

Sunflower Homecare Ltd

Sunflower Homecare

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

Sunflower Homecare is a domiciliary care service providing care to people in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive a regulated activity of personal care. This is help with tasks related to personal hygiene and eating. Where they do receive personal care, we also consider any wider social care provided. At the time of inspection, Sunflower Homecare provided a service to 30 people of which 20 people received personal care.

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

People and their relatives were complimentary about the service Sunflower Homecare provided and how it was managed. The provider worked in partnership with people, relatives and other professionals to achieve individualised, person-centred care.

People felt safe with the care and support provided by the staff and were comfortable in their company. Staff had received safeguarding training and knew how to protect people from potential harm. Safeguarding policies and processes were in place.

People received their care calls at the times they expected, for the length of time agreed and from staff they knew. Medicines and risks associated with people's care was well managed, and in line with legislative requirements and recognised best practice guidelines. Staff followed good infection prevention and control practices to keep people and themselves safe.

People were supported by a staff team who were safely recruited and who had the relevant training and qualifications to safely meet their needs. Staffing and recruitment was a challenge, particularly considering the impact of the COVID-19 pandemic. Despite this staff and the management team worked hard to ensure that people received their care calls as planned.

People's care plans were detailed and person-centred, they promoted choice and guided staff on how to support people safely and encourage their independence. They included information on people's family, history, skills, hobbies and interests.

Staff understood the importance of gaining consent from people. People were supported to have maximum choice and control of their lives and care staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and relatives felt able to raise any issues with the staff and management team and were confident these would be addressed. Staff felt supported and valued in their role by the management team.

Systems to monitor the quality and safety of the service were in place. Quality monitoring systems allowed for effective monitoring of the service by the provider.

Rating at last inspection

The service was registered with us on 24 February 2020 and this is their first inspection.

Why we inspected

This was a planned comprehensive inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was Safe.

Good ●

Is the service effective?

The service was Effective.

Good ●

Is the service caring?

The service was Caring.

Good ●

Is the service responsive?

The service was Responsive.

Good ●

Is the service well-led?

The service was Well-Led.

Good ●

Sunflower Homecare

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 Care Act 2014.

Inspection team

This inspection was carried out by an inspector 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. The Expert by Experience made telephone calls, off site, to obtain feedback from people who used the service and their relatives.

Service and service type

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

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 provider or registered manager would be in the office to support the inspection.

The service had a manager registered with the Care Quality Commission. They were also the provider. This meant they were legally responsible for how the service is run and for the quality and safety of the care provided.

Inspection activity started on 6 December 2021 and ended on 16 December 2021 when we gave feedback. We visited the office location on 6 December 2021.

What we did before the inspection

We reviewed our systems and information we held about the service. The provider was not asked to

complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

We visited the office location on 6 December 2021. We reviewed a range of records which included risk assessments, medication records for four people and four staff records. We also viewed accident and incident records and management monitoring and oversight records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We had contact with seven people who receive care and support from Sunflower Homecare about their experience and three relatives. We spoke with three members of staff and received electronic feedback via email from two members of staff and the local commissioning team who work with the service.

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

- People told us they felt safe and comfortable with staff. One person commented, "I do feel safe with all the carers who come to help me. I am never worried about them in my house and never had cause to complain or speak to anyone about them." Another person told us, "The carers that come are respectful and kind, they are reliable and make themselves known when they arrive and also lock up properly when they leave." A third person commented, "I am always safe with the carers, they are the best people in the world."
- Staff had received safeguarding training and knew how to keep people safe from the risk of harm or abuse. One member of staff said, "If I suspected something was wrong, I would report it straight away to management and I am confident they would act. I wouldn't hesitate to whistle blow (report concerns to relevant external agencies) if I needed to. My safeguarding training covered whistle blowing and all the contact numbers." A relative shared with us that they felt staff understanding of, "Safeguarding is spot on."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessments were carried out to identify any risks to people and these were regularly reviewed and amended where needed. Where risks were identified, measures were put in place to guide staff on how to reduce these risks. People were involved in discussions about reducing risks and were asked to contribute to and sign off their care plans.
- Staff were aware of the risks to people and how to mitigate these without restricting people's independence.
- Accidents and incidents were recorded. Analysis of these records enabled management to identify patterns and trends and to take action to reduce the likelihood of them happening again.
- At the time of the inspection, there had been one missed visit, records showed that management investigated this, took appropriate action and carried out a lessons learnt to reduce the risk of reoccurrence.

Staffing and recruitment

- People received their care calls from staff they knew, and for the allocated time and agreed duration. One person said, "I always know which member of staff is coming and they (management) contact me to let me know." Another person commented, "They [staff] always arrive on time, unless there is an emergency of some sort and they [management] will let me know." A third person commented, "I know who to expect through my door and it is always a pleasure to welcome them."
- The provider used robust recruitment checks and processes to ensure only staff suitable for the role were employed. Pre-employment checks included obtaining references and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working in care services.

Using medicines safely

- People were safely supported with their medicines where required. One person told us, "I do my own medicines but if I am a bit concerned, they [staff] help me check them." Another person said, "I do have a care plan and my medication is recorded and they [staff] are very methodical with this so there is no margin for error with medication."
- Medicines were administered by staff who had received training and had their competency regularly checked to ensure their practice remained safe.
- Records showed people had received their medicines as prescribed and regular audits took place.

Preventing and controlling infection

- People and their relatives confirmed that staff followed good infection control practice in their homes and wore personal protective equipment (PPE). One person said the staff, "Always wear the protective gear (PPE) and wash their hands."
- Staff had received infection prevention and control training and additional training relating to COVID-19.
- Staff took part in a weekly testing programme to minimise the risk of spreading COVID-19 and confirmed they had sufficient amounts of PPE.

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

- The service carried out assessments of people's needs prior to them starting to provide care to the person. This included discussions with the person regarding their preferences and what they would like help with.
- Records showed the assessment process covered areas such as general health, mobility and nutrition and had been completed in line with current legislation and recognised best practice guidance. The information was used to create a person-centred care and support plan to help people achieve meaningful outcomes.

Staff support: induction, training, skills and experience

- People told us how they felt the staff had the skills and knowledge to meet their needs. One person said, "I would say the training is very good. [Name of member of staff] is brilliant and knows exactly what to do and what is required." Another person told us, "I think the training is pretty thorough." A third person added, "I am always fully confident that they [staff] know exactly what they are doing and would under any circumstance that may arise while caring for me."
- New staff received an induction which included training, assessed shadowing with more experienced colleagues and working on the Care Certificate. This is a set of induction standards that care staff should be working to.
- Staff were encouraged and supported to professionally develop through ongoing training, supervisions and appraisals with opportunities to achieve qualification in care available.
- Staff told us they felt valued and supported at work. One member of staff said, "They [management] recognise the work we do, regularly say thank you and check in to see how you are if you need any help or support. It is a great place to work."

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to eat and drink where they required this support This was documented in their care records and provided guidance for staff on how to meet these needs.
- People received the care and support they needed. People's records showed that where other professionals were involved their input was acted on by staff and incorporated into their care plans.

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 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.

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.

- The registered manager understood their responsibilities under the Act. No one using the service at the time of the inspection had any restrictions placed on their liberty.
- People and their relatives confirmed they were able to make day to day decisions for themselves. This included how they would like to have their personal care provided, what they wanted to wear or to eat. One person commented, "I make my own choices in everything and they [staff] listen to me." Another person commented about staff seeking consent, "I always confirm that I am happy with the care being provided and they [staff] wait for me to do so."
- People signed their care records to indicate agreement with the content.
- People's care records documented staff consistently seeking consent from people before providing their care and where people had declined this was also recorded and respected.

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 we spoke with told us they were supported and treated well by staff. One person told us, "I have no faults what so ever with them [staff]. They're absolutely brilliant, kind, caring, polite, nice people." Another person commented that the staff were, "Perfectly marvellous at caring for me and making me happy and comfortable at all times; they would do anything for me."
- People's relatives were equally complimentary about the care provided, one relative told us, I think the staff are absolutely marvellous and will always go that extra mile for [family member] to make sure they are safe, happy and comfortable." They added, "It is so hard to find good caring carers but we've hit the jackpot here."
- People were respected and included as much as they wanted to be in shaping their care and outcomes. One person said, I would say they [staff] do listen to me, yes, and we discuss things. I am not just told what to do."

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

- People confirmed they were able to make their own decisions and their views were acted on by staff and recorded in their care records. One person said, "I do have a care plan and they [staff] help me to understand it and what needs to be in it." Another person commented that the staff, "Do listen to me and we have a chat."
- People's care records were person-centred and reflected their individual needs and their history, background and preferences. Value was given to using people's own words in the care records to reflect their choices, preferences and what mattered to them.

Respecting and promoting people's privacy, dignity and independence

- People told us the staff treated them with dignity, talking to them in a polite and respectful manner, listening and responding appropriately to any requests. One person said, "They [staff] are kind and extremely patient." One person's relative told us about the staff, "They know us extremely well and thoroughly, they are always dignified and very respectful."
- People's care records included guidance for staff on respecting people's dignity, privacy and confidentiality. Their care records included the areas of their care people could attend to independently and where they required support and how staff could best encourage this. One person said about the staff, "They are very understanding, they know what I can do and where I need help. My independence is very important to me and they will only step in when I need it. They never rush me."
- Staff were observed by the management team in their usual work duties as part of the provider's quality monitoring processes. During these spot checks members of the management team checked that people's

independence, dignity and privacy was promoted and respected.

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

- People's care plans were developed with the person and/or their relatives. They gave a detailed record of what the person's interests were, what made a difference to their lives and what individualised care meant to them. This helped staff to deliver care and support in line with the person's wishes. One person commented, "They [staff] know how to work with me and that is because they care about me, listen to me and watch what I like and [pay attention] to how I like things done."
- People told us that staff were considerate of meeting their preferences, taking account of even the smallest of details as they knew it was important to the person. One person said about the staff, "Always know how I like my tea, how I like my hair, how I like my bed made, how I like everything done really." A relative described how intuitive the staff were and able to respond appropriately, "I can always rely on them, they know how to listen and gauge the mood and the action required to assist [family member]."
- Staff took account of people's interest, pastimes and hobbies. One person told us how staff will, "Chat with me and listens to all my long reminiscing stories." A relative commented how the staff, "Know [family member's] funny ways and always look through their photos with them time and time again."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had information provided that was accessible to them and their communication needs. For example, newsletters were available in large print. The registered manager told us that any information could be provided in other languages and or in alternative formats such as audio recordings, braille should these be required.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to raise a concern or make a formal complaint. One person said, "I do know who to speak to and I also have the telephone number written in big writing right next to my phone and that was written by my lovely [member of staff]."
- A complaints policy and procedure was in place. Records showed all complaints received had been responded to in a timely manner.

End of life care and support

- The service was not providing end of life care at the time of the inspection however, the registered

manager told us appropriate plans including working with relevant professionals would be put in place should the need arise.

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

- Feedback from people who used the service and their relatives was complimentary about Sunflower Homecare Limited. They told us they were happy with the care they received, and would recommend the service to others, and several had done so. One person told us, "I think it is a good service that makes my life possible in my own home." Another person said, "To be blunt I could not do without them, they are simply the best." A relative commented, "I would tell others what a very good and important job they do and that I would recommend them with all my heart."
- People told us the staff knew them well, which enabled rapport, trust and positive relationships to develop, which contributed towards good outcomes for people.
- Careful thought was given by the management team to match staff with people using the service to support compatibility, considering people's preferences, interests and personalities.
- Planned assessments checked that the service was able to meet people's needs prior to accepting the care package. Ongoing reviews included people who used the service and where appropriate their relatives to identify how they wanted their care delivered and to ensure it was person-centred.
- Staff had their competency regularly assessed to ensure they were working to the standards expected. There was a transparent and open culture where staff felt able to speak to one another and the management team if they needed guidance and support.
- Feedback from staff was positive. One member of staff said, "It is a supportive place to work, very open and transparent, can say anything; no comeback. We are all a team, well more like a family, we want to do right by people and each other. I have never been so happy going to work; I love what I do."
- Staff received effective communication about changes to people's care in an accessible and secure way including by an electronic information sharing group, e-mails or team meetings. As a result, people's care records and support were more accurate.
- Feedback about the service was encouraged by management and where people, relatives and staff had shared their views their comments were followed up, acted on accordingly and used to develop Sunflower Homecare. A relative commented, "I can express my views of course, but they are always so positive because it is a great service, absolutely marvellous."

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 was also the provider and recognised that this dual role was at times challenging. They were supported by the office manager to ensure the service ran smoothly. They advised that the office manager would be applying to be the registered manager in the new year and would be in charge of the day to day running of the service enabling them as the provider to develop the service further.
- There was an established leadership structure in place and staff understood their roles, responsibilities and duties. Staff performance was monitored through regular one to one supervision and competency checks.
- A range of governance and quality assurance systems were in place to ensure that care being delivered was safe, effective and compassionate. This included checks and audits for example, on staff files, medicine administration, care plans, daily records, incidents and accidents and complaints.
- Feedback from staff was positive, they liked working at the service, had confidence in the registered manager and felt supported. One member of staff said, "[Registered manager] is amazing, always there for you, has your back, helps out wherever they can, will do the care calls if needed. Looks after their staff, cares about their well-being; truly cares."
- Notifiable events had been reported to CQC as required and the registered manager was aware of their legal regulatory responsibilities around this.
- Duty of candour requirements were met. This regulation requires safety incidents to be managed transparently, apologies provided and that 'relevant persons' are informed of all the facts in the matter. From reviewing governance documents, we could see the correct processes were in place.

Continuous learning and improving care; Working in partnership with others

- The registered manager shared with us the challenges of opening a new service during a pandemic. They had recognised the need to keep up to date with the latest government guidance and had adapted accordingly.
- During the COVID-19 pandemic the management team shared information through newsletters to reassure people who used the service that they were following recognised best practice and had also provided additional support where needed for those people that were isolating such as welfare calls or delivering essential boxes containing fruit and vegetables.
- The service worked with organisations within the local community to share information and learning around local issues and recognised best practice in care delivery.
- The registered manager worked with a wide range of stakeholders involved in people's care. These included occupational therapists, safeguarding authorities and various health professionals. The local commissioning team informed us they had no concerns with the service.