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Sunnybanks Home Care Service

Inspection report

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Date of inspection visit:
08 November 2016

Date of publication:
15 December 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 8 November 2016 and was announced. We told the provider two days before our visit that we would be coming.

Sunnybanks Home Care Services provides care and support to the elderly, disabled and people with learning disabilities in their own homes. At our last inspection in December 2013 the service was meeting the regulations inspected.

The service was run by an individual provider who was also the manager and main carer at the time of our inspection.

People told us they felt safe and that they understood the risks they could face at home and in the community. People's individual risk was assessed to help keep them safe. Care records and risk assessments were regularly reviewed. There were processes in place to help make sure people were protected from the risk of abuse and the manager was aware of safeguarding procedures and understood how to safeguard the people they supported.

People were involved in making decisions about their care and support and people's care records reflected this. People were supported to attend appointments and the manager liaised with their GP and other healthcare professionals to help meet their health needs.

People were encouraged to make healthy food choices, when they wanted to. They were supported to buy groceries and the manager gave assistance with the preparation of people's meals when required. People were prompted to take their medicine when they needed it.

People were very happy with the support they received and had known the manager for a long time. The manager knew the people they were supporting well and provided a personalised service for them while working hard to increase their independence. The manager explained the methods they used to help maintain people's privacy and dignity.

The manager regularly spoke with people to make sure they were happy with the service and carried out regular meetings and surveys to review the quality of the care provided.

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. Staff understood how to safeguard adults in their care. People using the service had detailed risk assessments and these had been kept under regular review. People were supported to take their medicine safely. There were enough staff to meet people's needs.

Is the service effective?

Good ●

The service was effective. Staff had the skills and knowledge to meet people's needs. People chose what they wanted to eat and drink and were supported to make healthy choices. People were supported to maintain good health and had access to health care professionals, such as doctors, when they needed them.

Is the service caring?

Good ●

The service was caring. People told us they were happy with the standard of support provided by the service. People's privacy and dignity was respected by staff. Staff had a good knowledge of the people they were caring for. People were involved in making decisions about their care, treatment and support. Care records contained information about what was important to people and how they wanted to be supported.

Is the service responsive?

Good ●

The service was responsive. People received care and support when they needed it. Assessments of care were completed when people first started to use the service and were regularly reviewed.

Complaints were recorded and acted upon. The service provided information to people about how they could make a complaint if they wished and the manager took concerns and complaints about the service seriously.

Is the service well-led?

Good ●

The service was well-led. People's views and comments were listened to and acted upon. Processes were in place to report accidents and incidents. The manager regularly checked the quality of the service provided and made sure people were

happy with the service they received.

Sunnybanks Home Care Service

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 took place on 8 November 2016 and was announced. We told the provider two days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting people who use the service. We needed to be sure that they would be in.

The inspection was carried out by an adult social care inspector.

During the inspection we spoke with the manager, we examined two care plans, and a range of other records about people's care and how the service was managed. After the inspection we spoke to both people using the service.

Is the service safe?

Our findings

People told us they felt safe using the service, they told us the manager would discuss safety issues with them. One person said, "She [the manager] talks about things to keep us safe." Another person gave us an example of how they kept safe when they were in the community and the advice the manager had given to help.

We spoke with the manager about safeguarding adults. They demonstrated a clear understanding of the types of abuse that could occur, the signs they would look for and what they would do if they thought someone was at risk of abuse or harm including who they would report any safeguarding concerns to. The manager had received training in safeguarding adults as part of their ongoing refresher training.

Assessments were undertaken to evaluate any risks to the person using the service and to the staff supporting them. This included environmental risks, any risks associated to the health and support needs of the person and potential hazards in the community. Risk assessments included information about action to be taken to minimise the chance of harm occurring. For example, a fire awareness risk assessment detailed what people should do in the event of a fire to keep safe. The manager told us when a new risk was identified they would sit and discuss the risk with the person involved so they fully understood how best to keep safe while still being as independent as they could be.

There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. At the time of our inspection the manager was providing support for two people using the service. The manager explained the daily care hours were flexible depending on what people wanted or needed to do such as attending activities or healthcare appointments. There were contingency plans in place to provide cover when needed. A bank member of staff was available for those times the manager was unable to cover a shift, although this was rare. They could also be used in the event of an emergency as they lived in close proximity to the people using the service.

The manager explained she was on call 24 hours a day, both people using the service had her telephone number and were able to call if they needed them. People confirmed they would call the manager if they had a problem.

At the time of our inspection there were no other care staff directly employed by the service. The manager explained they would begin recruiting when the number of people using the service increased. We saw records confirmed appropriate recruitment practices had been followed in the past when the service was larger and we were assured that should the manager recruit once more these practices would be used. Examples of good practice included up to date criminal records checks, at least two satisfactory references from previous employers, photographic proof of identity, a completed job application form, a health declaration, full employment history, interview questions and answers, and proof of eligibility to work in the UK (where applicable).

People were supported to take their medicine safely. People using the service administered their own medicine and only required the occasional prompting. Support was given ensuring repeat prescriptions were dispensed and collected and both people using the service completed their own medication sheet reminding them of what they had taken and when. The manager checked these to ensure the correct medicine had been taken. We looked at the completed medicine records and noted they were complete with no errors. Each person had a risk assessment for self-medication and we saw people had understood the risk of not taking their medicine or of taking too much. This risk was discussed during regular service user meetings to make sure people were comfortable and felt safe taking their own medicine. The manager had training in medicine administration and this was refreshed every two years.

Is the service effective?

Our findings

Both people using the service felt well supported by the manager and felt the support they received met their needs.

Staff had the right skill and knowledge to support people. The manager had achieved an NVQ Level 4 in Health and Social Care and attended regular refresher training courses. We looked at their training records and noted the courses attended included, manual handling, medicine administration, adult abuse, first aid, food hygiene, infection control and dying, death and bereavement training.

There were processes in place to support staff, this included induction, supervision, appraisal and training. Although the service was not employing any staff directly at the time of our inspection the manager spoke with knowledge about previous staff supervisions and how they would put systems in place if they employed care staff again. We spoke to the manager and found they had the knowledge and skills needed to carry out their duties.

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 when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. We spoke with the manager who was aware of the MCA and the importance of gaining consent and involving people in the decision making process. They explained they would contact the person's, social worker, relevant healthcare professionals and family if they felt there were any issues with a person's capacity to make a decision and would work to provide care in that person's best interests.

Where required people were supported to eat and drink appropriately. Both people using the service explained they were supported to plan their weekly menus and were encouraged to make healthy choices. One person told us, "We plan a shopping list together...I choose what I want to eat on the night and cook it myself." Records showed the manager had received training in food hygiene.

People told us they were supported with their healthcare needs this included visits to the GP, dentist and opticians. They told us they would speak with the manager if they felt unwell or thought something was wrong. People's personal information about their healthcare needs was recorded in their care records. Care records also contained details of the involvement of healthcare professionals in people's care, including information about appointments and follow up guidance or advice for continuing good physical and mental health. The manager explained they would contact healthcare professionals as soon as they noted any change in the person's health and records confirmed this.

Is the service caring?

Our findings

People told us they were very happy with the care and support they received by Sunnybanks Home Care Service. They explained they had known the manager for many years and they knew each other well. One person told us, "I am happy...she [the manager] lights up the room when she enters." Another person told us, "I enjoy her [the managers] visits, we make each other laugh."

The manager had a good knowledge of the people they were caring for and supporting, knew them well and spoke about people with kindness and compassion. They told us, "I enjoy my job, I enjoy everything, if you're going to do a job you should give it 100%" and "At the end of the day it should always be about the clients and their welfare."

People were involved in making choices about their care and support. One person told us, "Basically I plan my day...I do what I want." We saw each person was involved in the creation of their care plan and had regular input, for example, writing their own daily log about activities undertaken and what had been achieved that day. The manager had a good knowledge of people's history, likes, preferences, hopes and goals and supported people with their spiritual needs. People told us they attended local church events regularly and enjoyed Christmas with their friends

People's privacy and dignity was respected. We heard how sometimes people preferred to spend time in their rooms and enjoyed their privacy. The manager explained how they would ensure people had one to one time with them to give the opportunity to talk about any problems or issues. We also noted yearly surveys asked people if they felt their privacy and dignity was respected. Both people had completed the questionnaire independently and both had answered the questions positively.

Is the service responsive?

Our findings

People received their care, treatment and support when they needed it. One person told us, "She [the manager] is there if you need her." The manager told us how their time could be flexible to give the best support for people, "I manage my time effectively to give them the interaction, encouragement and support they need."

People were involved in planning their care and were able to make choices about how they lived their lives. People told us they could decide what they ate and drank and how they spent their time. One person told us about their favourite food and their love of books and visits to the local library. Another person spoke about trips, "out and about" using their bus pass.

People's care was assessed when they first started using the service and follow up reviews were regularly undertaken with social services. People's care records and risk assessments were up to date and reviewed yearly or before if a person's needs changed.

Care records were person centred and showed that the individual was central to the care and support they received. The plans included personalised and accurate details about people's needs and preferences and considered all aspects of a person's life, including their likes, dislikes, strengths, hobbies, social needs, dietary preferences, health and personal care needs. The manager worked hard to ensure people remained as independent as possible and this was reflected in people's care records, for example, those sections completed by the person such as medicine records and activity programs.

People were supported to follow their interests and take part in social activities. One person told us about the activities they enjoyed such as pottery and sugar craft. Another person told us how they would plan new activities with the manager. They told us how they would get information from the library or the internet about what they wanted to do and how they could get there by public transport. They explained they would sit with the manager and discuss the best way to do things they told us, "I get the information and bring it back for [the manager] to see." The manager gave examples of how they encouraged people to take part in new activities and promoted people's independence such as planning a new bus journey for people and meeting them at the other end to make sure they were happy with the journey and make sure they felt safe.

Each person had an individual activities planner which they completed themselves. Activities included sugar craft, pottery, visits to the library, trips to the shops, food shopping and local clubs. People were also supported to get involved in household chores such as laundry and cleaning to help encourage their independence.

The service had a procedure which clearly outlined the process and timescales for dealing with complaints. No complaints had been received in the last 12 months. The manager explained any concerns or complaints about the service would be taken seriously with any issues recorded and acted upon. Any new ways of working and lessons learned would be used to improve service provision.

Is the service well-led?

Our findings

The manager of the service was also the registered provider and people told us they were comfortable speaking with them and were happy to discuss any concerns they may have.

People were asked about their views and experiences of the service. Yearly surveys were sent to people who used the service. The feedback from these surveys was used to highlight areas of weakness and make improvements. The results from the most recent survey sent during July 2016 were positive. People had completed the survey independently.

People's views were also gathered during regular house meetings. We saw minutes from these meetings and noted they covered issues such as holidays, managing medicines, up and coming events such as Christmas, activities, health and hygiene and how to keep safe.

There were no staff directly employed by the service at the time of our inspection and the manager was providing the care and support for the two people who used the service. We spoke to the manager about how they would encourage openness and transparency in staff culture should the service expand in the future. The manager was already experienced in developing a strong staff culture in a previous service and was able to give us examples of how they would ensure continuing quality and openness amongst staff. We saw policies were in place for staff to report worries or concerns such as a whistle blowing procedure, the manager spoke to us about giving full support to those employees who came forward to report worries or concerns.

There was a system in place to manage accidents and incidents in the service. Although no accidents or incidents had been reported in the last 12 months, there was a clear procedure for recording the detail of the event and any action taken as a result. We discussed how lessons learnt could be disseminated to staff in the future.

The manager maintained a focus on keeping up to date with best practice through contact with the local authority and on-line guidance with organisations such as the Care Quality Commission.

Records in the service were held securely and confidentially.