

# Sunderland Home Care Associates (20-20) Limited

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## Inspection report

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Tel: 01915108366

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30 October 2023  
11 January 2024

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Sunderland Homecare Associates (20-20) Limited is a domiciliary care service that provides personal care to older people living in their own homes. It also provides a supported living service providing personal care to adults with a learning disability or autism spectrum disorder. At the time of our inspection there were 114 people using the service, including 22 people receiving the regulated activity in the supported living service.

Not 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.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

### Right Support

Systems were in place to ensure care was person-centred and to make sure people were at the heart of the service.

People were well well-cared for. Staff knew the people they were supporting very well and care was provided with patience and kindness. One person told us, "I didn't want the carers in at first, I was too embarrassed, but I love them all now, they are so kind. They say take your time. They are very patient. I can't find fault with one of them, they come in as happy as Larry."

Records provided detailed guidance to ensure people received person-centred care. Risks were assessed and mitigated to keep people safe.

### Right Culture

Systems were in place to ensure the right culture was being promoted, people's human rights were respected and their opinions were listened to and valued.

Staff spoke positively about working at the service and the people they cared for. Staff said the management team was very approachable and they were supported in their role.

Staff were trained, knowledgeable and passionate about the service giving people the very best experience they could. People told us they were appreciative of the support provided to them. Their comments included, "They [staff] do everything well. They are lovely. The service do not have to improve anything because they are spot on with [Name]'s care" and, "When staff come they always have a chat to you, especially when they have done their job. The carer I have now has been awesome with me."

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

There was consultation with staff and people. People and relatives were encouraged to express their views about the care and were involved in decisions making, as far as they were able. People said they knew how to complain. A relative told us, "They left a manual of information. Up to now we have absolutely nothing to complain about because the service being provided absolutely meets our needs exactly."

#### Right Care

People felt safe with the service provided. Staff knew about safeguarding procedures. Rota management was well-managed to ensure people received timely and consistent care from the same staff.

Staff recruitment was carried out safely and effectively. People were correctly supported with their medicines.

The provider was monitoring the use of personal protective equipment (PPE) for effectiveness and people's safety. A quality assurance system was in place to assess the standards of care in the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 30 August 2018)

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sunderland Homecare Associates (20-20) Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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 well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Sunderland Home Care Associates (20-20) 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 1 inspector and 2 Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It also provides supported living providing care and support to people living in 22 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

#### Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 30 October 2023. We made telephone calls to people, relatives and staff on 8, 9, 23 November 2023, 10, 11 January 2024. We visited the location's office on 11 January 2024.

#### What we did before the inspection

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

#### During the inspection

We communicated with 18 people who used the service and 12 relatives about their experience of the care provided. Not everyone who used the service communicated verbally or wished to speak on the telephone, therefore they gave us permission to speak with their relative. We spoke with 10 members of staff including the registered manager, service manager, 1 team leader and 7 care workers. We reviewed a range of records. This included 7 people's care records and multiple medicine records. We looked at 4 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff were trained about how to safeguard people. They said they would raise any concerns and were confident the registered manager would respond appropriately.
- People and relatives said people were kept safe. Their comments included, "I definitely feel safe, staff are always cracking a joke", "I talk to carers [staff] and see what they do, they seem like nice girls I would telephone the office if I felt [Name] was unsafe" and "I just trust them, they are nice, genuine. To be honest I look forward to them coming."

Assessing risk, safety monitoring and management

- Risks to people's health, safety and well-being were identified and managed. Measures were put in place to remove or reduce the risks.
- Risk assessments included environmental risks and any risks due to the health and support needs of the person. People's individual circumstances were recorded in each risk assessment and staff were given guidance on how to protect them from harm.
- Systems were in place to help ensure people received support in the event of an emergency. A relative commented, "We have an out of hours telephone number and if I want to speak to someone and they are not there, I leave a message and they phone me back straight away."

Using medicines safely

- Medicines were managed safely. Staff followed systems and processes to administer, record and store medicines safely.
- People received support from staff to make their own decisions about medicines, wherever possible. A person commented, "The carer takes medication out and waits until I have finished, they see to it, there have been no problems at all."
- Medicines risk assessments and associated care plans were in place, including guidance to follow for 'when required' medicines, to be administered, where a person may experience pain, agitation or distress.

Learning lessons when things go wrong

- People received safe care because staff learned from safety alerts and incidents.
- Staff recognised incidents and reported them appropriately, and the management team investigated them, and shared lessons learned.
- The registered manager analysed incidents and near misses on a regular basis so that any trends could be

identified, and appropriate action taken to minimise any future risk.

#### Staffing and recruitment

- There were sufficient staff to support people safely.
- Systems were in place and staff were appropriately deployed to ensure people received timely and consistent care. People commented they received the same staff, their calls were on time and they were informed if their call was going to be late. One person told us, "I've got a main carer and if they are going to be late, they let me know." Another person said, "Staff come on time, I have regular carers, no missed calls, they do everything that is needed, nothing is too much trouble."
- Staff recruitment was safely and effectively managed to ensure only suitable staff were employed.

#### Preventing and controlling infection

- The service had appropriate procedures in place to manage and reduce the spread of infection.
- Staff wore PPE when carrying out personal care or specific procedures. One person told us, "They [staff] wash me in the morning, they wear their uniform and sometimes they wear aprons and they always wear gloves."
- Practices to prevent infection were included in care plans. Staff had received training in infection control.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.



# Is the service well-led?

## Our findings

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

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

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

- Systems were in place to ensure people received person-centred care. Care plans were person-centred to ensure people received individualised care and support.
- A long standing, motivated and enthusiastic staff team was in place, led by a motivated management team that worked together to follow best practice and achieve positive outcomes for people who were referred to the service.
- Staff shared the vision of the service to provide person-centred care and to put people first. All people and relatives commented positively about support they received. Their comments included, "Staff do well on sorting [Name] out. We would not be able to cope if they didn't come in. We wouldn't be able to keep [Name] at home" and, "Very good organisation seem to attract good people to do the job."

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

- The registered manager was committed to protecting people's rights with regard to equality and diversity.
- People and relatives told us communication was effective and they were involved in decisions about their care. One relative told us, "I say to the girls if they are worried about something ring me and they do. They are spot on" and "Staff would let me know straight away if [Name] was not well."
- Staff said they felt supported and enjoyed their role. One staff member commented, "I wish I had done this years ago, I love coming to work, the job is brilliant."

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 and management team worked well to ensure the effective day-to-day running of the service.
- A robust quality assurance system was in place and regular audits were completed to monitor service provision and to ensure the safety of people.
- Regular spot checks took place to gather people's views and to observe staff supporting people. A relative commented, "[Name] was in just a week ago to check if everything was all right" and "We get telephone surveys and questionnaires get sent out to see if we are happy with service."
- The registered manager understood the duty of candour responsibility, a set of expectations about being open and transparent when things go wrong.

Continuous learning and improving care; Working in partnership with others

- The management team and staff were committed to improving the service for the benefit of people using it.
- There was a programme of ongoing staff training to ensure staff were skilled and competent.
- Staff communicated with a range of professionals to ensure that people's needs were considered and understood so that they could access the support they needed.