

Sunrise Home Care Services Ltd

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Inspection report

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service effective?

Inspected but not rated

Is the service caring?

Inspected but not rated

Is the service responsive?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

This inspection took place on 2 March 2016 and was announced. At our last inspection in July 2014 the provider met the regulations we inspected.

Sunrise Home Care Services Ltd provides domiciliary care to people living in their own homes. The agency was providing the regulated activity of personal care to one person at the time of this inspection. The service has therefore been inspected but not rated as we did not have sufficient information to form a robust judgement and provide a quality rating.

The agency had a registered manager in post. 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 person using the service told us that care staff spoke to them politely and treated them with dignity and respect. They were positive about the care and support being provided to them.

Staff felt supported to carry out their roles effectively and were in regular contact with the registered manager. They received training relevant to the care and support they provided.

The registered manager and staff understood the principles of the Mental Capacity Act 2005 (MCA). Staff were aware of the need to obtain people's consent prior to them providing any care and support.

There was a system for dealing with concerns and complaints. The person using the service felt comfortable in speaking to the registered manager if they had any issues.

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.

Identified risks to individual safety and welfare were being managed appropriately.

There were appropriate staffing levels to meet the needs of people who used the service.

Recruitment procedures were in place to help keep people safe.

Inspected but not rated

Is the service effective?

The service was effective.

Training and supervision was provided to staff to help them carry out their role and provide effective care.

Staff had an understanding of, and acted in line with, the principles of the Mental Capacity Act 2005.

Inspected but not rated

Is the service caring?

The service was caring.

People were happy with the care they received and felt staff respected their privacy and dignity.

Care plans were personalised and reflected each person's preferences about how they received their care and support.

Inspected but not rated

Is the service responsive?

The service was responsive.

People received care and support that met and responded to their individual needs.

People had information about how to complain and felt able to raise any issues of concern with the registered manager.

Inspected but not rated

Is the service well-led?

Inspected but not rated

The service was well-led.

There was a registered manager in post who was supportive and approachable.

The agency carried out regular checks to monitor the quality of the service and drive improvement.

Sunrise Home Care Services 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Prior to our inspection we reviewed the information we held about the service. This included any safeguarding alerts and outcomes, complaints, previous inspection reports and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law.

This inspection took place on 2 March 2016 and the provider was given 48 hours notice of our visit. The inspection was carried out by one inspector.

We spoke with the registered manager and one member of staff. We looked at the care records for one person. We checked three staff recruitment files and the records kept for staff allocation, training and supervision. We looked at records for the management of the service including quality assurance checks and the organisational policies and procedures.

After our inspection visit we spoke on the telephone with the person who used the service to obtain their views about the care provided. An external health professional additionally provided feedback about the agency.

Is the service safe?

Our findings

One person using the service said. "They are brilliant, yes I'm happy." An external health professional told us they were happy with the service and the care being provided by the agency was safe.

Safeguarding information was available in the agency office including the applicable local authority procedures. The registered manager was aware of how to raise a safeguarding alert and the organisation had its own policy and procedure available for reference. We saw that staff received safeguarding training as part of their induction when they started work with Sunrise Home Care Services Ltd. Each staff member was issued with a handbook that included information about safeguarding people from abuse.

We looked at the arrangements for recruiting new staff to the service. Recruitment checks took place before staff started work. The three staff files seen included references from previous employers, proof of identity and right to work documentation. Criminal Records checks had been completed. These important checks identify people who are barred from working with children and vulnerable adults and informs the service provider of any previous criminal convictions.

The person using the service required prompting to take their medicines. A policy and procedure gave staff guidance about the administration of medicines and a medicines risk assessment was completed to help make sure that people received their prescribed medicines safely and at the right time. Staff would record how they assisted people with their medicines in the daily records and corresponding records were kept of the medicines people were taking in their main care plan.

We saw that care plans included information about what staff should do to help people to stay safe. The care file seen included assessments of any risks associated with the person's care and their home environment. Any moving and handling tasks required by carers were assessed and these specified any equipment required.

There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by people's needs. For example, the person using the service received care and support from two staff. One person using the service said that they knew the staff and they were happy with the continuity of care provided by the agency.

We saw that care staff were provided with protective clothing including disposable gloves as necessary.

Is the service effective?

Our findings

The person using the service told us that they thought the staff who provided their care and support were trained and competent. They told us, "They help me with anything."

Staff completed a nationally accredited induction programme when they first started work for the agency. During this training staff completed training in key areas such as safeguarding and moving and handling. Staff then spent a period of time during their induction out in the community shadowing more experienced staff prior to them working unsupervised. Further training was provided to staff and refreshed on an ongoing basis. We saw that training records were kept by the agency to monitor that the training provided to staff was up to date.

Staff received support to carry out their roles effectively. Staff said that the registered manager was supportive and that they could contact her 'seven days a week' if they needed to discuss anything related to their work. Regular one to one supervision sessions were held with staff and staff were invited to attend regular meetings at the agency office. The agency also carried out spot checks on staff whilst they were supporting people in their homes. During the checks they obtained the views of people who used the service about the carer working with them. Any issues would be raised with the staff member in their supervision.

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.

We saw staff had received training in the Mental Capacity Act (MCA). The registered manager and staff told us that they obtained consent from people when providing care and support. One staff member said "We talk to the client, check how they are feeling." The person using the service told us that they were happy with the way staff worked with them. Cognitive assessments recorded any concerns about the person's ability to make decisions regarding the care that they were receiving. The registered manager told us that the person receiving a service was able to give consent and daily notes seen documented where staff had respected the person's right to refuse care.

The agency worked in conjunction with other health services to make sure the person's needs were met. A care plan included details of involved health professionals and there were procedures for carers to follow in reporting any health emergencies and summoning assistance when required.

Is the service caring?

Our findings

The person using the service told us that staff were caring and treated them with dignity and respect. They said, "They treat me well. They do things the way I want them."

People were given a guide about the service which was kept at their home. This included information about what to expect from the agency, how to complain and who to contact both during and outside of office hours. The guide included the agency philosophy of care for people using the service addressing key areas such as dignity and dignity.

People's privacy and dignity was respected and promoted. Staff told us how they ensured people's privacy by ensuring they worked in the way the client wanted. They would make sure curtains were closed and people were covered when providing them with personal care.

The registered manager had a good knowledge about the person receiving care and support. Their care plan included personalised information and reflected the person's views about how they wanted their care and support to be provided. The person's favoured daily routine was documented including detailed information about, for example, what they liked to eat and their preferences for support with personal care.

Daily records were kept by staff documenting the care and support provided during their visits. These showed that staff asked people what they wanted before providing support for them and obtained their consent before carrying out any care tasks. This helped to ensure that the people using their service were actively involved in making decisions about their care, treatment and support.

Is the service responsive?

Our findings

The person using the service told us that staff provided them with the care and support they required. An external health professional told us that they were happy with the service being provided and the registered manager was responsive to any requests made of them.

We saw people's needs were assessed before they could start using the service. Care plans were developed based on the assessments completed by the registered manager and those provided by commissioners if available. The plans were then agreed by the person using the service or their representative. A copy of the care plan was kept in the persons homes for reference and another in the agency office.

The care plan we looked at provided staff with detailed information about the person's preferences, needs and the tasks they were expected to carry out. Staff completed a daily record after each visit recording a summary of the care and support provided as well as any significant observations or issues.

The provider had previously sought feedback from people or representatives through the use of regular questionnaires. These were sent out to people at regular intervals seeking their views about the service they received. We saw people were able to comment on all aspects of the service including the standard of care provided and the approach and timekeeping of staff.

The provider had a complaints procedure that was given to people and their representatives when they started using the service. The person we spoke with said that they felt able to raise any issues with the registered manager. One person said, "I would definitely get in touch. Sometimes they contact me to ask." We saw records were kept of any complaints with none having been received in the last 12 months.

Is the service well-led?

Our findings

The person using the service said they were happy with the service provided and how it was managed. An external professional told us that the person and their family were happy with the care they were receiving.

Staff told us they felt well-supported by management. They said that the registered manager was on call 24/7 if they ever needed out of hours support.

There were systems in place to make sure of the quality of the care and support provided on an on-going basis. Staff had regular one to one supervision sessions and spot checks while they were providing care. These were used to check they had the support they needed, assess any training needs and help ensure the standard of care to people using the service.

Records of spot checks were kept at the office and included the staff member's appearance, timekeeping, interaction with the person and record keeping. The views of the person using the service were obtained during the visit and documented. Daily notes kept by staff were also checked to make sure they were being kept to the standard required by the registered manager.

We saw that the provider had previously sent out quality assurance questionnaires to people using the service and relatives to see what they thought of the care. These systems were not currently being used as there was only one person using the service.

External quality checks had been carried out in November 2015 by a local authority who had previously commissioned services from the agency. Their report rated all assessed aspects of the service as being good or excellent.

We discussed the development of a formal plan for future development of the service with the registered manager. This document could reflect the feedback from people using the service, staff and other stakeholders.