

SunCare Home Care Limited

SunCare

Inspection report

The Old Surgery
The Meads
Kington
Herefordshire
HR5 3DQ

Tel: 01544231413

Date of inspection visit:
20 May 2019

Date of publication:
03 July 2019

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: SunCare is a domiciliary care service. At the time of the inspection 20 people aged 65 who may have a learning disability, dementia, physical, mental or sensory impairment were receiving personal care. The service can support up to 40 people. 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.

Why we inspected: This was a scheduled inspection based on the previous rating.

People's experience of using this service:

People continued to tell us they felt safe and well supported. Staff had a good understanding of how they protected people from harm and recognised different types of abuse and how to report it. Potential risks to people had been identified and people had been involved with decisions in how to reduce the risk of harm. There were enough staff on shifts to keep people safe and meet their needs. People's medicines were managed and stored in a safe way. Safe practice was carried out to reduce the risk of infection.

People's care continued to be assessed and reviewed with the person involved throughout. People were supported to have a healthy balanced diet and were given food they enjoyed. 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 support this practice. Staff worked with external healthcare professionals and followed their guidance and advice about how to support people following best practice.

Staff treated people as individuals and respected the choices they made. People's care was delivered in line with their preferences, with any changes in care being communicated clearly to the staff team. Staff supported people with their end of life care. People had access to information about how to raise a complaint.

The registered manager and management team were approachable and effective. The checks the registered manager made to ensure the service was meeting people's needs focused upon people's views and experiences.

Rating at last inspection: At the last inspection in November 2016 the service was rated Good.

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.

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.

SunCare

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: One inspector.

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

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection: We gave the service 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. Inspection activity started on 20 May 2019 and ended on 21 May 2019. We visited the office location on 20 May 2019.

What we did;

Before inspection:

- Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public and local authorities. We also checked records held by Companies House.

During inspection:

- We spoke with one person who used the service and three relatives.
- We spoke with the four carers, the care supervisor, the care co-ordinator and the training co-ordinator. We looked at three people's care records and other records that related to people's care such as medication records, audits and other records about the management of the service and two staff recruitment files.

Is the service safe?

Our findings

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

At the last inspection, this key question was rated "Good". At this inspection we found the rating remained "Good".

This meant people were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they continued to be kept safe by the staff who supported them. Staff demonstrated a good understanding of different types of abuse and what approach they would take in the event of any concerns. The registered manager took action and reported safeguarding issues when these were identified.

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

- Staff supported people in a way which kept them safe but maintained their independence. One person told us how staff supported them to stay safe while using the shower.
- Staff were aware of people's individual risks, such as risk of falls and how best to support them. A relative told us how their family member was at risk of falls and that staff were aware of how to support their family member to stay safe. They continued to tell us how staff reported any fall to them immediately and ensured their family member received the right medical attention when required.
- People were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- Staff communicated information about incidents and accidents to the management team. The registered manager monitored these events to help prevent further occurrences.

Staffing and recruitment

- People told us they had a consistent and stable staff team who supported them. People told us staff arrived on time, or a courtesy call was received if staff were running a little late.
- Staff told us there were sufficient numbers of staff on duty and one to one support for people was always covered.
- The care co-ordinators understood people's individual support needs well and what skill mix of their staff was required to keep people safe.
- The provider undertook checks on the suitability of potential staff before they began work.

Preventing and controlling infection

- People told us staff kept their homes clean and used personal protective equipment (PPE) when required
- Staff followed their infection control training they had received to reduce the likelihood of the spread of infections and people experiencing poor health.

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.

At the last inspection, this key question was rated "Good". At this inspection we found the rating remained "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 and where necessary relatives told us they were involved in the assessment of their care from the beginning. One relative told us how pleased they were with the initial thorough assessment and how staff had taken the time to fully understand their needs.
- People's care was reviewed after a few days to ensure the person was happy with their care or whether any changes were required. Following this, staff told us and records we reviewed showed that people's care was monitored and reviewed regularly. Where people's needs had changed this was communicated to the whole staff team to ensure consistency.

Staff support: induction, training, skills and experience

- All those we spoke with were confident in staff's abilities and their approach to supporting them and meeting their needs. One relative told us, "They are very caring and professional."
- The provider had a comprehensive induction for new staff, and training ran throughout the year, to keep staff up-to-date with best practice. Staff told us the registered manager encouraged them to develop their personal development and staff spoke passionately about the further education courses they were completing and how they used these skills and knowledge to improve the care delivered. For example, understanding how isolation affects people, and developing new ways to increase people's social circle to improve their mental health.
- Regular spot checks and competency assessments were carried out to ensure staff were applying their skills and knowledge in the right way

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

- Support offered to people with meal preparation varied dependant on people's individual needs. People's independence in meal planning, shopping and meal preparation was promoted.
- People told us they were given a choice of food to eat during the day and that staff always ensured they had access to drinks and snacks before they left.
- Staff were aware of people who were on a specialised diet, and how to meet their dietary needs.

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

- Staff understood people's health needs and gave us examples of advice they had followed from the person's doctor or district nurses, so people would enjoy the best health outcomes possible.

- Staff supported and respected people's choice where they used alternative medicines and treatment to support them with their health concerns.
- Staff were aware when a person was attending a health appointment and worked with the person to ensure they were ready for their appointments. People told us staff promptly helped them to see their GPs if they were unwell.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.

- People told us staff would ask for their consent before undertaking any personal care. People felt staff respected their wishes and listened to them.
- Staff understood and applied the Mental Capacity Act principles in the way they supported people.

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.

At the last inspection, this key question was rated "Good". At this inspection we found the rating remained "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; equality and diversity

- People and relatives were very complimentary about the staff who supported them. One person said, "The staff are always so chatty and engaging." While a relative told us, "The staff have been very supportive and have been able to offer help and advice throughout, from getting the right equipment to different techniques to support [person's name]." They continued to tell us how staff supported them emotionally and felt staff were not only caring towards their family member but towards them also.
- People told us they looked forward to the staff coming. All people we spoke with told us staff always took their time to provide the care and never rushed. A relative told us, "[Person's name] is in safe hands when we are absent".

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

- Staff recognised what was important to people and ensured they supported them to express their views and maintain their independence.
- A relative told us staff acknowledged and respected the importance of their family member's decisions about their care and support and upheld these.

Respecting and promoting people's privacy, dignity and independence

- All people we spoke with told us they were treated in a dignified and respectful way. One person told us, "It was difficult to start with, but now I'm very comfortable with the staff." They have always been very respectful".
- A relative told us their family member were treated well by staff and that "they are all respectful of [person's name's] privacy and are very discreet." While another relative said, "[Person's name] is in safe hands when we are not there."
- Staff told us they respected the person's privacy by ensuring information about their care and support was only done so with their consent.
- People's confidential information was securely stored, to promote their privacy.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection, this key question was rated "Good". At this inspection we found the rating remained "Good".

This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us they continued to be involved in planning their care and their needs continued to be met. People told us staff respected their wishes, such as call time preferences and how they wished to be supported in their home. People and relatives told us that any additional calls they required, or changes in call times were managed well as communication was very good.
- Where relatives were involved in their family members' care they felt listened to and involved. One relative said, "[Staff] always have a chat with me and see how I am doing."
- Staff told us there was a very good level of communication and changes in care and support were immediately updated through the provider's electronic system.
- Records we saw held information about people's preferences and how they would like their care and support to be delivered. The records gave specific details to staff which ensured staff were providing support in a way which promoted respect when working in the person's home.
- Staff told us, and we saw in people's care records they worked with and communicated well with other healthcare professionals who were involved in the persons care and support.
- Daily care records were clear, and we could see this system worked well for staff to ensure care was consistent and timely. A staff member told us, "I can see the tasks that have been done. Where they haven't I can check the reason as to why." They told us this ensured people were having their care delivered as planned, and if not, it prompted them to review the person's care to understand whether any changes were required.

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's communication and information needs had been assessed.
- A range of communication tools and aids were used to support effective communication with individuals and ensure they had information in a way they could understand.

End of life care and support

- Staff supported people with their end of life care. Staff told us they had received training for this, and ensured they worked with other healthcare professionals to provide a comfortable and dignified death.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure for people, relatives and staff to follow should they need to raise

a complaint. This was also available in different formats, such as pictorial, to meet people's communication needs.

- People and their relatives told us they knew how to raise a complaint if they needed to but were very happy with the service provided.

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 the last inspection, this key question was rated "Good". At this inspection we found the rating remained "Good".

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives knew the registered manager well and felt they listened and were responsive to their requests. Where they had contacted the registered manager, they told us they listened and supported them to their satisfaction.
- Relatives felt the service was well run, by a management team who cared. Relatives had confidence in the service provided, with a relative saying, "The company was recommended to me, and I would recommend them to anyone needing support."
- People and relatives felt involved in the running of the service. They told us they had regular reviews and surveys, and saw improvements were made were they had made suggestions.
- Equally staff told us they felt happy in the way the service was run. They told us they felt valued as a staff member, and that teamwork and communication was what supported them to carry out their roles effectively.
- Staff said they worked well as a team and felt supported by management in their role. Staff told us that the registered manager was approachable and was available during out of office hours to answer any queries or concerns.
- Where a staff member had undertaken a project around social isolation as part of their further education course, they told us they were putting plans in place to make this event a regular occurrence. They told us they felt supported by the team, the registered manager and the local community in order for this to happen and be successful.
- Staff held events and invited those who used the service to attend. For example, where the company celebrated its 20th birthday, people and their relatives were invited for tea and cake.
- Staff spoke proudly of the positive culture within the service, and talked to us about sponsored events they had attended to raise money and help the local community.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Working in partnership with others

- Management staff were clear about their roles. They monitored the performance of staff through supervisions, spot checks on staff practice and sharing information in team meetings to ensure all staff were consistent in their approach to the care and support provided.

- Audits of the service provision took place and an action plan had been developed to work towards improving any shortfalls identified. Where management had identified shortfalls, such as ensuring mandatory training was being completed, this had been addressed with staff.
- The registered manager worked with other organisations such as people's doctors and community nurses where people required this support.
- The registered manager recognised their responsibilities of duty of candour. Where incidents had happened, the person and, where applicable, their families were informed. We saw that the registered manager reported incidents such as safeguarding issues to the local authority and the CQC.
- The provider had their ratings of their last inspection displayed in the office and met this legal requirement.