

Sunshine Care (Rochdale) C.I.C

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## Inspection report

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Date of inspection visit:  
26 April 2017  
27 April 2017

Date of publication:  
23 May 2017

## 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

Sunshine Care (Rochdale) C.I.C is a Community Interest Company which means it is a 'not for profit' organisation. The agency is based in premises that are situated in a residential area of Rochdale. The agency provides help and support to adults with a variety of needs. Services provided include assistance with personal care, help with domestic tasks and carer support. 73 people currently use the service.

At the last inspection of March 2016 the service did not meet all the regulations we inspected and were given two requirement actions. This was because recruitment procedures were not robust and staff did not receive supervision and refresher training. The service sent us an action plan telling us how they intended to meet the regulations. At this inspection we saw the improvements had been made and the regulations were met.

The service had a registered manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Recruitment procedures were robust and ensured new staff should be safe to work with vulnerable adults.

Staff received an induction and were supported when they commenced employment to become competent to work with vulnerable people. Staff were well trained and supervised to feel confident within their roles. Staff were encouraged to take further training in health and social care topics.

Staff we spoke with were aware of how to protect vulnerable people and had safeguarding policies and procedures to guide them, which included the contact details of the local authority to report to.

Risk assessments for health needs or environmental hazards helped protect the health and welfare of people who used the service but did not restrict their lifestyles.

Staff were trained in the administration of medicines and managers checked the records to help spot any errors and keep people safe.

Staff were trained in infection control topics and issued with personal protective equipment to help prevent the spread of infection.

People were supported to take a healthy diet if required and staff were trained in food safety.

Staff told us how they would support someone if they thought their liberty was being deprived to help protect their rights.

We observed a good rapport between people who used the service and the registered manager. People who used the service told us staff were reliable and they knew them well.

Personal records were held securely to help protect people's privacy.

There was a complaints procedure for people to raise any concerns they may have.

People were assisted to attend meaningful activities as part of their package or staff good will.

Plans of care gave staff clear details of what care people needed. People helped develop their plans of care to ensure the care they received was what they wanted.

There were systems in place to monitor the quality of service provision and where needed the manager took action to improve the service.

The office was suitable for providing a domiciliary care service and was staffed during office hours. There was an on call service for people to contact out of normal working hours.

People who used the service thought managers were accessible and available to talk to.

## 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.

The service used the local authority safeguarding procedures to follow a local initiative. Staff had been trained in safeguarding topics and were aware of their responsibilities to report any possible abuse.

Arrangements were in place to ensure medicines were safely administered. Staff had been trained in medicines administration and managers audited the system and staff competence.

Staff were recruited robustly to ensure they were safe to work with vulnerable adults.

### Is the service effective?

Good ●

The service was effective.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff had been trained in the MCA and DoLS and should recognise what a deprivation of liberty is or how they must protect people's rights.

People who used the service were supported to take a nutritious diet.

Induction, training and supervision gave staff the knowledge and support they needed to satisfactorily support the people who used the service.

### Is the service caring?

Good ●

The service was caring.

Records were maintained securely and staff were trained in confidentiality topics.

People who used the service told us staff were trustworthy, helpful and kind.

We observed there were good interactions between staff and people who used the service.

### Is the service responsive?

Good ●

The service was responsive.

There was a suitable complaints procedure for people to voice their concerns. The registered manager responded to any concerns or incidents in a timely manner and analysed them to try to improve the service.

If it was part of their care package people were able to join in activities suitable to their age, gender and ethnicity.

Plans of care were developed with people who used the service, were individualised and kept up to date.

### Is the service well-led?

Good ●

The service was well-led.

There were systems in place to monitor the quality of care and service provision at this care home.

Policies, procedures and other relevant documents were reviewed regularly to help ensure staff had up to date information.

Staff told us they felt supported and could approach managers when they wished.

# Sunshine Care (Rochdale) C.I.C.

## **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 was an unannounced inspection and was conducted by one adult social care inspector on the 26 and 27 April 2017. We visited people with their permission in their own homes to talk to them and gain their views about the service.

Before our inspection visit we reviewed the information we held about the service. This included notifications the provider had made to us. We asked the local authority contracts and safeguarding teams for their views about the service. They did not have any concerns. We did not send for a Provider Information Return (PIR) because the service would not have had time to fully complete it.

During the inspection we talked with three people who used the service, an administrator, the registered manager and two support workers.

We looked at the care records for four people who used the service and medicines administration records for eight people. We also looked at the recruitment, training and supervision records for four members of staff, minutes of meetings and a variety of other records related to the management of the service.

# Is the service safe?

## Our findings

People who used the service said, "I have no concerns at all about the trustworthiness of staff and feel safe with them all", "I trust the staff who come to my home" and "I trust the staff entirely and feel very safe with them coming in. I do not mistrust any of the staff."

We saw from the training matrix and staff files that staff had received safeguarding training. Staff had policies and procedures to report safeguarding issues and also used the local social services department's adult abuse procedures to follow a local initiative. This procedure provided staff with the contact details they could report any suspected abuse to. The policies and procedures we looked at told staff about the types of abuse, how to report abuse and what to do to keep people safe. The service also provided a whistle blowing policy. This policy made a commitment by the organisation to protect staff who reported safeguarding incidents in good faith. There was a copy of the 'No Secrets' document staff could refer to for advice around safeguarding issues.

Staff members said, "I know what to look out for to safeguard people. I would be prepared to report any poor practice. I have had to raise an issue in the past. The management team responded and protected the person and took action" and "I have completed safeguarding training. They have a whistle blowing policy and I would be prepared to report any poor practice issues." Staff were aware of the need to safeguard vulnerable people.

There had not been any safeguarding incidents at the service since the last inspection. However, we saw from one document how the service were aware of the need to protect people. They contacted the local safeguarding team because a person they looked after was at risk from others in the community.

At the last inspection the service were issued with a requirement notice for recruitment. This was because checks had not been safely undertaken on staff who had previously worked in the care industry. At this inspection we saw that the service had checked any gaps in employment and taken references from previous employers.

We looked at four staff records and found recruitment was robust. The staff files contained a criminal records check called a Disclosure and Barring Service check (DBS). This check also examined if prospective staff had at any time been regarded as unsuitable to work with vulnerable adults. The files also contained two written references, an application form (where any gaps in employment could be investigated) and proof of address and identity. The checks should ensure staff were safe to work with vulnerable people.

We asked people if staff missed visits or were often late. People told us staff were reliable, came on time and stayed their allocated times to complete tasks. This meant the service employed suitable numbers of staff to meet their needs.

We saw that the office was suitable for running a care agency. Equipment in the office had been tested to ensure it was safe. This included a Portable Appliance Test (PAT) for computers and other electrical

equipment. There were fire extinguishers which had been regularly serviced to ensure they were in good working order. There were smoke detectors to warn staff of a fire which were tested regularly to ensure they were effective. People working in the office were given a copy of the fire procedures

We looked at three plans of care in the office and one when we visited a person in their home. Plans of care contained risk assessments for personal risks such as for moving and handling, finance, personal care and for fire safety. There were also risk assessments for the environment, for example, any possible hazards in people's homes, for example slips trips and falls or dangerous equipment. The assessments were reviewed when the care plan was updated or sooner if a person's needs changed. People who used the service were risk assessed to help keep them safe and not to restrict the things they did.

There were policies and procedures for the safe administration of medicines. The medicines policy was also contained in the staff handbook which staff had to sign to say they had read them. Both members of staff we spoke with confirmed they had completed medicines training.

People being looked after in their own homes can often self-administer their medicines or just require prompting. However, some care packages required staff to administer medicines for people who used the service. We saw from the training matrix that all staff had completed training for medicines administration. The people we visited either administered their own medicines or had a family member who gave them their medicines.

The medicines were recorded on a medicines administration record (MAR). Any medicines staff did administer were recorded and the registered manager checked to see if there were any gaps or omissions when the MAR's were returned to the office. Any action required was followed up by the registered manager. We looked at eight MAR records and saw there were no errors or omissions. Staff had their competency checked to administer medicines correctly during spot checks.

We saw from looking at the care plans that the support a person needed to take their medicines was recorded for each visit. This told us if the person needed the medicines to be administered or prompted. Where possible people were encouraged to take their own medicines to retain their independence.

People who used the service lived in their homes independently or with family support and were responsible for any infection control issues. However, part of the staff's training package included infection prevention and control. Staff were also issued with personal protective equipment (PPE) such as gloves and aprons. We saw on both days of the inspection staff coming to the office to pick up PPE supplies. The registered manager said that although it was people's own choice how they lived they would offer advice if they saw any infection control issues or report it to a professional. This would help protect the health and welfare of people who used the service.

Staff had a lone working policy to adhere to help keep them safe and there was a system to track staff when they were working. This system would inform managers if a staff member was late, did not turn up or left earlier than they should. This system was used in line with the local authority (Rochdale Metropolitan Borough Council) guidelines. Staff could be contacted by phone to ensure they were safe and to arrange for another member of staff to quickly cover for them in an emergency to make sure people who used the service were not left unattended. We heard the registered manager arranging staff cover during the inspection for a person coming out of hospital and for changes people who used the service requested. We saw that where possible the registered manager was flexible to meet people's needs and people got the assistance they needed.



Support staff (known in the service as personal assistants) wore a uniform and identification badges so people who used the service knew where they were from. Any key safe numbers were kept safely. This helped protect people's property.

## Is the service effective?

### Our findings

People who used the service told us, "The staff are reliable. They let me know if they are going to be late", "The agency are very reliable" and "The staff are reliable, absolutely. If they are delayed they let us know which is acceptable." People who used the service thought staff provided a reliable service.

People who lived in their own homes were responsible for the foods they chose to eat. We asked staff what they would do if a person was seen to take a poor diet. Two personal assistants told us, "I would have a look to see if there were any other options if they were not eating well or healthily. I would report back to the office. We have one person who is diabetic and asks for foods that could affect her condition. We keep an eye on her but it is her choice" and "If someone wanted a poor diet I would advise them and try to teach good nutrition. I would talk to the manager or family." The registered manager also said they would seek professional help if required to ensure people took a good diet but also recognised that people who had mental capacity to make their own decisions should be allowed to do so.

When we looked at the four care plans we saw that any nutritional needs a person had was recorded. We saw that staff might prepare a meal if this was part of their care package. We also saw that some people were assisted to order their meals from a catering company or helped to do their shopping. One person we visited had a family member who did the catering and shopping. Another person arrived home after shopping with her personal assistant. Most staff had undertaken training in food safety. The registered manager said staff were aware of safe food hygiene and told people who used the service if a food was out of date. However, not all the people they looked after took notice of them.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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 were being met.

People in their own homes are not usually subject to DoLS. However, staff were trained in the MCA and DoLS to ensure they were aware of the principles. There were policies and procedures for the MCA and DoLS for staff to follow good practice. Some staff were also trained in how best to care for people with behaviours that may challenge others. We asked staff what they would do if they thought someone was being deprived of their liberty in their own homes. Staff said, "If I thought that a person was being deprived of their liberty I would always ask for advice. I would contact the manager" and "I would get in touch with the office and

raise a safeguarding alert." The registered manager told us she would contact social services who would be the organisation responsible for safeguarding people. Staff were aware of how to protect people's rights.

We looked at three plans of care in the office and one in a person's home. We saw that people signed their agreement for their care and treatment which showed that the care delivered was what they expected and wanted.

All new staff were given an induction. This included the services own induction and completion of the care certificate. The care certificate is considered best practice for people new to the care industry. We saw from looking at the staff files that staff had completed the paperwork for their induction. The agency's own induction included the terms and conditions of employment, key policies and procedures, the rules and regulations for working at the service, meeting key staff and office safety. Staff also had to sign they understood the uniform policy, agreed to training and understood the policies and procedures. Staff then completed an evaluation of the induction and were given an opportunity to say how they thought it had gone. Staff were introduced to the people they would look after and shadowed until they were competent to care for people. All staff were put on six months' probation until management felt they were able to work to the expected level.

On the day of the inspection several staff came into the office to sign up for a diploma in health and social care. They were interviewed by an external professional whose organisation would provide the training. The registered manager said all staff were enrolled on the next course available if they did not already hold this qualification.

We asked people who used the service if they thought staff were well trained. People who used the service told us, "The staff know what they are doing. They are well trained. They are like family", "The staff are well trained. Any questions I have they answer me" and "The staff I have seem to be trained well. If a new one comes along they always send someone who knows me as well." Staff said, "I think there is enough training to do the job" and "Without a doubt I feel the training has given me the skills to do the job."

The training matrix showed staff had completed mandatory training for moving and handling, health and safety, basic life support, safeguarding adults and children, food hygiene, infection control, medicines administration, fire safety and the MCA/DoLS. This meant staff were given sufficient training to meet the needs of the people they looked after. Some staff had undertaken training in the care of people with dementia, continence care, palliative care, oral health and care of people with mental health needs. Staff received the training they needed to help them meet the needs of people who used the service.

Staff told us, "We get supervision and appraisal. The managers work alongside us regularly as well" and "We have supervision. We fill in the forms before supervision and I have just had my appraisal which was good." We saw from looking at staff files that supervision was held regularly and a new form for completing supervision during spot checks would further give staff the support they needed. We saw that one of the managers went out during both days of the inspection to work with staff on care packages with people who used the service. Supervision and appraisal gave staff the opportunities to bring up issues of their own or training needs as well as managers checking staff competence.

The service had a business continuity plan to ensure the service functioned during times of crises such as bad weather or loss of the office.

Although staff were not responsible for arranging visits to doctors or specialists the registered manager said staff would call the doctor or other professional if required and give any support a person needed to keep

them well.

The service was run from an office on the outskirts of Rochdale. There was a car park and access to the office was suitable for a person who may have mobility problems. The office operated during normal working hours and there was an on call service. There was a reception area, two offices and kitchen and toilet facilities. We saw there was all the equipment needed to run an office including computers with internet access and telephones. One of the offices could be used for private meetings.

## Is the service caring?

### Our findings

People who used the service told us, "Care staff go the extra mile. One member of staff hand delivered a card on my relative's birthday. The staff are all exceptional and I think the service is outstanding", "The service are very, very good. I have been involved in the care industry so know what good care is. The staff are cheerful and pleasant. They are all very caring" and "I find they are very good. Nothing is ever perfect but overall very good. The staff are caring, polite and obliging." People thought staff were caring and they received the care they wanted.

Both staff members said they would be happy if a member of their family used the service. Staff also commented, "I get a lot of job satisfaction and I like to build relationships. They become like family. I have learned a new skill. How to care for people" and "I love it here and have always done caring. I like meeting the people and making a difference." Staff liked working at the service and enjoyed their jobs.

Two people who used the service said, "Staff support me but they encourage me to do things for myself" and "I can tell staff what I want and they will do it. Some things I like to do for myself." People were encouraged to remain independent if they could.

We noted all care files and other documents were stored securely to help keep all information confidential and were only available to staff who had need to access them. Staff were taught about confidentiality and had a policy to remind them to keep people's information safe. Staff were also given the current codes of conduct to help them follow good practice, which included confidentiality topics.

We visited people in their own homes. Staff and people who used the service said managers were 'hands on' at this small agency and regularly delivered care. We saw the registered manager knew the people well and had a good rapport with them.

We looked at four plans of care during the inspection. Plans of care were personalised and had been developed with people who used the service so their choices were known. People's likes and dislikes were included in the plans. This helped treat people as individuals.

## Is the service responsive?

### Our findings

People who used the service told us, "The service is very flexible. They changed one of the days they visit when I asked them to. I get a regular staff team", "I get the same staff team who know me well. They arranged to do some cleaning for me to give me a rest" and "They will tell me if anything is wrong and to call the doctor. They advise me about how to improve my relative's welfare." People told us staff were responsive to their needs and knew them well.

People who used the service said, "Staff are arranging to take me out into the garden. I have not been outside for a while and I am looking forward to it. One staff member accompanied me on holiday" and "Staff have taken me out shopping." The service provided activities as part of people's care package but also if they wanted to provide a little extra. On the day of the inspection we saw a person was accompanied on a shopping trip. The registered manager also said staff provided support for social activities such as going to the pictures and tea dances, gardening, taking people on holiday or just out going out for a cup of coffee. The service took the people they looked after for a Christmas lunch every year. Staff helped take people to the venue and home again. We were told 40 people who used the service had attended in December 2016.

Prior to using the service each person had a needs assessment completed by a member of staff from the agency. The assessment covered all aspects of a person's health and social care needs and the information was used to help form the plans of care. The local social services department also provided an assessment for their clients. The assessment process ensured agency staff could meet people's needs and that people who used the service benefitted from the placement.

People who used the service told us, "They keep me informed about any changes", "I am aware of my care plan. At the review they ask my opinion and we complete the care plan together" and "I read the care plans and daily records. They are accurate."

Plans of care were divided into headings, for example personal care, communication, nutrition or mental health. Each section had what the need was, what the goal was and a lot of details around how staff could support them to reach the desired outcome. The plans clearly set out what staff had to do at each visit. For example, what was required in the morning, lunch time, tea time or evening. Each task told staff what level of care a person needed and what level of support was provided by family. Staff told us they read the plans and would contact the office if there were any changes. A manager would then update the plans. The plans of care were regularly reviewed and updated. Plans of care contained sufficient health and personal details for staff to deliver effective care.

People who used the service said, "I can contact the service out of hours. If there are any problems they sort it out", "You can get hold of the office if you need to. If I had a complaint they would listen to me" and "They would listen if we had any concerns. We definitely do not have any complaints. The service are outstanding." People thought they could contact the office when they needed to and any concerns would be treated seriously.

We saw that each person had a copy of the complaints procedure within their documentation. This told people who to complain to, how to complain and the time it would take for any response. The procedure also gave people the contact details of other organisations they could take any concerns further if they wished including the Care Quality Commission (CQC) and Rochdale Metropolitan Borough Council. No complaints had been made to the service. There had been one complaint made to the CQC against the service although there were insufficient details to investigate fully. However, we saw the registered manager regularly conducted individual satisfaction surveys in addition to the annual questionnaire. The manager looked at the results to see if they could improve the service.

We heard the registered manager and office staff regularly updated personal assistants with new information regarding the people they looked after. This helped ensure people's needs were met.

The people who used the service said they regularly had the same staff and knew them well. Likewise staff confirmed they attended the same people regularly and knew what people wanted. This helped with people's continuity of care.

## Is the service well-led?

### Our findings

At the time of the inspection there was a registered manager. 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.

We asked people who used the service about how they thought the service was run. People told us, "The registered manager is very approachable", "I knew the registered manager when she was a member of the care team. We still see her sometimes. She is very caring" and "The registered manager is very approachable and a compassionate person." People thought the registered manager was approachable and available to talk to.

Staff told us, "The managers are superb. They are there for you and very supportive. You can ring them from someone's house and they will advise and help you" and "The managers are very supportive. You can contact them out of hours." Staff felt supported.

We asked people who used the service if they thought they were well looked after and they told us, "I am very happy with the service", "I have used the service for years. I had a very good recovery with them. It is a good service" and "It is exceptional." People were happy with Sunshine Care.

Although staff meetings were held infrequently (twice a year) because this is a small agency staff did feel they were kept up to date. We heard staff talking to the registered manager and other office staff regularly to keep up to date with any changes to people's care or conditions. We noted that up to 20 staff came into the office during the two days of the inspection. Some for updates to their workload, some picking up supplies and some to enlist on training. Managers made themselves available for staff to talk to them.

The service sent out a quality assurance questionnaire every year to gain people's views about how the service was run. We saw the results from the 2016 survey which told us people thought the service was good, very good or excellent around the questions asked. The questions centred around care, reliability, respect, safety, contact with the office and managers and invoicing. We saw that where one negative answer was received around invoicing the registered manager sent out a memo to all staff to send in their timesheets earlier to improve the service. Comments included, "Very pleased with the service although invoices are slow to arrive", "All the carers are a good team. They are cheerful and helpful" and "The staff are wonderful – no complaints." People were able to give their opinion about how the service was performing and the registered manager responded to any negative comments to help improve the service. Another survey was due to be sent out in June 2017.

We saw there were many thank you and other cards at the office and took a selection from the latest batch. Comments included, "I know our relative was well cared for. I would like to thank Sunshine care who looked after our relative. During that time they were not only good carers but great friends", "Thank you for the wonderful care you gave to our relative and especially [care staff member] who stayed with her before her



admission to hospital", "As a family we would like to say a huge thank you for all the dedicated care and attention you and your team gave to our relative. You offered care, love and patience and in times of need you never failed to be responsive and helpful" and "Families rely on the services you offer and trusting someone with the care of their loved one can sometimes be a difficult decision. You took away all that anxiety and worry and for us as a family that was priceless. We will hold special memories of the care staff who went above and beyond support and we know our relative appreciated that. We will recommend your service to anyone."

We saw that staff had access to policies and procedures to help them with their practice. The policies we looked at included dignity and respect, whistle blowing, mental capacity, health and safety, infection control, fire risk assessments, fire safety, data protection, confidentiality, complaints, medicines administration and behaviours that may challenge. The policies were reviewed to keep information up to date.

Information in the form of a statement of purpose/service user guide was issued to each person when they used the service. This told them of the aims and objectives of the service, the range of needs they could care for, the organisational structure, how to complain, staff structure and training and other details around what the service did or did not provide. This helped people and professionals make an informed choice to use the service.

The registered manager undertook quality assurance checks, which included care plans, staff arrival times and duration of visits, medicines records, people's finances, spot checks to people's homes for staff competency and ad hoc survey forms. The registered manager conducted sufficient audits to ensure the service was working well.

During our inspection our checks confirmed the provider was meeting our requirements to display their most recent CQC rating.