

Sunny Medicare LTD

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 13 December and was announced. This was Sunny Medicare's first inspection since their registration in November 2016.. We have rated Sunny Medicare overall as 'Requires Improvement'. Sunny Medicare Limited are registered to provide the regulated activity of personal care. This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger disabled adults. There were two people using this service at the time of our inspection.

There was a registered manager in post at the time of the inspection. 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 registered manager was also the provider.

We found that the provider had not carried out Disclosure and Barring Service (DBS) checks on their staff. The DBS helps providers reduce the risk of employing unsuitable staff from working with people who use care services. People's medicines were not always managed safely.S People were cared for by staff who had received infection control training. People had regular quality assurance visits from the registered manager and were happy with the care they received.

People were supported by staff who arrived at their calls on time. People were supported to eat and drink well. People's choices were respected and their consent sought. People were supported to access healthcare in the community.

People were supported by staff who had completed an induction training programme. People had regular staff who knew them well. People were involved in the review of their care. People's privacy and dignity was respected. People were supported to have maximum choice and control of their lives and were supported in the least restrictive ways possible

People were supported by kind and compassionate staff. People were encouraged to maintain their independence. People's dignity and privacy was respected. Staff felt supported by the registered manager.

People's views and preferences were respected. People were supported by regular staff who knew them well. People's cultural needs were respected..

Effective systems and processes were not in place to assess, monitor and improve the quality of the service provided. Records did not reflect peoples current needs. There was no oversight of the quality of care people received. There was an open and transparent culture at Sunny Medicare and the registered manager and staff were very honest about where they could improve.

There were insufficient and inadequate systems in place to monitor and improve the quality of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

The provider had not carried out robust recruitment checks on their staff to reduce the risk of employing unsuitable staff.

People's medicines were not always managed safely.

People's risks were identified and managed safely.

Is the service effective?

Good ●

The service was effective.

People were supported to have maximum choice and control of their lives and were supported in the least restrictive ways possible

People were supported by staff who had completed an induction and appropriate training for their roles.

People were supported by staff to eat and drink well.

People were supported to access healthcare in the community.

Is the service caring?

Good ●

The service was caring.

People were supported by kind and compassionate staff.

People were supported to maintain their independence.

Peoples' privacy and dignity was respected.

Is the service responsive?

Good ●

The service was responsive.

Systems were in place to help gather people's views and preferences about their care.

People's cultural needs were respected.

People were supported by regular staff who knew them well.

Is the service well-led?

The service was not consistently well led

Effective systems and processes were not in place to assess, monitor and improve the quality of the service provided.

Whilst staff knew how to care for people, records did not reflect peoples' current needs.

There was an open and honest culture.

Staff felt supported by the registered manager.

Requires Improvement 

Sunny Medicare 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.

This comprehensive inspection took place on the 13 December 2018 and was announced. We gave the service 48 hours' notice of the inspection as we needed to ensure that staff were available to support the inspection. We made telephone calls to two people's relatives and one staff member. We spoke with one staff member and the registered manager, who is also the provider, at the office on the day of our inspection.

As part of the inspection process we looked at information we already held about the provider. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and the improvements they plan to make. We reviewed other information we held about the service to aid with our inspection planning.

We also contacted other health and social care organisations such as representatives from the local authority contracts and quality team and checked with Healthwatch to seek their views about the service provided. Their views helped us in the planning of our inspection and the judgements we made. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We looked at care documentation for two people and their medicines records, two staff files, staff supervision, appraisal and training records. We also looked at other records relating to the management of the service including audits and quality monitoring systems.

Is the service safe?

Our findings

This was the service's first inspection since the service registered in November 2016. We asked, 'Is the service safe?' and rated this key question, 'requires improvement'.

We looked at the systems the provider had in place to ensure staff were recruited safely. The provider had a recruitment process in place however this was not robust. We found that the provider had not carried out Disclosure and Barring Service (DBS) checks on their staff. The DBS helps providers reduce the risk of employing unsuitable staff from working with people who use care services. Work history checks on staff was not evidenced on all files. As these checks were not carried out it meant people were supported by staff that were potentially unsuitable to work in adult social care. We saw that pre-employment checks were completed including identification checks and references were sought.

People's medicines were not consistently managed safely by staff. Medication administration records (MARS) had not always been filled out correctly. Medication should be signed for on MARS when administered to people. There were gaps on MARS that we sampled which were not signed for by staff and this meant that we could not always be sure that medication was administered as prescribed. Staff received regular competency checks from the registered manager and one staff member said, "I feel confident."

People's family members felt that people were safe. One relative told us that the provider, "Delivers the best care." Staff told us they felt confident in their role. Staff were trained in how to keep people safe and knew who to call if they were concerned someone was at risk. The registered manager was able to tell us what action they would take in response to any allegations of abuse, and knew their responsibilities to inform relevant partner agencies of such concerns.

The Registered Manager attended calls themselves and worked closely with people and the staff so they had a good understanding of people's risks and how to manage them. Staff were aware of special dietary requirements for some people, for example, people who through a health condition were at the risk of choking. The registered manager was able to tell us that [person] had their food cut small or slightly pureed and they needed time to allow them to chew. This meant that the care people received supported their current and changing needs. People's family told us that calls were on time and for the allocated amount of time. One family member told us "We've had no missed calls." Staff told us they would call ahead if they were running late for a call. A family member told us, "They [Sunny Medicare] have good teamwork. They've got that connection, good handover, they explain to each other." The provider had an out of hours phone where people could contact them. A family member said, "I can ring out of hours." A staff member told us, "If I need anything, I can phone." This meant that help and support was available to people and staff whenever they needed it which helped to ensure people and staff were kept safe.

People were cared for by staff who had training in infection control. A family member told us, "They [the staff] wear gloves, aprons and uniforms and wash their hands." The registered manager confirmed that they made personal protective equipment (PPE) available to staff at all times.

Is the service effective?

Our findings

This was the service's first inspection since the service registered in November 2016. We asked, 'Is the service effective?' and rated this key question, 'good'.

Relatives we spoke with told us they felt staff had the right skills to support people. One relative commented about the staff, "Well trained staff, hoist trained." Staff told us they received regular supervisions.

When staff first joined the service they completed an induction programme. The registered provider had ensured their induction processes were in-line with the principles of the Care Certificate. The Care Certificate is the nationally recognised benchmark set as the induction standard for staff working in care settings.

People were supported by staff to eat and drink enough to keep them well. One relative told us, "When they [Sunny Medicare] first came [person] was very frail. They [Sunny Medicare] supported [person's] eating which has improved [person's] health." The person's needs were understood by staff and they were supported to access further healthcare support if needed.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The 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 were supported by staff who had completed MCA training. Whilst staffs' knowledge of the MCA was limited, they were able to explain how they gained consent. A family member told us how staff would ask [name of person] if they were happy to have a shower. There was detailed information in one care plan for a person who could not express their needs verbally, on how to gain their consent. The care plan stated, "If [person] is unhappy they will tilt their head strongly to one side which means they don't agree with something." The registered manager was aware of their responsibilities under the MCA and was able to tell us which people had a Power of Attorney in place. A POA is a legal document that allows someone to make decisions for a person, or act on their behalf, if they are no longer able to make their own decisions. The registered manager stated they would complete some refresher training for the staff to help them better understand the MCA.

People were supported to attend hospital appointments. One person's family member told us, "If we request a different time for a hospital appointment they [the registered manager] get the carers there on time."

Is the service caring?

Our findings

This was the service's first inspection since the service registered in November 2016. We asked, 'Is the service safe?' and rated this key question, 'Good'.

People were cared for by staff who were kind and caring. People's family told us, "Staff are kind and compassionate, [person] is really happy." One family member explained how the registered manager had taken [person] to a fitness gym in their own time. A relative told us, "The registered manager is very approachable, very helpful" One member of staff said, "I would be happy for a family member to be looked after by Sunny Medicare." Another staff member said, "You have to talk to them [person] and be friendly. I have nice clients Feedback we received showed that people were cared for by staff who were empathetic and who enjoyed helping people.

Relatives we spoke with told us staff involved people in their care and cared for them in the way they wanted. One relative commented, "They [staff] speak to [person] and tell her what they are going to do, for example, give [person] a shower." A staff member said, "I always offer choice of food, sometimes soup, bread or toast." Care plans were detailed with people's likes and dislikes. For example, one person's care plan specified how the person liked to have a specific toy.

People's privacy and dignity was respected. Staff told us, "We cover [person] with blanket, try not to expose." The registered manager was aware of their responsibilities to maintain confidentiality and store information safely.

People were encouraged to maintain their independence. For example, one family member explained how one person was reluctant to walk for themselves but was able to do so due to the encouragement and time given by staff. The family member said, "They get [person] to walk." The registered manager told us "We encourage them [people] to do as much as they can for themselves."

Is the service responsive?

Our findings

This was the service's first inspection since the service registered in November 2016. We asked, 'Is the service safe?' and rated this key question, 'Requires Improvement'.

People received personalised care that was responsive to their needs. For example, a relative told us how Sunny Medicare had arranged overnight care at very short notice due to a family emergency. This meant that [name of person] was cared for when the family were unable to be at home. People were supported by staff who knew well. One staff member said, "I have the same clients, six days a week." This meant that staff were able to build a relationship with people and knew how they preferred to receive their care. The registered manager described how, as a small service, they were able to know people well and staff were able to describe people's preferences and how they liked to be supported. For example, staff were able to describe people's routines and what they liked to eat.

People's cultural and diversity needs were respected. For example, one person preferred a diet specific to their religion and this was catered for. Staff respected people's individuality and diversity. Care files contained information about people's personal histories and people's preferences, so staff could consider people's individual needs when delivering their care. The registered manager told us, "We ensure we treat everyone fairly irrespective of belief, race and gender."

The service had looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publicly funded bodies to ensure people with a disability or sensory loss can access and understand information they are given. The provider was able to provide information regarding the service in different formats to meet people's needs if required, for example large print.

People and their relatives had been involved in the assessment of their care and support needs to ensure care was delivered in line with their preferences. A family member said, "I have been involved in a review with the registered manager." Staff were given information about people's health conditions and the effects that people may experience. Staff knew people well and knew how to care for them. A relative told us, "The main carer is really confident."

People's family told us they were, "Very satisfied with the service, we have no complaints." People's relatives told us they would speak to the registered manager if they had any concerns. A staff member told us, "I have no problem." At the time of inspection there were no complaints made, however, the provider did have a complaints policy in place. This would help ensure complaints were listened to and responded to, to help improve the service provided.

Is the service well-led?

Our findings

This was the service's first inspection since the service registered in November 2016. We asked, 'Is the service safe?' and rated this key question, 'requires improvement'. The provider's governance and oversight systems were not always robust. Records did not reflect people's current needs and therefore we could not be assured that the provider had good oversight of the service. Risk assessments had not been updated. For example, the registered manager was able to tell us how one person's mobility had improved but this was not reflected in their current care plan. The registered manager acknowledged they had not kept the records up to date as they should.

There was a lack of oversight of the recruitment process, and the provider had not carried out DBS checks for staff. The provider told us that they were not aware they had to do their own DBS checks and had used DBS checks from previous employers. After the inspection the provider confirmed that they were registering Sunny Medicare with a DBS service and would be making the appropriate checks on current staff and any new staff members employed in the future to ensure they were suitable to work in care services.

There was a lack of oversight of the safety of the service and therefore we could not be assured about the quality of care delivered. For example, medication administration sheets had gaps on them that had not been identified and, therefore, we could not be assured that medication had been administered correctly. The registered manager had not audited the MAR sheets and therefore no action was taken by the registered manager to speak with staff involved to determine whether the medication had been administered to the person as prescribed. There was no system in place to monitor medication errors and ensure that staff filled out the paperwork correctly in the future. There was no system in place for auditing daily logs. Daily logs for one person had not been filled out for two months and this only came to light when staff were asked to bring them in for the inspection. The registered manager could not, therefore, be assured that staff had been providing good quality care in accordance with the service's policies and procedures as no checks had been made of these notes. .

There were insufficient and inadequate systems in place to monitor and improve the quality of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was an open and transparent culture at Sunny Medicare and the registered manager and staff were very honest about where they could improve. During the inspection the registered manager acknowledged that their records were not up to date and told us they would address this and implement the changes needed to drive forward and improve the service.

People's families were happy with the service at Sunny Medicare. They told us, "Small place delivers better care." Staff were happy and said they felt supported by the registered manager. Whilst practically staff provided a good standard of care, governance and performance management systems were not always reliable and effective. Staff had regular observations and reviews, however, where issues had been identified, they had not been dealt with effectively by the registered manager. For example, staff had not

worn their ID badge or uniform as required by the provider and the registered manager advised us they had not resolved this.

Family told us they were in regular contact with the registered manager. One family member said, "We have regular quality assurance visits." People's family said they were listened to by the registered manager. One family member when asked if they would change anything about Sunny Medicare said, "Carry on with better service and recommend to others."

People's family told us they could speak to the registered manager at any time and that they were very approachable. Staff told us they felt supported and were able to talk to the registered manager if they had any concerns. As the registered manager attended the calls herself they were assured that people were happy and had regular access to their feedback.

The provider worked in partnership with other agencies such as community nurses, doctors and mental health teams to support care provision and development. The registered manager told us they updated their knowledge by reading the British Medical Journal regularly and watching the news.

Organisations registered with the Care Quality Commission (CQC) have a legal responsibility to notify us about certain events and incidents that have taken place. A statutory notification is a notice informing CQC of significant events and is required by law. The registered manager was aware of their responsibilities. There had been no such events or incidents at the time of inspection requiring such notification.

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 17 HSCA RA Regulations 2014 Good governance There were insufficient and inadequate systems in place to monitor and improve the quality of the service.