

Sunlite Recruitment Company Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

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.

About the service

Sunlite Recruitment Company Limited provides care and support to people living in a supported living setting. At the time of the inspection one person was living in a house that had been adapted to meet their needs. CQC does not regulate premises for supported living; this inspection looked at people's care and support.

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

This service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

Right support:

- People received personalised care and support specific to their needs and preferences. Staff supported people to take part in activities and pursue their interests in their local area. There were enough staff working to provide the support people needed. Staff understood the risks associated with the people they supported. People received their medicines safely, when they needed them.

Right care:

- People were not always supported to have choice and control of their lives. Despite some restrictions placed on the persons liberty, the provider had not made sure that best interest decisions were made. An application to the Court of Protection had not been made for them to authorise the person to be deprived of their liberty for their own safety.

Right culture:

- The providers quality monitoring systems were not always effective. They had not identified the shortfalls we found in relation to making sure staff were trained in line with people's needs at the time of the inspection and that care plans were developed in a person-centred way. We received positive feedback in relation to the care people received and how the service was run. A relative told us, "I get on very well with the staff and the registered manager, we work well together. Since my loved one came to the service, the team has worked hard to meet their needs. The provider is good at giving feedback and they are always trying to improve the care."

We made a recommendation that the provider consult best practice guidance on a person-centred approach to planning for peoples care needs.

The provider had safeguarding and whistleblowing procedures in place and the registered manager and staff had a clear understanding of these. Robust recruitment checks had taken place before staff started working at the service.

Staff followed government guidance in relation to infection prevention and control. The registered manager and staff worked in partnership with health and social care providers to deliver care and support. Staff said they received good support from the registered manager.

Rating at last inspection and update

This service was registered with us on 1 July 2020 and this is the first inspection.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

Enforcement

We have identified breaches in relation to the Mental Capacity Act 2005 and with the providers systems for monitoring the quality and safety of the service.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

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?

Requires Improvement ●

The service was not always 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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

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Detailed findings

Background to this inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

A single inspector carried out this inspection.

Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible.

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 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 available to support the inspection. This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation. The inspection activity started on the 26th April and finished on the 28th of April 2022.

What we did before inspection

We reviewed information we received about the service. We asked the registered manager to send us information in relating to care planning and assessments, staff training, medicines management, quality assurance and infection control. We sought feedback from professionals who work with the service. We used this information to plan our inspection. 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 spoke with the relative of a person who used the service about their experience of the care provided. We spoke with three members of staff and the registered manager. We reviewed a range of records. These included one person's care records and medication records. We looked at staff records in relation to recruitment, training, supervision and other records relating to the management of the service, including policies and procedures and quality assurance records.

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.

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 were protected from abuse. A relative told us their loved one was, "Safe and well looked after."
- There were safeguarding adults and whistle blowing procedures in place. Staff had received training on safeguarding adults. Staff told us they would report any concerns about abuse to the registered manager and they were confident they would make a referral to the local authority safeguarding team.
- The registered manager understood their responsibilities in relation to safeguarding and told us they would report any concerns immediately to the local authority and CQC.

Assessing risk, safety monitoring and management

- Risks had been assessed to ensure people's needs were safely met. We saw assessments for example, on personal care, maintaining nutritional needs, self-neglect, accessing the community and absconding.
- Care records included detailed information for staff about the actions to be taken to keep people safe and minimise the chance of accidents or incidents occurring. Staff were able to tell us about the actions they would take to keep people safe.

Staffing and recruitment

- Staff were deployed effectively to meet people's needs. Three care staff were currently employed at the service. A relative told us staffing levels at the service were meeting their loved one's needs. Staff told us there were plenty of staff to meet the persons care and support needs.
- Appropriate recruitment checks were carried out before staff started to work at the service. This ensured people were protected from the risks of unsuitable staff.

Using medicines safely

- People were receiving their medicines as prescribed by health care professionals. A relative told us their loved one medicines were well managed by staff. They said staff recorded when their loved one had taken their medicines.
- Staff responsible for administering medicines told us they had received training and they had been assessed as competent to administer medicines safely.

Preventing and controlling infection

- The provider was taking appropriate measures to prevent people and staff catching and spreading infections. They were accessing testing for people using the service and staff.
- Staff had received training on infection control and COVID 19. They told us they had access to PPE and were abiding by shielding and social distancing rules.

Learning lessons when things go wrong

- The registered manager and staff understood the importance of reporting and recording accidents and incidents. Following a recent incident, the registered manager told us they had reviewed the person's care plan, risk assessment and staff support required in order to minimise the level of risk to the person whilst accessing the local community.
- A staff member told us, "The registered manager will talk with staff when things go wrong and talk about what we can do to make sure the same things don't happen again."

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 Requires Improvement: This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was not working within the principles of the MCA. The person's risk assessment for absconding from the accommodation recorded that staff were to supervise them and maintain their safety. This included staff monitoring the front entrance when visits occur as the person could try to run through the door. Staff were also required to make sure the door was not left open.
- Despite these restrictions on the person's liberty, the provider had failed to make sure a mental capacity assessment was carried out to ensure decisions were made in the persons best interest. An application to the Court of Protection had not been made for them to authorise the person to be deprived of their liberty for their own safety.

This was a breach of Regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the registered manager provided us with evidence confirming they had liaised with the local authorities Deprivation of Liberty team for advice and they were in the process of applying to the Court of Protection for them to authorise the person to be deprived of their liberty for their own safety.

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

- People's care, and support needs were assessed before they started using the service. The registered manager carried out initial assessments to consider if the service could meet their needs safely. The

assessments covered aspects of their care and support needs such as medicines, health care needs and wellbeing and activities of daily living. Improvements were required to the way people's care and support needs were described as the wording used in the assessments was in some cases inappropriate. For example, the person's care plan referred to them escaping or wandering off in doors.

- The information drawn from assessments were used to draw-up care plans and risk assessments. Relatives and health and social care professionals contributed to these assessments to ensure the person's individual needs were considered and addressed.

We recommend the provider consults best practice guidance on a person-centred approach to planning for people's care needs.

Staff support: induction, training, skills and experience

- Training provided to staff did not always reflect the principles and values of Right support, right care, right culture. The service had a relatively new staff team. One staff member told us they started work at the service in February and they were completing training relevant to the person's support needs. Another staff member had started working at the service the week before this inspection. They were completing an induction and they were shadowing the registered manager so that they could understand the needs of the person using the service.

- Staff received some training relevant to people's needs. This included topics such as medicines administration, infection control, equality and diversity, fire safety and food and hygiene. However, staff had not received training on restraint. Only one staff member had received training on Learning Disability and Autistic Spectrum Disorder.

- Staff told us they felt well supported and they received regular formal and informal supervision from the registered manager.

- Following the inspection, the registered manager confirmed with us that all care staff had completed eLearning training on restraint, they had also arranged for face to face training on the topic. They had arranged for staff to receive training on Learning Disability and Autistic Spectrum Disorder.

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

- People were supported to maintain a balanced diet. People's care records included assessments of their dietary requirements and food likes and dislikes. Staff told us they encouraged the person to eat healthy meals.

- A relative told us that staff knew everything their loved one liked to eat. The staff were encouraging their loved one to eat healthy meals with lots of fruit and vegetables.

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

- The registered manager told us they worked in partnership with GP's and other health and social care professionals to plan and deliver an effective service.

- People had access to health and social care professionals for support with their needs. A relative told us their loved one was registered with a family GP and they regularly accessed dental care and the opticians.

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.

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

- Assessment records showed that people and their relatives had been consulted about the care and support they received. A relative commented, "I am very much involved in planning for my loved one's care. I have supported them in selecting the service and the transition process. The registered manager and staff ask me about my loved one all the time because they still don't know them as well as I do."

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

- People's care records included sections that referred to their preferences, cultural and religious needs and relationships that were important to them.
- A relative told us, "My loved one is treated very well. The staff are caring and compassionate, and they understand my loved ones needs."
- Training records confirmed that staff had received training on equality and diversity. A member of staff told us, "I see the person I support as an equal. I respect their wishes, feelings and differences."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. A relative told us, "The staff make sure my loved one's privacy is respected. When I visit or call on the phone I observe or hear them knocking on their door and asking if it's alright for them to go into their room."
- A staff member told us they encouraged the person with their independence by supporting them to do as much as they could for themselves. For example, with personal care, cooking and domestic tasks such as laundry.

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 had care plans that described their health and social care needs and included guidelines for staff on how to best support them. Care plans reflected the principles and values of Right support, right care, right culture in that they referred to promoting people's independence and their inclusion within the local community.
- Staff had a very good understanding of people's needs. A member of staff told us in detail how they supported the person with personal care, eating and drinking and accessing the community.

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

- Staff supported people to achieve their aspirations and goals. People had individual activity programs. They were supported to learn new skills and take part in a range of activities that were of interest to them. Activities included attending college, accessing the community, indoor games. People were also encouraged to complete daily living tasks such as cooking, shopping and laundry tasks.
- A relative told us, "The staff support my loved one to do the things they like. They go to places such as the barbers, the park, McDonalds and to the cinema. They support my loved one to get ready for college and with activities when they arrive back home."

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 needs were assessed when they started to use the service.
- The registered manager told us that information was provided to people in ways they understood. We saw the person's welcome pack, handbook and activities programs were provided in an easy read and picture format. The registered manager told us, if people required information in a different language or visual aids this would be made available to them.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. A relative told us they had no concerns about the service. They said they would speak with the registered manager if they had reason to complain.
- The registered manager told us they had not received any complaints. However, if they did, they would

write to any person making a complaint to explain what actions they planned to take and keep them fully informed throughout.

End of life care and support

- The registered manager told us no one currently using the service required support with end of life care. They said they would work with people, their family members and health care professionals to make sure people were supported to have a dignified death if the need arose.

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 Requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- The provider had systems in place to monitor the quality and safety of the service. However, these did not identify the shortfalls we found in relation to depriving people of their liberty for their own safety, making sure staff were trained in line with people's needs and that care plans were developed in a person-centred way.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We saw monthly checks on food charts and daily care logs and audits on medicine's and infection control had been completed.

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

- The service had a registered manager in post. They demonstrated good knowledge of people's needs and the needs of the staffing team.
- The registered manager acted promptly during and after the inspection to address the issues we identified, for example they contacted the local authority Deprivation of Liberty team for advice on applying to the Court of Protection for them to authorise the person to be deprived of their liberty for their own safety. They arranged for staff to attend training on restraint and Learning Disability and Autistic Spectrum Disorder. The registered manager also told us they were supporting the person using the service to develop a person-centred care plan.

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

- People, their relatives and staff's views about the service were considered and acted on. A relative told us, "I get on very well with the staff and the registered manager, we work well together. Since my loved one came to the service, they have worked hard to meet their needs. They are really good at giving feedback and they are always trying to improve the care."

- Staff told us regular staff meetings were held to discuss the running of the service and to discuss areas of good practice. A staff member told us, "We talk about the person we support and how things are going with them and if we need any support. We talk about training and how we can improve the service. The manager

will listen and act on what the staff say."

- Another staff member told us, "The registered manager has been very helpful. She encourages and supports me to do a good job."

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 demonstrated a clear understanding of their responsibility under the duty of candour. They told us they were always open and honest with family members and professionals and took responsibility when things went wrong.

Working in partnership with others

- The registered manager told us they worked closely with health and social care professionals such as the GP and social workers. They said the local authority had also provided some additional training sessions for staff.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Decisions made about peoples care did not always consider current guidance on recording 'best interests decisions' in line with the Mental Capacity Act 2005.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Effective systems were not always operated to monitor the quality and safety of the service.