

Sunshine Health Care 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

About the service

Sunshine Health Care Services Limited is a domiciliary care agency providing personal care to people living in their own homes. At the time of our inspection there was one person using the service.

Everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

There were systems in place to safeguard people from the risk of abuse. Risks to people's safety were assessed and managed. The person using the service was being supported by consistent staff who had been safely recruited and knew them well.

The registered manager undertook assessments before agreeing to support people to ensure that their individual needs and preferences could be met. People's care plans were developed in partnership with the person and/or their family. Staff received an induction and were trained in areas that were relevant to people they were supporting.

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.

Staff understood and respected each person's individual characteristics, likes, dislikes and preferences. People were supported to express their views and be involved in decisions about their care. Family members told us staff respected their relatives' privacy and dignity.

People, their relatives and staff were given regular opportunities to be involved in how the service was run by being asked for feedback on all aspects of the service.

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

Why we inspected

This service was registered with us in April 2021 and this is the first inspection.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.□

Sunshine Health Care Services Limited

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 one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

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

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

We visited the location's office on 28 July 2022.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service since the service was registered. We sought feedback from the local authority. We used this information to plan our inspection.

During the inspection

We spoke with one relative about their experience of the care provided to their family member. We spoke with the managing director, the registered manager and one member of staff.

We reviewed a range of records. This included one person's care records and one staff file in relation to recruitment. We also looked at a variety of records relating to the management of the service and quality monitoring.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place, which were communicated to staff and outlined everyone's responsibilities in reporting safeguarding concerns.
- Staff had been trained in safeguarding and whistleblowing procedures and the action to take to protect people from harm and abuse. This included who to report concerns to, both internally and to external agencies.

Assessing risk, safety monitoring and management

- Any risks to the safety of people using the service and staff were identified and assessed. For example, any environmental risks linked to people's homes were considered as part of the assessment process. These included any potential trip hazards, the lighting and domestic appliances in use.
- Any other potential risks were assessed around areas such as falls, nutrition and skin health. The tasks required to support the person were also risk assessed, for example, around moving and handling. A signing sheet was used to make sure staff were aware of any identified risks.
- Areas of risk were kept under review by staff who documented their observations within people's daily records. The registered manager was also providing care at the time of this inspection and was therefore directly aware of any changes requiring further assessment.

Staffing and recruitment

- People were protected from the risk of being supported by staff who were not suitable to work with them. The service carried out recruitment checks on care staff to ensure they were suitable to work in people's homes. This included Disclosure and Barring Service (DBS) and identity checks along with references to confirm they were of good character. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.
- There were sufficient staff to meet people's needs. People and their relatives told us they received timely support from consistent care staff. A relative commented, "They try to stick to the same staff and always use all the time they have with [person]" and, "They are on time. On the odd occasion there has been a problem, they ring me."

Using medicines safely

- People's needs around medicine were considered as part of the assessment process. People were encouraged to maintain independence in managing their own medicines. No support was being given with medicines at the time of this inspection.
- Staff undertook medicines training with quality assurance systems in place to have their competency

checked to ensure they could support people safely.

Preventing and controlling infection

- We were assured that the provider was using personal protective equipment (PPE) effectively and safely. Staff were provided with appropriate protective equipment, such as face masks, disposable gloves and aprons throughout the pandemic.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The service learnt lessons by maintaining accident and incident records that were signed off by the registered manager documenting any required actions. For example, updating risk assessments and/or care plans.
- Staff supervisions and meetings were used to share information to promote good practice. The small size of the service meant that the registered manager was in regular contact with each staff member.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed when they started using the service and then regularly reviewed. Care plans were updated to reflect any changes in people's support needs. People and their relatives said they were invited to participate in the assessment process to help staff to further understand their or their family member's needs. A relative commented, "They make sure things are thoroughly done. We are very pleased."
- The care plan we looked at addressed the support the person required and was personalised to the individual.

Staff support: induction, training, skills and experience

- Staff undertook training in key areas to promote people's safety, health and well-being and ensure they had the appropriate knowledge. Training documented included dignity awareness, equality and diversity, food hygiene and person-centred support.
- People spoke of their confidence in staff when providing their care.
- Staff were regularly supervised, and their practice reviewed through 'spot checks' where their interactions with people were observed.

Supporting people to eat and drink enough to maintain a balanced diet

- People's dietary needs were considered as part of the assessment process. Where people required support in the preparation and consumption of drinks and food this was detailed within their care plan. This included people's individual preferences for meals, snacks and refreshments.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's care plans provided information as to their health care needs, which included any current health care support required. A relative told us that the service supported them effectively with their family members health needs.

Ensuring consent to care and treatment in line with law and guidance

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 MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People, and where appropriate family members were involved in all decisions related to people's care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by a small team of staff who they had developed positive and supportive relationships with. A relative spoke very positively about the support and care their family member received and commented, "We are quite happy. They are very nice people."
- Where people had any religious or cultural needs staff supported them with these. Care plans addressed people's needs and provided clear guidance for staff around this important area.

Supporting people to express their views and be involved in making decisions about their care

- People and family members told us they were fully involved in all decisions related to their care, both on a day to day basis and when their care package was reviewed. A relative told us, "It's no problem. [Staff] have helped me when I have a last-minute appointment. They always make sure things are done properly."
- People and, where appropriate, their family members had access to their care records, which provided key information about their care, including a record of the support provided at each visit.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff treated them with respect and promoted their independence.
- Staff told us how they promoted people's dignity by ensuring curtains and doors in the home were closed when providing personal care. A relative told us that staff were always patient, polite and respectful.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. This is the first inspection for this newly registered service.

This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People and relatives were involved in creating and reviewing the package of support provided. People's care plans provided clear guidance as to their needs, and the role of staff in promoting their safety, independence, choices and decisions. The person's plan included information about their life, their personal interests and background which helped staff know them as an individual.
- People and their relatives were regularly asked for their opinion of the care provided during spot checks, telephone calls and reviews.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Any health conditions which impacted on people's ability to communicate were documented. The registered manager assessed each person's communication needs to ensure they were able to fully support them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The assessment and care planning process considered people's needs in relation to social inclusion. For example, any support by staff to access local amenities, shopping and taking walks in their local area.

Improving care quality in response to complaints or concerns

- People and their relatives were aware of how to raise any concerns or complaints. None had been received at the time of this inspection. A relative told us they were very happy with the service and had no concerns or complaints. They gave us an example where a concern they had was responded to promptly by the service.
- Systems were in place to document any concerns and complaints. These records included the detail of the concern, the action taken, and the outcome with any learning for the service.

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.

This is the first inspection for this newly registered service. This key question has been rated 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 had systems in place to review practice and support staff in promoting a positive culture which delivered good outcomes for people.
- A relative spoke of the kind and caring approach of staff and consistency of service. They told us, "I'd recommend them to anybody."

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 role and responsibilities including their obligations under the duty of candour. No incidents had met this criterion. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support, and providing truthful information and a written apology.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A relative spoke positively about the way the service was managed. The registered manager also provided some personal care to people, which meant they had got to know them well.
- Staff were positive about the registered manager. They told us they were always available for guidance and support.
- Staff attendance at calls was monitored to ensure staff arrived at the agreed time and stayed the duration of the call.
- The registered manager understood their legal obligations. For example, to keep CQC informed about events they were required to by law.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's views about their quality of the service, and the care they received were sought. Records of spot checks and reviews by the registered manager showed people and their family members were satisfied with the quality of care they received from care staff.