

Sunshine Homecare Limited

Sunshine Wisbech

Inspection report

Fenland House
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Wisbech
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Tel: 01945474700

Date of inspection visit:

04 February 2020

05 February 2020

06 February 2020

10 February 2020

Date of publication:

24 February 2020

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

Sunshine Wisbech provides personal care to adults living in their own homes in Wisbech and the surrounding villages. 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. At the time of this inspection, 44 people received the regulated activity, personal care.

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

People felt safe receiving the service and were protected from avoidable harm by a staff team trained and confident to recognise and report any concerns. People received their medicines at the right times.

Staff had the time to ensure they met people's needs safely, and in a way that suited them. One person told us, "[Staff] sit and have a chat with me. It's so nice to have a chat for a few minutes. I don't see anyone else." Staff told people if their call times changed or they were going to be late.

People received care from a small team of staff who were well trained and very well supported. Staff were held to account for their performance when required. Staff worked well together and liaised with external care professionals to ensure people received the care and support they needed.

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 supported this practice. People were involved in making decisions about their care and support. Staff supported people to express their views and consulted them about their care.

The registered manager and staff were caring and provided people's care in a person-centred way. Staff were friendly, and treated people with respect. People's care plans provided staff with comprehensive guidance on how to meet people's needs.

The registered manager understood their role and legal responsibilities. Systems were in place to deal with any concerns or complaints. Audits and quality monitoring checks helped drive forward improvements in the service. We received positive feedback about the way the service was managed. The registered manager and staff were approachable and accessible. Staff were proud to work for the service and worked in partnership with external professionals.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 5 February 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

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.

Sunshine Wisbech

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.

Inspection team

One inspector carried out this announced inspection.

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 a short period of notice of the inspection. This was because we wanted to speak with staff and people who use the service before visiting the service's office.

Inspection activity started on 3 February 2020 and ended on 10 February 2020. We spoke with people, relatives and staff on the telephone on 4 and 5 February 2020. We visited the office location on 6 February 2020.

What we did before the inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

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 received this on 19 August 2019. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with three care workers, the registered manager, a risk assessor and trainer, a care co-ordinator, and an administrator.

We reviewed a range of records. These included five people's care records, staff training records and a variety of records relating to the management of the service, including accident and incident reports and investigations, and audits. On 10 February 2020 we received additional information from the registered manager about risk assessment, medicines administration, and their updated action plan.

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 as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

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

At our last inspection we found there was a lack of completed risk management documentation. This put people at risk of harm because staff did not have clear guidance to enable them to reduce those risks in the most effective and consistent way.

- At this inspection we found that staff were assessing risks and putting controls in place to reduce risk to people and staff. However, they had not consistently completed records to show this. The registered manager addressed this immediately after our inspection and sent us updated risk assessments that provided staff with clear guidance to reduce risk. For example, in relation to a person falling.
- Staff clearly recorded accidents and incidents. The registered manager viewed these and, where necessary, investigated the cause and took action to minimise the risk of recurrence. For example, following a person falling, referring them to their GP for health investigations.
- Any learning was shared with the staff team and action taken. This included as appropriate, refresher training for staff. For example, after an error when administering a person's medicines.
- Staff were calm and confident when dealing with emergency situations. A relative wrote to the service that a staff member, "Didn't panic and thought proactively [and got] things organised quickly." They said their family member was not upset by the incident and this was "mainly due" to the staff member's actions.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they, or their family member, felt safe receiving the service. People told us staff helped them feel safe. One person told us this was because staff were confident when they used equipment to help them move. A relative wrote to the service, "Everyone has been so kind, friendly and patient which made [my family member] feel safe and settled with you all."
- Staff had received training and understood how to safeguard people from harm or poor care. Staff knew how to recognise, report and escalate any concerns to protect people from harm. They were confident the registered manager and other senior staff would take seriously any concerns they raised.

Staffing and recruitment

- The provider had a system in place to make sure they only employed staff once they were satisfied of their suitability to work with people who used the service. Staff confirmed the registered manager carried out checks that included gaining employment references and a criminal record check, before staff worked with people.
- There were enough staff to meet people's needs. Staff told us they had enough time to provide the care each person needed. People told us staff were reliable, arrived on time, and told them if they were likely to be late or their call time was going to be changed. A relative said, "They are sometimes short staffed and

change the rounds. They do tell us if there is a change. And usually the it's the regular carers so they know [my family member]."

Using medicines safely

- Staff managed medicines safely.
- Staff maintained accurate records of administered medicines. Staff involved in handling medicines received training, and had their competence checked regularly.
- Staff received and administered medicines safely. However, staff did not always have clear guidance for medicines prescribed to be given 'when required' or 'as directed'. Following our inspection visit the registered manager reviewed these records and showed us that clear directions had been added for staff to follow.

Preventing and controlling infection

- Staff completed training in infection control and there were effective processes in place to reduce the spread of infection. For example, staff had access to, and used, disposable protective equipment such as gloves, and washed their hands before and after providing personal care.

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 as good. At this inspection this key question remained the same. 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

- Staff assessed each person before providing care to ensure they could meet each person's needs. One person told us, "Someone came and saw me for a start, asked me what help I wanted." They used this information to develop each person's care plan.
- Care plans contained information about people's diverse needs and included any preferences in relation to culture, religion and diet.
- The registered manager received regular updates from reputable organisations such as Skills for Care and the local authority. This helped to ensure that staff delivered up to date care in line with good practice and current guidance.

Staff support: induction, training, skills and experience

- People and their relatives said they felt staff were well trained. A person told us, "[Staff] seem to know what they are doing. They're alright." A relative told us, "[Staff] always seem to be going on training courses."
- Staff were competent, knowledgeable and enthusiastic about working at the service. One staff member told us, "The training gave me an insight [into the role]." Another spoke of the "confidence" the training gave them.
- New staff received training and induction into their roles. Where staff hadn't worked in care before, their training included the Care Certificate. This is a nationally recognised care qualification.
- Staff received additional training to meet people's specific care needs. For example, percutaneous endoscopic gastrostomy (PEG) and stoma care.
- Staff were supported both formally through supervision sessions and staff meetings, and more informally, over the telephone and in person. Staff felt very well supported by the management team and each other. A staff member told us, "There is always someone in the office you can talk to. We can talk to any of them." Another staff member said, "They couldn't have been more supportive" when they experienced a bereavement. The registered manager had also introduced a staff 'buddy' system so there were additional staff members who staff can call on for support and advice.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to have enough to eat and drink, and to eat healthily. Staff were aware of, and respected, people's dietary needs and preferences. One person had a health condition that could be affected by the foods they ate. The person's care plan guided staff to encourage the person to follow healthcare professionals' guidance and of the possible signs that the person's health was deteriorating and

what to do if this happened.

- Staff monitored people's health and supported them to access healthcare when they needed it. A relative told us staff had identified their family member may have had an infection and advised them to contact their GP who diagnosed an infection and prescribed antibiotics.
- Staff liaised appropriately with healthcare professionals, such as GPs and occupational therapists, and followed their directions and advice. This helped to ensure that people received effective care that maintained their health and wellbeing.

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, and found that staff were working within the principles of the MCA.

- Staff knew how the MCA applied to their work.
- People told us that staff always obtained their consent before providing care.
- Where people lacked the mental capacity to make certain decisions and had appointed someone to act on their behalf, the registered manager saw the appropriate legal authorisations before allowing other people to make decisions on behalf of the person.
- Staff ensured that people were involved in decisions about their care and knew what they needed to do to make sure decisions were taken in people's best interests.

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 as good. At this inspection this key question remained the same. 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; respecting equality and diversity;

- People and relatives made positive comments about the way staff treated them. People and relatives described staff as, "Very good," "Lovely, very caring," and, "Marvellous." One person wrote to the staff, "You have all given me such a good service, friendship and love and have brought sunshine into my life." A relative wrote they had, "Felt a tremendous sense of relief that I wasn't alone. Everyone who came was professional, courteous with always a smile. The best quality was the kindness."
- People particularly liked that staff were sociable and spent time chatting and laughing with them. One person said, "[Staff] sit and have a chat with me. It's so nice to have a chat for a few minutes. I don't see anyone else." A relative told us, "The carers are very caring. It's the way they speak: it's not just them coming in and getting them washed and dressed. They are sociable with them."
- Staff told us they would be happy with a family member receiving care at this service. One staff member told us this was because, "I know the level of training that goes in. I'd be very happy and confident that they would be well looked after." Another staff member said, "They're friendly, organised. If anything needs doing, [the registered manager is] happy for you to spend that extra bit of time with them. We'd rather know they are ok."

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

- Staff supported people to make decisions and involved them in their care and daily lives. A relative told us their family member wasn't able to communicate verbally, but that staff talk with their family member the whole time they were providing care. Everyone told us staff inform them if they are running late or there had been any changes to their care call times. They said staff were very accommodating in changing call times when they had other commitments, for example, health care appointments, to ensure they were ready in time.
- Staff told us that some people needed extra support to help them make some decisions. They explained strategies to us, such as providing a limited range of choices or physically showing them the choices (for example clothes, food etc).
- Staff worked hard to build good relationships with relatives and where appropriate, informed them of changes to people's needs.

Respecting and promoting people's privacy, dignity and independence

- People and relatives said staff treated them with respect. One person said, "[Staff] are always polite and dressed smartly." A relative said, "Without them I don't know what we'd do. Obviously, it's an intrusion, but they feel comfortable with the carers."

- Staff promoted people's independence by encouraging them to do as much as they could for themselves. People's care plans guided staff as to what people could do for themselves, and what they needed support with. For example, one care plan reminded staff to pass the person their shaver so they could shave themselves. Another care plan reminded staff to prepare a person's drinks in a 'spill-proof' mug.

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 as good. At this inspection this key question remained the same. 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; Support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and relatives told us staff supported people in a way that met their individual needs and preferences. One person said, "The carers I have at the moment are very good, there's a team of them. They do know me well."
- People's care plans provided staff with comprehensive guidance of each aspect of the care and support the person needed. This meant that staff had very detailed, personalised guidance on how to meet each person's needs and people received care in the way they preferred.
- Staff reviewed people's care plans regularly and consulted people about them. One person told us, "I've seen the [care plan]. It is accurate and if it changes I have to sign it."
- Staff described person-centred care and were passionate about providing it. They understood what was important to people and worked hard to meet their needs and preferences. Care plans informed staff of information about people's history, interests and pastimes which they could then use to prompt conversations.

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.

- The registered manager told us they were able to provide information in other formats, such as large print, and other languages. However, no-one required this at the time of our inspection. The registered manager told us that in the past they had been able to match carers with people for whom English was not their first language.

Improving care quality in response to complaints or concerns

- Systems were in place to deal with any concerns or complaints.
- People and relatives knew how to complain and had confidence the registered manager and staff would take their concerns seriously.
- The registered manager had responded to complainants and thoroughly investigated their complaints.

End of life care and support

- The service did not provide specialist end of life care, but did continue to care for people at the end of their life as the need arose. They did this with support from external health professionals, such as specialist

nurses, following any guidance they put in place. This ensured staff understood people's wishes, the care they needed, and how to provide this.

- A relative of a person who had received end of life care from the service wrote to the staff, "Thank you all for your support and care that you provided to [my family member]. This have given [my family member] and us the opportunity to respect [their] wishes and keep them] at home where [my family member] wanted to be."
- Staff received basic training in end of life care during their induction.
- People's care plans did not contain any information about their end of life wishes or possible future care needs. The registered manager told us they would add this to their assessment and care planning templates to prompt them to explore this with people in the future.

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 as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection we found the provider had not ensured that we were notified about events that by law we must be told about without delay. This limited our ability to alert other organisations should this be needed and prevented us from identifying trends.

- At this inspection we found the registered manager had notified us of all relevant events. The registered manager had also trained staff which ensured that there were no delays in notifications being made when she was away from the office. This meant we were notified of events in an appropriate timeframe and that the registered manager understood their role and legal responsibilities.
- The registered manager had systems in place that helped ensure that staff delivered service that met people's needs and kept them safe. These included various audits that helped reduce the risks to people's health, safety and wellbeing and ensure these were effectively managed.
- We received positive comments about the registered manager. One person told us, "The boss is smashing." The registered manager and the staff team knew people and their relatives well which enabled them to have positive relationships and good outcomes for people using the service.
- Staff were clear about their roles and knew when and how to raise any concerns. The registered managers provided good leadership to the team. Staff were well supported and held to account for their performance when required.
- There was effective communication in place to ensure staff were kept up to date with any changes in people's needs.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 staff were committed to providing person-centred service. This was reflected in the positive comments we received about the service.
- Staff were proud to work for the service. One staff member said, "Sunshine is more of a family run business. They go the extra mile to make sure everyone's OK. Everyone gets on with each other and works well together. We make sure people are happy before we leave them."
- The registered manager led by example to create a positive and caring culture. Staff felt very well supported by the registered manager and made positive comments about her. Staff told us they could always contact a senior staff member for advice and support.

- People's records were well organised, and the registered manager checked them regularly to ensure that information was up to date and accurate.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People and their relatives were regularly given opportunities to comment on the service provided. This included formal reviews and surveys as well as informal feedback. Survey feedback was very positive about the staff and the service people received. Of the 33 people who responded to the provider's survey, all rated the staff members "caring attitude", "professional approach" and "friendliness" as "good" or "excellent". People told us that senior staff regularly asked for feedback. One person said, "They ask me what I think of the staff, but not in front of them."
- The registered manager had developed an action plan where they had identified scope for improvement. For example, they had recognised that people wanted to know if there were any changes to their call times and had implemented a system to ensure this information was shared with them.
- Staff attended regular staff meetings where they had opportunities to discuss their views on the service provided. The registered manager also used it as an opportunity to share, or refresh, staff member's learning. One staff member told us, "We do get issues sorted then which is really helpful."
- The registered manager told us they had developed links with a local college and were raising the profile of adult social care by speaking to students about careers in care work.
- Staff made people aware of community resources. For example, coffee mornings about specific health conditions and how to access various charities for information.

Working in partnership with others

- Staff worked in partnership with external healthcare professionals to ensure that people received joined up care. For example, they liaised with people's GPs, community nurses, and occupational therapists.