

SunCare Home Care Limited

SunCare

Inspection report

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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 23 June 2017.

Suncare Home Care Ltd is an agency that provides a domiciliary service to people living in their own homes. At the time of the inspection, personal care was being provided to 55 people living in the three counties of Herefordshire, Shropshire and Powys in Wales.

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

This service was first registered with the Care Quality Commission (CQC) on the 02 July 2015, and had not been previously inspected.

People told us they felt safe and secure with the care staff provided in their own homes.

Staff had received training in and understood how to protect people from any harm and abuse. The provider followed safe recruitment practices that ensured staff who provided care were suitable to work in people's own homes.

The provider had assessed and managed the risks connected with people's individual care and support needs. Staff were able to tell us of the risks people faced and the action they took to support them.

People told us there were sufficient numbers of staff available to meet their needs safely. Staff were punctual, and rarely late for calls. If staff were delayed, people would be rung by the office notifying them of the delay and reason.

People had the support they needed to take their prescribed medicines safely. Staff received medication training and their competency was regularly checked.

Staff had received training to give them the skills and knowledge they needed to meet people's needs. Staff were supported by the management team and received regular one to one supervision.

Staff asked people's permission before they helped them with any care or support. People's right to make their own decisions about their own care and treatment were supported by staff.

People were supported by staff who knew them well and had developed good relationships with them. People felt involved in their own care and that staff and the provider listened to what they wanted. People were treated with dignity and respect and staff understood how important this was in the way they cared for

people.

The provider promoted an open and inclusive culture within the service. The provider had systems in place to seek out people's views and experiences of their care, and address any concerns or complaints.

The provider monitored the quality of the service to ensure improvements were made.

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.

People were supported by sufficient numbers of staff who were trained to recognise and protect people from harm and abuse.

Where risks to people's safety were identified plans were in place to reduce these risks.

People had the support they needed to take their medicines safely.

Is the service effective?

Good ●

The service was effective.

Staff had received training to give them the skills and knowledge to meet people's needs.

Staff respected people's right to make their own decisions and supported them to do so.

Where required, people were supported to access healthcare from other professionals.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and respect.

Staff respected people's privacy and dignity when they supported them.

People were supported and encouraged to be independent in their own home.

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, which enabled them to provide a personalised and responsive service.

Is the service well-led?

Good ●

The service was well-led

There was an open and inclusive culture.

People and staff felt the provider were approachable and supportive.

The provider monitored the quality of the service provided.

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 23 June 2017 and was announced. We provided 48 hours' notice of the inspection to ensure management were available at their office to facilitate our inspection. The inspection was carried out by one inspector.

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 took this information into account during our inspection.

We also reviewed information we held about the service in the form of statutory notifications received from the provider. These included 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 the local authority and Healthwatch for any information they had, which would aid our inspection.

We spent time visiting four people in their own homes and asked them and their relatives what they thought about the care they received. We also undertook telephone interviews with people and relatives on the 28 and 29 June 2017, to gauge their impression on the quality of care provided. In total, we spoke with ten people who used the service and ten relatives.

At the office, we reviewed a range of records about people's care and how the domiciliary care agency was managed. We looked at four care records, five staff personnel records, four medication records, spot checks undertaken by the provider, client survey returns and minutes from staff meetings.

The service employed 23 members of staff, including the registered manager. We spoke with the registered manager, deputy manager, administrative assistant and six members of care staff during the inspection.

Is the service safe?

Our findings

People consistently told us they felt safe and secure with the staff who provided care in their own homes. They also felt staff were trustworthy and genuinely concerned about their safety and well-being. One person told us, "I definitely feel safe and secure with all the staff. I have got to know them very well, they all live locally and they are like my friends." Another person said, "I feel very safe when they visit and support me. When I'm moving about they make sure I don't fall." One relative told us, "We tend to have the same staff, who we feel safe and secure with. They (staff) seem very able and do their job very well." One family member told us their relative felt very safe when being moved and supported by staff. They said, staff were competent and seemed to know exactly what they were doing.

Risks to people's safety and well-being had been assessed and plans were in place to minimise these risks. People told us they had been involved in determining what risks they faced and the action staff needed to take to keep them safe. One member of staff told us, "People have risk assessments in place. Regarding people with mobility concerns, I always make sure there are no hazards about the home so they won't fall. In relation to people with poor sight, I make sure everything is placed back where it was originally, like the remote control or their drinks." Another member of staff said, "People who are at risk of falling, I always check to make sure the home is safe and support them when they are moving about."

The duty manager told us that accidents and incidents were monitored and where necessary, action was taken to minimise and prevent them from reoccurring. Staff told us they were clear about their responsibility for reporting accident and incidents immediately.

Staff told us how they kept people safe and how they protected them from harm and abuse. Staff members were able to tell us about the potential signs of abuse and understood their responsibility to report any concerns they had. Staff also confirmed that they had received training in safeguarding adults. One member of staff told us, "If I thought a client was being abused, I would raise the concerns immediately with my manager. I have had training in these matters and I'm confident the issues would be addressed in line with local safeguarding procedures." Another member of staff told us they would be confident in raising any concerns with their managers, who would then make appropriate referrals to the local safeguarding team.

Staff were able to confirm that before starting working with the provider, appropriate checks had been undertaken. Checks included their identity, previous employment history and at least two character references. The provider told us they undertook a Disclosure and Barring Service (DBS) check for each member of staff before they started working with people. A DBS check is a legal requirement and is a criminal records check on a person's background. These checks help the provider to ensure new staff were suitable and safe to work with people in their own homes.

People told us there were sufficient numbers of staff available to meet their needs safely. They describe staff as being punctual for calls and rarely late. If staff were delayed, they would be rung by the office notifying them of the delay and reason. One person told us, "Their (staff) time keeping is brilliant, never late. If they are delayed I know they will ring me." Another said, "They (staff) are very punctual. If there was a problem,

which is very seldom, they will ring me. Generally they are regular as clock work." A third person told us that staff were 'spot on' with their time keeping. The provider used an electronic system to manage and schedule calls, which enabled the administrator to identify late calls and whether all tasks had been completed during a visit. The provider was then able to immediately chase these matters up with staff and ring ahead, for example, to notify people that the visit was delayed. Staff consistently told us they had no concerns about staffing levels of call scheduling. They had sufficient time to travel between calls and never felt rushed to complete calls. One member of staff said, "We do have enough staff to meet people's needs and there is enough time travelling between calls. If we are late, we let people know."

Where the provider administered people's medicines, people told us they received their medicines when they need them and on time. We found that electronic records supporting and evidencing the safe administration were complete and accurate. Staff told us they had received medication training and their competency was regularly checked. This was undertaken by team leaders or the deputy manager as part of an unannounced 'spot check.'

Is the service effective?

Our findings

People told us they believed staff were professional and competent in their roles. One person told us, "They (staff) all go on training courses and know what they are doing. They seem well trained." One relative said, "Staff are very competent and aware, and seem very well trained." Another relative told us that staff were professional, well trained and understood the equipment they used in supporting their family member.

Staff told us the training they received enabled them to have the right skills and knowledge to undertake their role. Staff told us all new staff completed an induction programme tailored to meet their previous experience of care and also completed a period of probation. Training consisted of classroom based practical training and on-line social care TV training. Staff were also required to complete the Care Certificate. The Care Certificate is a nationally recognised training programme for care staff, which requires the completion of work books and practical assessments. Staff were also required to undertake a period of shadowing experienced staff until they were confident to work alone. After their induction programme, staff then received regular refresher training or specific training they had requested. Most staff had completed or enrolled on nationally recognised qualifications in social care. One member of staff told us, "It was a very good induction, consisting of training and shadowing. All things I expected to be given. I shadowed for nearly a month as I had no background in care. Shadowing enabled me to experience what the job was actually like." Another member of staff said, "My induction covered manual handling, medication, safeguarding and first aid. I also completed the Care Certificate. Training was followed with shadowing. Two shifts was all I needed as I had worked in care previously."

Staff told us they received regular support from management and received regular one to one supervision. One member of staff told us, "I get one to one supervision with the deputy manager and we discuss how things are going with clients. We discuss training and I find it all very useful." Another member of staff said, "I have regular supervision, everyone (staff) is very well supported and there is always someone on the end of the phone for you."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

Staff confirmed they had been trained in the MCA and had an understanding of how this could affect how they obtained people's consent should they not have capacity to make specific decisions. Staff told us they would refer any issues to management if they had concerns about people's ability to provide consent and make decisions. One member of staff said, "When working with people with limited capacity, it's important that they are supported to make decisions by giving people choices and encouragement." People told us staff always sought consent before carrying out care tasks and never assumed they were consenting.

Where people received support with nutrition and hydration, their dietary requirements had been assessed and appropriate care plans and risk assessment were in place. People who had meals prepared by care staff told us they had no concerns and that staff supported them to make choices. One person told us, staff always asked them what they wanted to eat and ensured they had plenty to drink. Where required, the provider also recorded and monitored people's weights, and made referrals to other health care professionals if required..

People told us staff actively monitored their health and well-being and would seek medical advice or attention if they had any concerns. One member of staff told us, "I do know my clients very well and would know if anything was wrong. On one occasion, a client had fallen just before my arrival. I made them comfortable and contacted the ambulance. I will often ring people's GP or the district nurses on their behalf."

Is the service caring?

Our findings

People consistently told us they had developed positive relationships with the staff who supported them. They described staff as being kind and compassionate, who genuinely took an interest in them and their families. One person said, "The staff are all lovely. They can't do enough for you. They are always kind and helpful." Another person told us, "They are very good, the staff are wonderful and have become my friends. They are very caring and I wouldn't know what to do without them." One relative told us, "Staff are lovely. They chat and laugh with my relative and are so caring towards them." Another relative told us, "They (staff) are like part of the family, so nice and sweet. They are just great."

People and their relatives told us staff were very respectful when delivering care and were very sensitive to people's privacy and dignity. People told us that when personal care was delivered, they were never made to feel uncomfortable and felt relaxed with staff. One person told us that when they were supported to use the bathroom, staff were very respectful and always ensured they were covered up. Any person said, "They (staff) are absolutely respectful of my privacy, and I'm very particular about that. I'm never made to feel uncomfortable." One relative told us, "They are very respectful towards my relative. They always ensure the curtains are closed and they are never made to feel uncomfortable." Another relative explained how good staff were when it came to privacy and dignity issues with their relative. They were flexible, kind and gave their relative clear instructions when delivering personal care.

Staff told us they were encouraged to develop positive relationships with people. As calls were well scheduled by the provider, they had time to spend with people and get to know them and their families. Staff highlighted the importance of being respectful when in people's homes, which is how they would expect to be treated. One member of staff told us, "When I'm washing someone, I will do the top half first then the bottom half, making sure they are properly covered up. It's important to respect people's wishes and always check to make sure they are comfortable and not embarrassed in any way."

People told us staff promoted their independence so that they could live independent lives in their homes. One relative told us that staff supported their family member to be as independent as they could. They would often encourage them to be involved in tasks such as dressing or washing themselves. Staff understood the importance of encouraging people to live independently and safely within their own homes. One member of staff told us, "I encourage people to help me do things like making the bed together, washing and dressing, so that they can be independent in their own home."

People and their relatives told us they were actively involved and consulted about the care they or their relative received. They were regularly contacted by the deputy manager and were actively involved in any decisions about the care they received. They felt the provider listened to any concerns they had and took appropriate action. One person said, "I feel I'm often consulted about my needs and I do feel I'm actively involved in decisions about my requirements and whether changes are needed." One relative told us, "They will always respond to any requests I have and are always flexible. I have been involved in reviews where together we have looked at whether any changes were needed to the care package. Where needed care plans would then be updated."

Is the service responsive?

Our findings

People told us the provider always delivered care that was responsive to their individual needs and was responsive and flexible. One person told us, "They (staff) take an interest in me and everything I do. They are very responsive, when I ring the office. They are wonderful." One relative told us, "They (provider) are very inclusive and involve me in everything. Staff are always very helpful and it is always a positive experience dealing with them." Another relative said, "They (provider) are very helpful and accommodating. They are very flexible and they ensure our relative's needs are met." People also told us they felt listened to by staff and were actively involved in the care they or their relative received.

Staff were able to demonstrate they were knowledgeable about the people they supported. They told us this enabled them to provide a personalised and responsive service. People's care plans contained information about people's preferences and expectations of the service provided. It also included information on people's medication, personal care needs, dietary and mobility requirements.

Staff utilised hand held electronic devices to access individual care plans, which provided guidance in meeting people's specific needs. Staff told us how they thought the use of hand held devices was an improvement on paper records, as they were able to access a person's records before attending their home. This meant they could spend more time developing relationships with people during a visit. People told us their care needs were developed in full consultation with them, which were also subject of regular reviews by the deputy manager.

The provider had systems in place to seek out people's views and experiences of their care, and address any concerns or complaints they may have. People told us they had been made aware of the provider's complaints process and if they had any concerns wouldn't hesitate to contact the office. They were confident any issues would be dealt with discreetly and professionally by the provider. Where complaints had been raised, we found these had been dealt with in a timely manner by the provider. One relative told us, "If there were any issues, I would raise it straight away and know they would deal with it. They are a good service and I would recommend them."

Questionnaire had been sent out to people, which enabled them to comment on the quality of the services they received. People told us they were often asked for their views and opinions about the service by senior staff when conducting unannounced 'spot checks' on care staff. One member of staff told us, "I have regular spot checks. They cover how I'm dressed, interaction with the client, whether we are meeting their needs. It keeps us on our toes about maintaining standards. Client's appreciate 'spot checks' as it give them reassurance we are doing our jobs properly. They can also contribute to the process." Another member of staff said, "As a team leader, I do the unannounced 'spot checks' on staff. This is also an opportunity to speak to clients about the service they receive."

Is the service well-led?

Our findings

People and their relatives consistently told us the service was well run and spoke highly of their relationship with staff and the deputy manager. They also felt they were listened to when they raised issues, and matters were dealt with promptly and efficiently. Office staff were described as approachable, friendly and willing to help. One person said, "They are undoubtedly excellent. I can't speak highly enough of them." One relative said, "I think they provide an excellent service. They are very good indeed."

Staff told us the provider promoted an open and inclusive culture within the service. Staff felt supported and valued. Staff felt confident in raising issues, such as challenging practice or decisions. They felt their opinions mattered and that they all felt a sense of shared purpose in providing quality care for people. One member of staff told us, "I'm very happy as we have a good team. We can definitely speak out and we are listened to by management. I feel supported and valued." Another member of staff said, "You can speak your mind here and you are listened to. They respect your opinions. I do think it's a good service to work for. If there are any issues, they (management) will always do their best to resolve it."

The provider had systems in place to ensure the continuous monitoring of the quality of the service provided. Staff were subject of regular unannounced 'spot checks' to ensure high standards were being maintained. Medication and care records were also reviewed by management. There were effective systems in place to manage, monitor and schedule visits for people. The office administrator actively monitored visits electronically and ensured all tasks, such as personal care, or administration of medication were undertaken by staff. When a task was not shown as completed, these would be chased up for an explanation from the staff member concerned. Staff told us they received regular team meetings. This provided the opportunity to discuss the needs of clients, training, spot checks and supervision. The provider also sought to learn from any complaints, general feedback on the service or accidents and incidents involving people to identify other potential areas for improvement. We saw concerns being addressed and action taken by the provider in response.

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.