits, they would see how people were and seek their views and opinions about the service. They would also consult with staff to address any issues that required looking into or areas for improvement.

The registered manager was responsible for the day to day running of the service, although the deputy manager ensured that the staff flat was managed and that staff were on site. The management team demonstrated good knowledge of the people who used the service. They also had experience in providing care to people.

Staff told us that the provider and senior staff were supportive and helped them to work effectively. One member of staff told us, "The registered manager is approachable and available if we want to discuss any issues. We all work very well together." The deputy manager commented, "We have all worked together for a long time, since the service started. We know each other well and cover shifts when needed. It is like a family unit."

Staff meetings took place every month and enabled staff to discuss any areas of practice or concern as a group. This was confirmed by the minutes of meetings we looked at. Staff were required to attend meetings at least six times a year. Items covered during team meetings included guidance for staff on completing support plans, reporting safeguarding concerns, training opportunities, policies, procedures and a more general discussion. We saw that the minutes were detailed and that they were well attended. People living in Dunstonian Court also took part in their own meetings to make suggestions and provide feedback.

We noted that the registered manager undertook audits and assessments. This showed that there was a quality assurance system in place. We saw records of these, including a Risk Management plan for the service, which provided guidance on what action to take should certain situations arise. For example, if people had their support times continually changed at short notice, the service aimed to "ensure that the procedure and time limits for changes are adhered to with 48 hours' notice being provided." This meant people and relatives would receive sufficient notice of any changes to their support. The registered manager had sent out satisfaction questionnaires to people and relatives. Feedback received was positive and included comments such as "I love my support worker." Where feedback was negative or people were not

happy about something, we saw that staff reassured them and provided explanations to ensure they remained satisfied.

The provider had systems in place for auditing and maintaining various aspects of the service. The registered manager had a system for monitoring, recording and reporting incidents and accidents. Records showed that incidents were reported to and investigated by the management team. The monitoring of fire safety, premises, people's money and medicines took place. People had access to their own records as a copy of their support plan was kept in their accommodation if they wished.