

SunCare Home Care Limited

SunCare

Inspection report

The Old Surgery
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Tel: 01544231413

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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

This was an announced inspection carried out on the 19 October 2016.

SunCare is an agency that provides a domiciliary services to people living in and around the town of Kington and includes people residing in both Herefordshire and Powys.

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.

This service has not been previously inspected by the Care Quality Commission (CQC).

People told us staff were caring and helpful and that they had no concerns about their safety.

People were safe as staff knew how to recognise different signs of abuse and what action to take if they had any concerns.

We found appropriate criminal records bureau (CRB) disclosures or Disclosure and Barring Service (DBS) checks had been undertaken and suitable references obtained.

We looked at how the provider managed people's medicines and found that suitable arrangements were in place to ensure the service was safe.

There were systems in place to ensure that risks to people's safety and wellbeing were identified and addressed. Risk and needs assessments were undertaken to assess any risks to people and included information about what action was required to minimise the potential of harm occurring.

We found there were effective systems in place to schedule and pro-actively monitor visits.

The provider ensured that staff had a full understanding of people's care needs and had the skills and knowledge to meet them.

People were supported to access to healthcare professionals to make sure they received effective treatment to meet their specific needs.

People were treated with kindness and said their privacy and dignity was always respected.

People's care and support was planned in full consultation with them. We found people received care and support, which was personalised to their wishes and responsive to their needs.

Staff were knowledgeable about the people they supported, which enabled them to provide a personalised and responsive service.

We found the service had systems in place to routinely listen to people's experiences, concerns and complaints.

People told us the service was well run.

Staff were well-led and valued by the provider, who operated an open and transparent culture.

The service undertook a comprehensive range of checks to monitor the quality of service delivery.

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.

Staff knew what action they would take if they suspected any form of abuse. Disclosure and Barring Service (DBS) checks had been undertaken and suitable references obtained before staff started work for the provider.

There were systems in place to ensure that risks to people's safety and wellbeing were identified and addressed.

The provider had suitable arrangements in place to manage people's medicines.

Is the service effective?

Good ●

The service was effective.

Staff had a full understanding of people's care needs and had the skills and knowledge to meet them.

People were supported to have the right amount of food and drink to maintain good health.

Staff supported people to access to make sure they received effective treatment to meet their specific needs.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who respected and cared about them.

People were and treated with kindness and dignity.

People's views and wishes were taken into consideration when providing care and were listened to by the provider.

Is the service responsive?

Good ●

The service was responsive.

People's care and support was planned in full consultation with them. People received care and support, which was personalised to their wishes and responsive to their needs.

Staff were knowledgeable about the people they supported..

The provider had systems in place to routinely listen to people's experiences, concerns and complaints.

Is the service well-led?

The service was well-led.

People told us the service was well run.

Staff were well-led and valued by the provider, which operated an open and transparent culture.

The provider undertook a comprehensive range of checks to monitor the quality of service delivery. The provider had clear arrangements in place to monitor, manage and improve staff practice.□

Good ●

SunCare

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 checked 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 inspection took place on 19 October 2016 and was announced. We provided 48 hours' notice of the inspection to ensure management were available at their office to facilitate our inspection. We also conducted telephone interviews with people who used the service, their relatives and staff to obtain their views of the services provided. The inspection was carried out by one inspector from the Care Quality Commission.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events, which the provider is required to send us by law. We also asked commissioning teams from local authorities and Healthwatch for any information they had, which would aid our inspection.

At the time of our inspection, the service was providing personal care for 59 people who lived in the Herefordshire and Powys area. We spent time visiting five people in their own homes and together with two relatives who were present, asked them what they thought about the care they received. We also reviewed records kept at the home. We also undertook telephone interviews and spoke with a further five people who used the service and 10 relatives.

At the office, we reviewed a range of records about people's care and how the domiciliary care agency was managed. These included care records, personnel and training records, medicine administration record (MAR) sheets, quality assurance audits, minutes from staff meetings and client's survey that the service had

sent to people.

The service employed 29 members of staff at the time of our visit. As part of the inspection, we spoke with the registered manager, one care supervisor, one scheduling officer, one team leader and five members of support staff.

Is the service safe?

Our findings

We asked people who used the service if they had any concerns about their safety with the staff who supported them. People told us staff were caring and helpful. One person who used the service told us, "They are wonderful, I can't fault them. All the girls are extremely nice, caring and helpful." Another person who used the service said "The majority of staff are great, a small percentage can be immature. I think the quality of care is satisfactory." A third person said "They always make sure I'm safe in the shower and I have confidence in their training and in what they do."

During the inspection we spoke with staff and asked them about their understanding of safeguarding vulnerable adults. Safeguarding procedures are designed to protect vulnerable adults from abuse and the risk of abuse. Staff told us they had received training in how to recognise when people were at risk of abuse. They were able to clearly describe the process they would follow if they had concerns about people's safety. One member of staff told us, "Any concerns regarding safeguarding issues I would report directly to the registered manager, who would in turn contact the relevant authority." Another member of staff said "With any allegation of abuse involving staff, I would go via the management and if I thought it wasn't being dealt with, I would contact social services directly."

We reviewed a sample of five personnel records, which demonstrated that staff had been safely and effectively recruited. We found appropriate Disclosure and Barring Service (DBS) checks had been undertaken and suitable references obtained. This demonstrated people were protected against the risks of abuse, because the provider had robust recruitment procedures in place. DBS checks of all staff were renewed every three years by the registered manager.

Individual risks were detailed within people's support plan. These covered areas such as the medication, assisting and moving assessment, home environment, challenging behaviour, continence promotion and pets, which represented risks presented to people and staff attending the home. Where risks had been identified, there were appropriate control measures in place to help keep people safe. These provided guidance to staff as to what action to take to reduce harm and were regularly reviewed by the provider. One member of staff told us, "There is a key focus on risk assessments, which we are all aware of. If we have any concerns, the management would go out to re-assess any potential risks. We are always looking to make environments safe, but being mindful we are in people's homes." Another member of staff said "We do risk assessments for each client and includes environments, any animals, mobility and falls. I always try to make the home safe for people."

We looked at how the service ensured there were sufficient numbers of staff to meet people's needs and keep them safe. The provider used an electronic system to manage and schedule calls, which enabled managers to identify late calls and ring ahead to notify people if staff were going to be late. Most people told us they had never experienced missed or late calls and in the event of late calls, they were notified by the office. One relative told us, "I know they had staffing problems a few months ago with sickness, but they managed to meet all the calls with everybody getting stuck in. We have never had a missed call and they ring ahead to warn us if late." Another relative said "We mainly get the same staff who are rarely late and stay for

the whole duration of the time."

We spoke with staff to gauge their feeling on staffing levels. Staff told us that they had no concerns with staffing levels, other than the pressures caused by sickness. One member of staff told us, "Staffing levels can be an issue with sickness and people requiring time off. We could always do with more, but we are still able to provide a quality of service to our clients. But, it does put pressure on staff." Another member of staff said "We are busy, but staffing levels are safe, there are never any calls that are not covered." Other comments from staff included, "The calls are scheduled well and I'm never late." "We have staffing issues, we feel pressure if people are sick, but management help out and generally things are ok."

We looked at how the provider managed people's medicines and found that suitable arrangements were in place to ensure the service was safe. We found that records supporting and evidencing the safe administration were complete and accurate in people's homes. In addition to the initial training provided by the registered manager, we found that staff were also enrolled on a recognised training programme in 'understanding the safe handling of medication.' Staff received regular 'spot checks' from managers to ensure they remained competent in the administration of medication. One person who we visited in their own home said "My medication is managed very well, I have no concerns." Another person who we spoke to in their home said "The girls are generally fine and nice, they treat me very well. They give me my medicine and organise GP visits. They are very good."

Is the service effective?

Our findings

People told us they were supported by trained and competent staff. One person who used the service told us, "It is well run, the manager's standards are high and the staff are trained to high standards in my view." Another person who used the service said "The staff are top rate, five star. They appear knowledgeable and well trained." One relative told us, "The staff are excellent, they are very committed and appear well trained." Another relative said "Staff appear confident and seem to know what they are doing. Some carers are exceptional, but their skills were not necessarily shared between the group."

We looked at the training and professional development staff received to ensure they were fully supported and qualified to undertake their roles. All new staff completed an induction programme tailored to meet their previous experience of care and completed a period of probation. Training consisted of classroom based practical training and on-line social care TV training. Staff told us that they received regular training, which was relevant to their role. Staff had either enrolled or had obtained a National Vocational Qualification (NVQ) diploma at level two or three in social care. One member of staff told us, "The training is sufficient to support me in my role, but we can always ask for additional training in specific areas. We have also done distance learning from the local college in stroke awareness and end of life care." Another member of staff said "We get regular training updates, which include First Aid, infection control, Mental Capacity Act and food hygiene. We also get practical training such as moving and handling."

We looked at supervision and annual appraisal records and spoke to staff about the supervision and support they received from managers. Staff received regular supervision, which enabled managers to assess the development needs of their staff and to address training and personal needs in a timely manner. One member of staff told us, "There is plenty of support and I do feel valued by management. If I have a problem the team leader or managers are there as back up." "We do have regular one to one supervision and unannounced spot checks. Spot checks are good to ensure we are doing things properly, such as are we wearing our PPE (personal protective equipment).

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. Staff we spoke with were able to describe the principles of the MCA legislation and confirmed they had received training.

Before any care and support was delivered, the provider ensured written consent had been obtained from the person who used the service or their representative. People told us that before staff undertook any tasks, they would always seek the consent of the person. Staff told us that most people were able to give verbal consent, but they would never undertake any tasks unless they were sure it was done with people's full consent. One member of staff told us, "All my clients are able to provide verbal consent, but I wouldn't do anything without their consent." Another member of staff said "Most clients give verbal consent and can understand what we say. If people are not happy I never push the issue and respect what they want to do."

We found people were supported with their nutrition and hydration. People's dietary requirements were assessed and appropriate care plans and risk assessment were in place. People told us they were involved in deciding what food they would like. One person who used the service said "The food they prepare is ok, no issues. I'm a bit independent so all they have to do is to dish it up." Another person said "I'm very happy with the food they prepare, no issues at all."

People were supported to access healthcare services when required. We found the provider organised hospital appointments, home visiting opticians, district nurse visits and chiropodists amongst other services for people who used the service. One relative told us, "They are fantastic. My relative was very unwell. The manager couldn't do enough and all the girls were so caring. They helped organise their medical care. Whatever we asked, it was never a problem." One member of staff told us, "I often speak with the GP about any concerns I have with my clients."

Is the service caring?

Our findings

People told us they were treated with kindness and respect by staff where nothing was too much trouble. One person who used the service told us, "Girls are very good, always happy and willing. I'm more than pleased with them. They look after me very well." Another person said "They are very nice and good. I can't fault them at all." A third person said the staff were all very kind and keen to help in every way. One relative told us, "They are really excellent. The girls are fantastic and can't do enough for you." Other comments included, "They will always ask if there is anything else I would like done." "I can't praise them enough they are simply fantastic."

Staff were always willing to go the extra mile to support people. In one example, a member of staff found a gardener for a person, where their tenancy agreement required the garden being maintained to acceptable standard. A further example demonstrated how a member of staff supported a person with their personal finances and arranged for bills to be paid via direct debit. The member of staff also facilitated a meeting with Age Concern to establish the person's end of life needs and wishes. One relative told us, "If we need anything, they help to coordinate things and do their very best to support us all the time." Another relative said "Recently our relative was in hospital. They were very accommodating and suggested things to us, which we didn't realise we were entitled to."

People consistently told us that staff were very respectful when providing care. Staff ensured people's personal care needs were delivered discreetly in private. One person who used the service told us, "They are very good at maintaining my privacy and dignity when bathing. They always close the curtains and offer a choice of what clothing I want to wear. I usually have the same care staff who are part of my family." Another person said "Staff are very respectful towards me with dignity issues, no problem there. Most staff are very good." One relative told us, "The staff are very respectful towards my relative when providing personal care." Another relative said "Very prompt and polite. They are very respectful and warm towards my relative." One member of staff told us, "I treat everyone as an individual and always respect their dignity and privacy and never forget I'm in their home."

Both the provider and staff recognised the importance of promoting people's independence. One relative told us that Sun Care had been fundamental in allowing their mother to live at home. Staff we spoke with were able to demonstrate how they respected people's dignity and privacy. One person who used the service said "I couldn't do without them, I don't know where I would be." One member of staff told us, "We encourage people to be independent all the time, I will always get them to help if they are capable, such as washing themselves." Other comments from staff include, "I always encourage people to be independent with personal care. I get them to do as much as they can, even preparing meals."

We asked people whether they were involved in determining the care and support they received. People told us they were actively involved in determining the care and support they needed. They were involved in regular reviews of care and felt listened to by the provider. One person who used the service told us, "I've just been involved in a review this week. I'm very involved in my care needs and they are always reacting to any issues I have." One relative told us, "They are always happy to help. I'm totally involved in my relative's care."

Another relative said "We have regular reviews and I'm able to ring them anytime."

People confirmed they were able make choices about their care, such as the times of calls, what to eat and how their personal care was delivered. Staff told us they always promoted choice with people, which included what they would like to eat and drinks and what clothing they wanted to wear when delivering personal care.

Is the service responsive?

Our findings

People told us that they believed the service was responsive to their needs, listened and acted upon any concerns they raised. One relative said "They are very responsive and nothing is a problem. We always have a very good response to any issues we have. They speak to me about my relative's needs and keep us informed. The office are always helpful and they are a very kind and caring service." Another relative told us, "They are very responsive and I'm able to speak to the manager or their team who are all very good. I'm extremely happy with the service, credit where credit is due. If I wasn't happy they would have known a long time ago."

People's care and support was planned in full consultation with them or their relatives. Each person had support plans in place, which provided guidance for staff about how best to meet each person's needs. Support plans included information on people's medication, personal care needs, dietary and mobility requirements. Support plans were located at each person's home with duplicates held at the office. Initial assessments were undertaken to identify people's support needs and support plans were developed to meet each person's specific needs, which were regularly reviewed.

Staff were knowledgeable about the people they supported, which enabled them to provide a personalised and responsive service. Staff told us that on the whole they had the same clients, which enabled them to get to know them well. They would raise any concerns directly with team leaders or managers. They would regularly discuss people's needs in order to improve the quality of care provided. One member of staff told us, "We have regular team meetings to discuss our clients and whether we have any concerns. If you have any concerns, they will listen and do the best they can." Other comments from staff included, "Communication is good, and issues with clients are always communicated well."

We found the service had systems in place to routinely listen to people's experience, concerns and complaints. The provider had a complaints policy and procedure in place. People we spoke with were aware how to make a complaint, but said they had never had cause to. People told us they were confident that any issues raised would be dealt with appropriately and professionally by the provider. One relative told us that if they had any concerns, they would raise the matter directly with management. However, they were very satisfied with the service they received and would recommend them. Another relative said "Never had cause to make a formal complaint. I'm aware of the procedures, but would speak to the manager first if I had any concerns." One person who used the service said "If I had a complaint I would contact the manager, who is very good and supportive."

We looked at the last annual client's survey that was sent out in November 2015 to people to comment on the quality of services delivered. The responses received were all very positive about the quality of services delivered. The registered manager told us that they undertook a number of spot checks on staff to monitor practice. During these checks, people who used the service were asked to comment on the quality of service delivery and whether they had any concerns.

Is the service well-led?

Our findings

We asked relatives what they thought of the quality of care delivered by the provider. One relative told us, "We are very pleased with the agency and I think they do an excellent job. I have peace of mind, especially as I work away and just can't pop home. They are able to sort things." Another relative said "My relative gets personal care and mental stimulation, which enables me to have a life and get on with household tasks. I wouldn't be able to do this without their support. They are kind and caring and staff are fond of my relative."

Each and every person we spoke with told us that they believed the service was well run. The registered manager was singled out for their leadership and responsibility for the compassionate culture that existed within the organisation. Comments from people and relatives included, "I think it is well-led and managed and I speak from experience." "If I had any concerns I would be straight on the phone to the registered manager, who expects high standards." "Generally a well managed service in my view." "Very well-run organised business."

Staff told us they felt appreciated and their views and opinions were valued by the provider. One member of staff told us, "I always speak my mind if there is a problem, but there is a good atmosphere amongst staff and management." Another member of staff said "There is a very open culture here. You can discuss issues and management are always prepared to listen and take action." Other comments included, "The manager is open to talk about any issue. I do have spot checks, which are very good and ensure staff maintain standards and keeps you on your toes." "I do feel valued and appreciated working here and always have." "I was really impressed with the amount of training I received and the updates, the manager runs a really tight ship and I think it is a well-managed service."

Care plans and risk assessments were regularly reviewed. We found the service undertook a comprehensive range of checks to monitor the quality service delivery. These included auditing of care files and medication records. A range of unannounced 'spots checks' of staff were undertaken to ensure they remained competent to deliver services. Staff told us there were arrangements in place to support them, which included regular individual and team meetings. We looked at minutes from staff meetings, which covered issues that included personal protective equipment, hand washing, spot checks and paperless records system.

The registered manager is a qualified nurse who has maintained their professional registration. The main office acted as a 'central information hub' for people who used the service. This provided a resource centre with consolidated links to community information such other organisations, health and local authority departments. The provider was also registered with the Department of Health as 'Dignity Champions,' and relevant training was provided to all staff.

Providers are required by law to notify CQC of certain events in the service such as serious injuries and deaths. Records we looked at confirmed that CQC had received all the required notifications in a timely way from the service.