

Sunshine Care Limited

Sunshine Care

Inspection report

The Retreat
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Sunshine Care is a domiciliary care agency. It provides live-in support and personal care to people living in their own homes in the community. Staff live in the person's home, usually for a period of four to eight weeks, and then have two weeks off while a second staff member lives-in with the person. The second staff member will also be someone who knows the person well. The service provided care and support to older adults. The service covers the areas of Cornwall, Devon, Somerset and Hampshire. At the time of the inspection the agency supported 19 people.

People's experience of using this service and what we found

People were supported by staff who knew them well and had a good understanding of their needs. The registered manager told us consistency of care was central to the values of the service. Systems for organising staff supported this ethos. People and their relatives confirmed staff were people who knew them well. One relative commented; "We have only had three carers over the time [family member] has been with the agency."

People told us they felt safe with their care workers. Staff recruitment practices were robust. People were supported with medicines safely. One person told us; "[Staff name] keeps all of the medication and makes sure it's here. She makes sure I take them and take them at the right time."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There was a range of auditing systems in place and these were completed regularly and used to drive improvements. The management team had clear roles and responsibilities which were understood by the staff team. People told us they had confidence in the managers. When things went wrong the management team reviewed how things were done to identify areas for improvement.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 10 December 2019).

Why we inspected

We undertook this focused inspection as part of a random selection of services which have had a recent Direct Monitoring Approach (DMA) assessment where no further action was needed to seek assurance about this decision and to identify learning about the DMA process.

We reviewed the key questions of safe and well-led only. For those key questions not inspected, we used the

ratings awarded at the last inspection to calculate the overall rating.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Is the service well-led?

Good ●

The service was well-led.

Sunshine Care

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by an inspector a member of the medicines team and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides live-in, personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 26 July 2022 and ended on 28 July 2022. We visited the location's office on 26 July 2022.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We met with the registered manager, deputy manager and quality and process manager. We spoke with three members of care staff, three people using the service and three relatives. We contacted three professionals with experience of using the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had completed training in safeguarding and had guidance on how to raise any safeguarding concerns. During the inspection the registered manager updated the organisational safeguarding policy to ensure staff working in areas other than Plymouth could easily access local contact details.
- Safeguarding training was based on national guidance. The training also covered the Mental Capacity Act (MCA).
- People and relatives told us they had no concerns regarding safety. Comments included; "They look after both my parents and I feel they do really well to deal with the two of them and keep the two of them safe" and "The carers are all pretty good with respecting my privacy and are respectful of me and my home."

Assessing risk, safety monitoring and management

- Risk assessments were in place covering a range of areas including falls and use of equipment. A scoring system was used to calculate level of risk and guidance was provided for staff.
- An electronic system was used to generate and store care plans, and for staff to use to record care delivered. Any incidents recorded on the system were automatically escalated to the management team. This enabled them to respond quickly to changes and risk and update the information, so it remained relevant.
- Any equipment in people's homes was regularly checked to ensure it remained safe to use.

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 MCA 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 Mental Capacity Act (MCA).

- We found the service was working within the principles of the MCA. At the time of the inspection everyone using the service had capacity to make their own decisions. The registered manager recorded when people had power of Attorney arrangements in place.

Staffing and recruitment

- The service provides live in care. One care worker lived in the persons home for a period of approximately four weeks followed by two weeks off. A small pool of two or three care workers were available to cover this two-week period. This meant care was provided by consistent staff who knew people well.
- There were enough staff to support people according to their needs and preferences. No-one required round the clock support from more than one care worker. When people required support from two care workers at particular times, the provider worked with other organisations to deliver care safely.
- Meeting notes showed managers had identified an increase in demand and were focussing on recruitment to enable them to grow the service safely.
- Staff were matched with people to help ensure they were compatible and had the appropriate skills and knowledge.
- Appropriate pre-employment checks were completed before new staff started work. For example, work references were followed up and Disclosure and Barring Service (DBS) checks completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- When people were supported with their medicines, records showed that they received them safely in the way prescribed for them.
- People's medicines records were cross checked against a new electronic system to make sure they are recorded correctly.
- There was guidance for staff on how and when to administer medicines for each person, including creams and external products and any medicines prescribed 'when required'.
- Staff received training on the safe use of medicines and had competency checks to make sure they gave medicines safely.
- There were policies to guide staff and regular medicines audits took place. There was a system for reporting any medicines incidents. These helped identify any areas for improvement, and actions were completed and recorded. More frequent checks of completed medicines records were about to start after they were returned to the office every week. This would help to identify any problems sooner, so that any actions needed could be put in place.

Preventing and controlling infection

- Staff told us they had completed training on how to minimise the risk of infection control.
- Staff had access to plenty of PPE and had done throughout the pandemic.
- A relative told us; "They [Staff] are good regarding COVID, [Staff name] tests for COVID every morning."

Learning lessons when things go wrong

- Accidents and incidents were recorded and highlighted to the management team. Monthly audits were completed to highlight any patterns or themes so improvements to how care was delivered could be made if necessary.
- Untoward events were used as learning experiences and action taken to improve systems when this was appropriate.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager spoke of the importance of ensuring people were comfortable and happy with staff. They told us; "We pride ourselves on continuity of care. After all someone is moving into their home."
- Staff told us the nature of the service gave them time to get to know people and support them in line with their needs and preferences. Comments included; "We get on really well, I know what [name] likes doing" and "It's not rushed, I get time to spend with them."
- A relative commented; "Sunshine Care have been so supportive, I'm lucky to have them. They have been brilliant helping me deal with everything."
- A professional told us "My observations of the carer were very positive, they seemed to have a good rapport with the client and also with the family, this provided them massive reassurance to reduce their carer strain while feeling confident in their parent's care needs being met appropriately."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility to be open and honest when things went wrong. There was a Duty of Candour policy in place which outlined the process to be followed.
- Notifications for significant events were submitted to CQC in line with the regulations.
- Quality assurance systems supported the effective monitoring of the service. This enabled management to identify and areas for improvement.
- There were clear lines of responsibility within the management team that were known and understood by staff. Staff told us they were able to contact someone from the office at any time using the on-call system. One commented; "They will get back with a solution really quickly."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People were asked for their views of the service. This had been done by post but due to a low response rate the system for gathering views had changed.
- People and relatives told us the service worked closely with them to ensure they were getting the care and support they needed. A relative commented; "I don't have to phone them very often. In fact, they phone me to check that everything is ok more than I phone them."

- Manager meetings were held to ensure all managers were up to date with and familiar with the development of the service.
- Staff surveys were issued to monitor staff morale. The registered manager told us they were looking to introduce on-line staff meetings to give staff the opportunity to share learning and experiences as well as keeping up to date with any organisational changes.
- Staff told us the service was flexible and knew and understood if they had responsibilities which impacted on their availability. Their working hours took their individual needs into account.

Working in partnership with others

- The management team and staff worked in partnership with other health professionals such as physiotherapists and occupational therapists to achieve positive outcomes for people.
- One professional commented; "Sunshine Care maintained regular contact with the GP regarding any health / medication reviews and ensured they contact myself with any changes or updates which meant a multi-disciplinary approach was used successfully to reduce risks."
- A relative told us; "It was all instigated by the carer who discussed with me the difficulties she was having moving [relative] and so we then met the Occupational Therapist together."