

Ellie Sunrise Healthcare 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

Ellie Sunrise Healthcare Ltd is registered to provide personal care services to adults and older people living in their own houses and flats in the community.

At the last inspection in September 2016 this service was rated as 'Requires Improvement'. We asked the provider to complete an action plan to show what they would do and by when to improve the key questions; safe, effective, responsive and well-led to at least good. You can read the report from our last comprehensive inspection and our focused inspection, by selecting the 'all reports' link for Ellie Sunrise Healthcare Ltd on our website at www.cqc.org.uk.

This is the second comprehensive inspection of the service. This took place on 28 February 2018 and 1 March 2018, and was announced. At the time of our inspection 22 people were receiving care.

The service has improved its rating from Requires Improvement to Good in the key questions 'Is the service safe?' 'Is the service effective?' 'Is the service responsive?' and 'Is the service well-led?' The overall rating of Ellie Sunrise Healthcare Ltd has improved to Good.

A registered manager was not in post. However, the provider had appointed a manager and they had begun the registration process. 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. We will continue to monitor this.

The provider had invested in systems and processes to ensure risks to people's safety were assessed, managed and reviewed. A range of risk assessments were completed and preventative action was taken to reduce the risk of harm to people.

People continued to receive safe care. The provider, manager and staff team had received training on procedures to support and protect people from abuse and avoidable harm.

People were supported with their medicines in a safe way. People's nutritional needs were met and they were supported to access healthcare support when needed. The service worked with other organisations to ensure that people received coordinated care and support.

The provider had sent us appropriate statutory notifications in a timely manner since our last inspection of the service. There were arrangements in place to make sure that action was taken and safety improved across the service.

Staff recruitment processes were followed that ensured people were protected from being cared for by unsuitable staff. There were enough staff to provide care and support to people to meet their needs safely.

The provider had invested in staff induction and ongoing training and support for their role to work effectively.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The provider, manager and staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and gained people's consent before providing personal care.

People were involved all aspects of their care from the development of their care plans, reviews and decisions made were documented. Care plans had been reviewed and updated people's needs had changed. They were comprehensive information about people's preferences, daily routines and diverse cultural needs and provided staff with clear guidance. Staff had a good understanding of people's needs and preferences and worked flexibly to ensure they were responsive.

People and their relatives were happy with staff who provided their personal care and had developed positive trusting relationships. People continued to be treated with dignity and respect, and their rights to privacy were upheld.

People, relatives and staff were encouraged to provide feedback about the service and it was used to drive continuous improvement. People and relatives all spoke positively about the staff team and how the service was managed. The provider had a process in place which ensured people could raise any complaints or concerns.

The provider was aware of their legal responsibilities and provided leadership and supported staff and people who used the service. The manager and staff team were committed to the provider's vision and values of providing good quality care.

The provider had reviewed and updated their policies and procedures. The provider's governance system to monitor and assess the quality of the service was used effectively to improve the service. Lessons were learnt when things went wrong and improvements made to prevent it happening again. The provider worked in partnership with other agencies to meet people's needs.

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 improved to good.

People were protected from abuse and avoidable harm. Risks associated with people's needs were assessed, managed safely and reviewed regularly. People were supported with their medicines safely.

Staff were recruited safely and there were enough staff to provide care and support to people when they needed it. Staff were trained in safeguarding, safety procedures and followed infection control procedure.

Lessons were learnt and improvements made when things went wrong.

Is the service effective?

Good ●

The service improved to good.

People's needs were assessed and care plans developed to ensure they received effective care and support. People made daily choices and decisions. People were supported with their nutritional needs and accessed health care support when they needed to.

People received support from a staff team who had the necessary skills and knowledge. A system was in place to provide staff with on-going training, support and supervision.

The provider and staff team understood their responsibilities and were working in accordance with the Mental Capacity Act 2005. Staff sought people's consent and protected their human and legal rights.

Is the service caring?

Good ●

The service remained caring.

Is the service responsive?

Good ●

The service improved to good.

People's needs were comprehensively assessed; they were involved in the development and review of their plan of care. People received person centred care as their care plans provided staff with clear guidance about how they wished to be supported. Staff worked flexibly and respected people's diverse cultural needs, wishes and views.

A complaint procedure was in place. People knew how to complain and were confident that any concern would be dealt with appropriately.

Is the service well-led?

Good ●

The service improved to good.

A registered manager was not in post. The provider had appointed a manager and they had begun the registration process to be the registered manager for the service. The provider and manager understood their role and responsibilities. They and the staff team had worked in accordance with the provider's visions and values to provide quality care.

People and staff's views about the service were sought and used to drive improvements. They were all confident that any concerns raised with the provider and manager would be listened to and acted on.

The provider and manager provided good leadership and worked in partnership with other agencies. The provider's governance system was being used effectively to assess, monitor the quality of service and bring about change.

Ellie Sunrise Healthcare 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 checked 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.

This inspection took place on 28 February 2018 and 1 March 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office providing care, so we needed to be sure that they would be in.

The inspection visit was carried out by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well, and improvements they plan to make. This was returned to us by the provider.

We reviewed the information we held about the service. This included the action plan sent to us following the last inspection and statutory notifications regarding important events, which the provider is required to send us by law. We also reviewed information sent to us by Derby City Council who commission services from the provider. We contacted Derby Healthwatch; an independent consumer champion for people who use health and social care services. We used this information to help us plan this inspection.

During the inspection visit we spoke with three people who used the service and three relatives of people received care and support from the service. We spoke with seven members of staff in total; they included three support workers, a care co-ordinator, a manager and the provider.

We looked at the care records of four people who used the service. These records included care plans, risk assessments and records of the support provided. We also looked at three staff recruitment files and staff training records. We looked at records that showed how the provider managed and monitored the quality of service. These included quality assurance audits and checks, complaints and concerns, minutes of meetings, and a range of policies and procedures.

Is the service safe?

Our findings

At the last inspection in September 2016 we rated 'safe' as requires improvement because we found a breach of Regulation 12, Safe care and treatment. We had concerns about how risks associated with people's health and safety were assessed and managed. We found people's medicines were not always managed in a safe way.

At this inspection we found the provider had made the required improvements to meet the regulation.

A range of risk assessments were carried out to ensure people were as safe as they could be. These covered all aspects of people's safety including support needed to move around within their own home, for example by using a walking frame and potential risks within the home such as falls, tripping hazards and to manage specific health risks such as skin conditions. Care plans and risk assessments were linked with each other and provided clear guidance to staff about the number of staff required and how best to support people. These were reviewed regularly and care plans were amended to promote people's safety and freedom as people's needs changed.

Staff we spoke with understood their responsibilities and knew how to keep people safe. Staff had received training in health and safety and how to use equipment required in the delivery of care. Staff were able to describe how they provided the care and support people needed to keep them safe. A staff member said, "Care plans tell us how we need to support people safely; always two staff do calls where a hoist is used to move someone and if there is a key safe in place we are given number which we keep secure." A key safe is a secure method of externally storing the keys to a person's property which helps to maintain their safety within their homes whilst enabling staff to enter and leave safely. These examples showed that people's safety was assured.

For people who needed support to take their medicines, information about the support needed was included in their care plan. A person said, "I know what medicines I need to take. [Staff] help me by making sure I have a glass of water to take my tablets." A relative told us that their family member's health had improved because staff supported them to take their prescribed medicines.

The staff team were trained in the safe handling of medicines, were aware of their responsibilities and had access to the medicines policies and procedures. A staff member said, "I would remind [the person] and give the pill box to [them]. I sign to confirm that I'd seen [them] take the tablets and put the pill box away before I leave." Records showed that staff documented when support with medicines had been provided. A relative confirmed that staff completed the medicines records accurately. This showed that people were supported with their medicines in a safe way.

Safe recruitment procedures were followed that ensured staff were suitable for their role. A staff member told us that pre-employment checks were carried out before they started work at the service. Staff files contained the required documentation such as a police check, two references and proof of identity. All new staff completed an induction programme and worked with an experienced member of staff whilst their

competency was assessed. This helped to ensure people's safety was maintained.

We found staffing levels were responsive to people's individual needs and took account of people's preferred gender of staff and diverse cultural needs including language. Staff worked in small teams and the rota's we looked at showed that staffing was planned in advance and changes were managed. People told us they had regular staff who were reliable and knew them well. A relative said, "[My relative] has regular staff who [they] can talk to and that understands our cultural and how we live."

The office premises were secure and well maintained. The business continuity plan in place was reviewed and provided staff with guidance to follow in the event of an emergency. A private meeting room was available and a training room equipped with moving and handling equipment and information for staff. This meant staff could be trained promptly if there were any concerns about their practice.

People were protected from abuse and avoidable harm. One person said, "I feel safe and secure. [Staff] know how to move me and they wear gloves and an apron so I believe that also keeps me safe." A relative said, "[My relative] is in safe hands with the staff; they're on time and it's the same staff. If I had any concerns I would speak with [manager] and I've got the contact details for social services."

The provider had a clear safeguarding procedure. Staff were trained in safeguarding procedures and knew what action they had to take if they were concerned. Records showed that staff had reported concerns about people's safety to the manager and provider and appropriate action had been taken. Notifications had been received by the local authority and Care Quality Commission; any safeguarding investigations undertaken had been completed in a timely way and action taken. This supported the feedback we received from commissioners and the information within the PIR.

People told us that staff protected them from the risk of infection. A person said, "I can assure you [staff] always wash their hands and wear gloves before helping me." Staff confirmed that they followed the infection control procedures and had a good supply of protective clothing such as disposable gloves, aprons, shoe covers and antibacterial gels. Training records viewed confirmed this. Staff practices were checked by the manager during the unannounced spot checks to ensure infection control procedures were followed.

Staff understood their responsibility to report concerns to the office. Internal systems were used to record all incidents and the manager looked to identify any trends so that action could be taken to prevent it happening again. Lessons learned were acted on and shared promptly with the staff team. Examples of the actions taken by the service included review of people's risks within the home and their care plan amended to ensure staff continued to support people in a safe way. The manager told us that they had sought medical advice and referred people to their GP when people's health was of concern.

Is the service effective?

Our findings

People's care needs were assessed to identify the support they required before the package of care commenced. Care records we looked at were comprehensive and reflected people's different backgrounds, preferences and supported needed to maintain their independence as far as practicable. People's comments supported the information documented in their care records we looked at. That showed that people's holistic assessments and care plans enabled staff with the right skills to provide the support they needed.

People and relatives all confirmed that staff who supported them had the knowledge and skills needed to do so. A person said, "Staff are trained to look after me. They are responsive to what I ask them to do so I am still in control of how my needs are met." Relatives we spoke with agreed and felt the staff were suitably trained. One relative said, "Because staff understands [my relative] condition they know how to meet [their] needs and recognises when there is a change in [my relative] health." The relative confirmed that staff notified them of any changes promptly.

The staff team had received training relevant to their role which ensured they had the skills and knowledge required to support people living in their own homes. Training records confirmed staff had completed a range of training related to health and safety, person centred care, nutrition and training on different health conditions. Newly recruited staff completed the Care Certificate, which covers the fundamental standards expected of staff working in care.

A new member of staff said, "My induction lasted about two weeks and covered practical training in moving and handling, person centred care, food and hand hygiene and reporting process. I shadowed another carer until I felt confident to support people." Staff gave examples that showed they had put the learning into practice. Staff checked a person's skin condition because their skin integrity was at risk due to prolonged periods of sitting and sought people's consent before they were supported. Unannounced spot checks by the manager were used to monitor staff practices and ensured people's choices and rights were respected.

There were systems in place to provide ongoing training, support and supervision to staff. The staff team confirmed they received regular supervision where any practice issue identified through competency assessments were discussed and any additional training and development needs were looked at. This showed staff were supported in their role.

People were supported to have enough to eat and drink to stay healthy. A relative told us that their family member had regular lunch time calls to support them with their meals and as a result their health had improved. Any special requirements and support required, for example, allergies or food intolerances were clearly documented within care plans.

A staff member who provided mealtime calls to people understood the importance of a daily balanced and healthy diet. They prepared a range of meals which included soups and microwaveable European and Asian meals. They prepared a selection of finger food for one person with dexterity problems so they were able to

eat independently.

People were supported to maintain good health and had access to healthcare support when needed. A relative said, "Staff are quick to pick up any health concerns or changes to [my relative]."

Staff told us because they supported the same people regularly any changes in people's health were recognised quickly and prompt and appropriate referrals were made to healthcare professionals. We saw that input from other services and health care professionals was documented clearly in people's files, as well as any health and medical information. That showed the staff worked with healthcare professionals to promote people's wellbeing.

Staff ensured that people's home environment and layout where care and support would be provided was suitable and documented in their care plans. A staff member told us that they always checked equipment used to support people was in good working order such as a perching stool, emergency pendant alarms and pressure relieving cushions. That showed equipment and assistive technology was used to provide effective care to promote people's wellbeing and independence when needed.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA and applications must be made to the Court of Protection. We found there to be no such orders in place for the people whose records we viewed.

People who used the service were able to make decisions about their care and support. People confirmed that staff always sought their consent before they were helped. One person told us "[Staff] check how I am feeling and then ask what I would like doing first." Care records confirmed that people's capacity to consent to their care and support had been assessed by the provider.

The provider, manager and the staff team had completed MCA training and understood its principles. Staff said, "I always ask, by saying would you like to have a shower or what would you like to have for lunch and tell them what the options are." That showed staff promoted and respected people's human rights and decisions made.

Is the service caring?

Our findings

People and their relatives continued to be satisfied and happy with the staff and the care and support people received. One person said, "Staff are always kind to me and treat me with respect." Relatives we spoke with all agreed that staff were kind, caring and considerate towards their family member. A relative said, "[Staff] are caring towards [my relative]. They never rush [them] always encourage [them] and will ask if there's anything else that needs to be done before they go."

People had developed good relationships with staff and consistently spoke about their caring and positive attitude and approach. One person said, "[Staff] have encouraged and supported me to do more for myself and it's made such a difference to my confidence and what I can do for myself. They are wonderful." A relative said, "I've noticed [my relative] is happier and looks forwards to seeing the carers because they cheer [them] up and is a lot happier once they've been." This showed the emotional support provided by staff had improved this person's wellbeing.

The people currently using the service had supportive relatives that were fully involved in their care. Decisions made were documented and reviewed regularly. The manager had a good understanding of when people may need additional independent support from an advocate. Information about advocacy services was included in the information pack people received when their package of care started.

People were treated with dignity and their privacy respected by staff who provided personal care. The language and descriptions used in people's care plans were referred to them in a dignified and respectful manner. One person said, "[Staff] will use a towel to cover me whilst they tend to [my personal care]."

A staff member said, "It's important that we [carers] make a difference even if it's just walking with them to the kitchen to make a sandwich." This showed the person independence was promoted.

Staff were trained in the promotion of people's dignity and privacy. A staff member said, "I always make sure the room is warm and close the curtains and the door. I use two towels one to dry them and the other used to cover them and to stay warm."

A confidentiality policy was in place and a certificate showed that the provider complied with the Data Protection Act. People's files were stored securely. Staff had access to relevant information to support people as needed and understood how to keep people's information confidential and only shared on a need to know basis.

Is the service responsive?

Our findings

People's needs continued to be assessed initially by a representative of social services and a further detailed assessment was completed by the manager or the provider. Care records had been reviewed and updated to reflect in detail people's identified care needs, how risks would be managed and their preferences about how they wished to be supported including the gender of staff supporting them. This assured people that the service could provide the care and support they needed.

Records showed that people were involved in the development and review of their care plans. The provider had ensured that people were not discriminated against the Equality Act, on the basis of their gender, race and religion amongst others. A new section had been added which detailed people's life history, hobbies, preferences, daily routines and their diverse cultural and lifestyle choices and provided staff with clear guidance to meet people's needs.

A staff member told us they found information in the care plans helpful and were more responsive as they understood people's sequence of bathing, daily routines and the gestures and prompts used by some people who were unable to verbally express their wishes. They were provided with information about specific health conditions such as diabetes, hypertension and swallowing difficulties and the signs and symptoms that could indicate the person's health could be at risk.

People continued to receive person centred care and told us that staff were responsive to their needs. Staff knew people well and understood their needs and preferences. Staff were able to describe people's background and knew what care and support they needed. One person said, "I was asked if I wanted a male or female staff. I didn't mind as long as they know how to help me and are professional; I get one of each and they are great." A relative told us that their family member was supported by staff that were able to speak in same language [not English] which meant their family member could express how they wanted staff to support them.

The staff team had received training in equality and diversity. They were knowledgeable about people's different faiths and backgrounds. Staff team included both male and female care staff; some staff were from diverse cultural background and spoke people's first language which was not English. A member of staff said, "I now understand a few words in Punjabi and can respond quickly because I understand what they are saying to me."

The service ensured people had access to the information they needed in a way they could understand it such as large print, electronic and other formats, to comply with the Accessible Information Standard. This is a framework and a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The manager told us they had access to producing information in alternative formats should people require it.

People and their relatives knew who to contact if they were unhappy about the care provided and were confident that their concerns would be taken seriously and addressed. One person said, "I don't have any

complaints about the service. If I did I would speak to [provider] or [manager] and I have their numbers." A relative told us that any concerns raised had been addressed quickly.

A formal complaint process and a system was in place to manage and respond to complaints. Records showed only one complaint had been received and this was handled appropriately, investigated and action taken.

The provider had systems and policy in place about how to support people at the end of their lives. The provider, manager and staff team had received training on end of life care. Staff and people who used the service and their relatives could access information about bereavement and counselling. Records showed people had the opportunity to express their wishes and decisions made about their end of life care. At the time of our inspection visit no end of life care was being delivered at the service.

Is the service well-led?

Our findings

At the last inspection in September 2016 we rated 'well-led' as 'requires improvement' because we found two breaches of the regulations. Regulation 17 Good governance and Regulation 18 of the Care Quality Commission (Registration) Regulations, Notification of other incidents. The provider had not notified the Care Quality Commission of events as they are required to. We found the provider's policies and procedures were not up to date and the systems and processes to monitor and assess the quality of service were not effective.

At this inspection we found the provider had made the required improvements to meet the regulation.

The provider has sent us appropriate notifications about significant events at the service which they must legally do and included the actions taken to maintain people's safety. That meant the provider was meeting their regulatory responsibilities.

The provider had reviewed and updated the policies and procedures to reflect the current best practice. For example, completing care records accurately and consistently to confirm that staff had observed people had taken their prescribed medicines.

The provider had invested in the service to ensure there were robust systems and processes in place. The provider's quality assurance system was being used effectively to assess, monitor and ensure shortfalls identified were addressed. Monthly audits were undertaken by the manager, which ensured the systems in place to monitor the standards and quality of the service were being managed effectively. Records showed the quality of care people received was checked through the unannounced spot checks and review of people's care plans. They also analysed significant events such as incidents and looked at ways to reduce them. Records in relation to the day-to-day management were kept up-to-date. If any shortfalls were found an action plan was put in place. The manager was supported to complete the actions by the provider. Our findings supported the information provided within the PIR.

The provider's statement of purpose and website had been updated to show that they provided personal care to people in their own homes. The provider had displayed their rating at the service and on their website. It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments.

A registered manager was not in post although a manager had been appointed. 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 manager showed us evidence that they had begun the registration process by applying for a clearance

from the Disclosure and Barring Service (DBS). The DBS check shows if a prospective applicant had a criminal record or had been barred from working with adults due to abuse or other concerns. Following our inspection visit an application was received from the manager. This assured us that the provider had taken steps to meet the conditions of registration.

The provider, a qualified nurse, maintained their professional registration and continuous professional development through ongoing learning and practice. The manager understood their responsibilities to manage the service. They worked closely with the provider and staff team and collectively demonstrated their commitment to promote the provider's vision and values which was, 'to provide quality care beyond expectations'. All the people we spoke with felt the service they received was consistent with the provider's commitment.

Staff spoke positively about the provider and the manager. A staff member said, "I love working here and wouldn't go anywhere else. We [staff team] give good care because we care. Clients are happy and both [manager] and [provider] are always here to help me whenever I need it." Another staff member said, "[Provider name] and [manager name] are serious about care and have invested in the training and work with us to look after people. You can talk to them anytime and they will help you."

People who used the service and relatives we spoke with felt the service was well managed. One person said, "It's definitely a well-run company. The owner, manager and staff are all professional and came highly recommended when I needed care." A relative said, "I'm really happy with the agency. [Provider] takes an interest in the people, staff and the standard of care provided."

The provider used surveys and complaints and compliments about the service to drive improvements. Cards, letters of thanks and compliments about the service were received from people who used the service, relatives and healthcare professionals. A sample of the surveys completed from people and staff were all positive and included comments such as "all staff are so polite and friendly" "Always look forward to seeking them" and "[staff] so reliable." There were positive comments from staff about the training, support and quality of information in care plans.

The manager was analysing all the survey responses and told us that an action plan would be developed to ensure any issues raised would be addressed and checked by the provider. This showed people and staff's views about the service were listened to and would be acted upon.

Staff felt they were well supported, trained and committed to a shared goal that was to provide quality care and support to people the service supported. Staff attended team meetings. The meeting minutes confirmed that staff were made aware of changes to policies and procedures, had the opportunity to raise concerns, share ideas around good practice and learn together from any outcomes to safeguarding investigations or complaints.

The service continued to work in partnership with other agencies in an open honest and transparent way. Feedback from commissioners was mostly positive and demonstrated that the provider and manager had acted on feedback to ensure staff training, knowledge and skills was kept up to date.