

Sunrise Day Care Services Ltd

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Inspection report

New Horizon Centre
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Sunrise Day Care Services Ltd is a domiciliary care agency. This service provides personal care to people living in their own houses and flats. It provides a service to older adults between 30 and 94 years old some of whom may have physical and learning disabilities and dementia. At the time of inspection 12 people were receiving support from this service.

Sunrise Day Care Services Ltd is a specialist service offering assistance and support to ethnic minority groups in Merton. Whilst the inspection was to cover support in the people's own home, the organisation also offered people day centre services.

This inspection took place on 21 and 22 May 2018 and was announced. We contacted the service 48 hours before the inspection to let them know that we would be coming to inspect them. We wanted to make sure that the registered manager will be available on the day of inspection.

The service had a registered manager in place. 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.

At the last inspection the service was rated overall Requires Improvement, with Requires Improvement in safe and well-led. We found two breaches of Regulations relating to people's care records and quality assurance processes.

At this inspection we found that the service continued requiring improvement. We identified breaches of regulation and rated the service Requires Improvement, with Requires Improvement in safe, effective and well-led. This was in relation to people's risk assessments, staff's training and good governance. You can see the action we have told the provider to take with regard to these breaches at the back of the full version of this report.

Risks to people's health and safety were not sufficiently identified and robust risk management plans were not in place. Care plans were not always reflective of people's individual care needs and preferences.

Staff were not provided with regular refresher training courses and the registered manager had not kept accurate records regarding staff training so they could track who needed an update. Staff had not received regular appraisal meetings to determine their developmental needs and check on progress.

The provider did not have robust systems in place to check the quality and accuracy of people's care records and staff's training needs.

People and their relatives told us that staff attended their shifts on time as required. Staff followed the

services policies and procedures to protect people from potential abuse and incidents and accidents occurring. Staff undertook appropriate recruitment checks to determine if they had the necessary skills to work with people. Systems were in place to protect people from the risk of infection.

Staff followed the service's manual handling procedures to support people to move safely. People had assistance to choose what they wanted to eat and staff were aware of their meal preferences. The service asked people's consent to share information about them as necessary. Staff monitored people's health conditions and approached medical staff if they saw people's health needs changing.

People had assistance from staff that were caring, respectful and attentive to their support needs. Staff assessed people's abilities to carry out activities independently and helped people to undertake personal care tasks if they needed assistance. People were supported by staff that had the necessary skills to meet their religious and cultural needs and staff were able to communicate with people in their preferred languages.

People were involved and had a say in meetings where they had their care and support needs reviewed. People were provided with contact details for who to approach should the provider did not respond to their concerns appropriately.

Staff felt appropriately supported by the registered manager and had guidance when they needed it. People and their relatives found the registered manager approachable and accessible at any time if they wanted to have a conversation. Staff were good at completing records which helped the team to share information about people's well-being as necessary.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe. People did not have sufficient risk assessments in place to ensure their safety.

The service followed appropriate staff recruitment processes which ensured that suitable staff were employed to take care of people.

There were systems in place for recording and reporting any potential abuse to people and incidents and accidents occurring.

Requires Improvement ●

Is the service effective?

The service was not always effective. Staff were not supported to regularly up-date their knowledge and skills to ensure they carried out their duties in line with their role requirements. There were no regular appraisal meetings to identify and monitor staff's long term developmental needs.

People had support to move safely where they needed assistance with manual handling.

Staff supported people to prepare food according to their preferences. People's health needs were monitored and they had access to healthcare when they needed it.

Requires Improvement ●

Is the service caring?

The service was caring. Staff respected people's individual needs and were aware of how people wanted to be cared for.

People had their religious and cultural needs identified and met by the staff that supported them.

Good ●

Is the service responsive?

The service was responsive. People had assessments undertaken to determine their support needs but these were lacking details on how people wanted to be cared for. We made a recommendation about this.

Good ●

People were aware of how to complain and approached the registered manager when they wanted to make changes to the services they received.

People had support to review their care and support needs regularly which meant that changes were made to their care plan when it was necessary.

Is the service well-led?

The service was not always well-led. The registered manager did not carry out regular quality assurance checks to identify any improvements required.

The registered manager was always available to support staff and listen to people's concerns if they had any.

Staff made appropriate records to share information about the care being delivered to people.

Requires Improvement ●

Sunrise Day Care Services Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 21 and 22 May 2018. We gave the service 48 hours' notice of the inspection because it is a domiciliary care service and we needed to be sure that the registered manager would be in. On the first day of inspection we made calls to two people who used the service and nine relatives for their feedback. On the second day we visited the agency office.

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed the information we held about this service, including any safeguarding alerts, inspection reports and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law. We also viewed a Provider Information Return (PIR) completed by the provider. The PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with the registered manager and three members of staff. We looked at care records for three people, three staff files and reviewed records related to training, incidents and accidents, recruitment and other aspects of the service management.

Before the inspection we contacted three health and social care professionals asking for their feedback about the service, but they did not respond.

Is the service safe?

Our findings

People had risk management plans in place but information was missing on the actual risks to people. The registered manager used a scoring system to assess severity and likelihood of the potential risks to people. However, the risk assessments had not appropriately assessed the risks associated with people's needs. One of the risk assessments we viewed had identified a risk of 'slip/falls' to a person. There was no further record noting any individual risks to this person. The registered manager told us this person used a mobility aid to support their independence which meant they had needs associated with their mobility. We also saw that measures put in place to mitigate the risks had not always reflected the potential risks. For example, in one of the risk assessments we saw that assistance to get ready to go out was used as a measure to prevent the risk of falls. This risk was rated six out of ten which indicated that the severity and likelihood of this risk occurring was quite high. This meant that people's risk management plans were not completed accurately to ensure that people were provided with safe care.

We told the registered manager that these concerns were identified in the last inspection and asked them if the risk assessments had been updated since then. The registered manager told us they thought that the recommendation was in relation to people's care records required to be reviewed regularly. The registered manager said they had not updated the risk assessments as they were not aware that the care records had to be more detailed and specific although this was clearly stated in our last inspection report.

The provider was in breach of Regulation 17 of the HSCA 2008 (Regulated Activities) Regulations 2014.

People felt they were safe and looked after well by the staff that supported them. Family members told us that staff spent sufficient time with their relatives and that people did not feel rushed.

People and their relatives told us that staff were flexible when they needed to change their visiting time and that staff came for their shifts on time as planned. Family member's comments included, "[Staff] are always on time and we have a good team of carers every time. It's been brilliant - they do a fantastic job and have done so for many years. This minimises disruptions for [my relative]", "[Staff] are normally on time - within ten minutes of the expected time" and "[Staff] are flexible and we understand that the carers are travelling by public transport so we are flexible too if they get in touch to say they will be late, that suits us." People had assistance from the same staff which meant that staff knew people's care and support needs well. A family member said, "There are a group of regular [staff] who look after [my relative]."

Staff told us how they followed their responsibilities to protect people from potential harm and abuse. One staff member said they monitored people's well-being and if they suspected a person was at risk of harm they approached the person's family and the registered manager for guidance and support. The service used a spreadsheet for recording relevant information on safeguarding taking place, including dates and support provided to a person if a potential abuse was reported. There were no safeguarding concerns raised since our last inspection.

The service followed safe staff recruitment practices to ensure they employed suitable staff to care for

people. Staff's files included an application form and interview checklist which meant that staff's skills and knowledge were assessed before they started working for the service. Staff were also required to undertake a criminal record check and provide two satisfactory references to demonstrate their fitness for the role.

The registered manager told us that people had not required assistance with medicines at the time we inspected the service. Care records included medicine information sheets to be used if the service started supporting people with their medicines. We saw a medicine assessment form available for collecting information on the support people required to take their medicines safely. There were medicine administration sheets ready to be used to record the medicines taken by people.

Staff were provided with guidance on infection control to ensure they supported people safely. We saw an infection control policy used by the service that involved staff's responsibilities and procedures to be followed to protect people from risk of infection. This included guidance for staff on how to safely dispose of waste and hand washing procedures. Staff told us they wore protective clothing when supporting people with personal care to reduce the risk of infections spreading.

There were systems in place for recording and reporting incidents and accidents occurring which ensured that actions were taken quickly to support people as necessary. Staff were required to fill in an incident form if they saw that a person had sustained an injury or had an accident. This information was passed on promptly to the registered manager to put a protection plan in place. The registered manager had a process in place to monitor the incidents and accidents occurring to ensure that actions were taken as necessary. There were no accidents reported since our last inspection.

Is the service effective?

Our findings

At the time of inspection, the registered manager could not provide us with an accurate account of the training courses completed by staff. Staff's files included some of the training courses undertaken in 2015 and 2016. The registered manager had confirmed that there was no system in place to check when staff had last attended the training courses. They used staff's training certificates to find out the dates for undertaken training. At our last inspection the registered manager told us they would look to implement a monitoring process for this but this had not been done.

The registered manager told us that all staff completed level two of the Qualifications and Credit Framework (QCF) in health and social care. The service provided staff with in-house refresher training course on health and safety which covered accident and incidents, first aid, safe handling, food hygiene and infection control. There were no arrangement in place for staff to undertake mandatory courses in safeguarding, medicines management and Mental Capacity Act (2005). These training courses were last completed by staff in 2015. The registered manager also told us that the in-house training was provided by a staff member who had a QCF in health and social care but they were not a trained trainer. After the inspection the registered manager contacted us to tell that they were in contact with an external provider booking dates for staff to attend all the necessary training courses.

The provider was in breach of Regulation 18 of the HSCA 2008 (Regulated Activities) Regulations 2014.

Staff received regular supervision to discuss their developmental needs and any concerns they had in relation to people's well-being. Records showed that actions were agreed where staff were required to update their skills and knowledge, for example to improve their communication skills. However, the registered manager told us they had not carried out appraisals for the staff team and told us they would look into arranging the appraisal meetings quickly. We will check their progress at our next comprehensive inspection.

Staff had skills to provide people with assistance to move in their homes safely. Staff told us they were given the necessary equipment to support people with manual handling. One family member said, "Staff use the hoist for transferring [my relative] from one place to another. [Staff] use a shower seat which is brilliant - it supports [my relative's] back well. [My relative] also has a wheelchair and transfers are done very well." Another family member told us, "[My relative] uses a Zimmer frame and [staff] also use a hoist to get [my relative] out of bed and into a chair."

Staff supported people to meet their nutritional needs and according to their preferences as necessary. People had assistance to prepare meals that met their cultural and religious needs. One family member said, "Staff do prepare food for [my relative]. [Staff] take their time to prepare it. Our food is different to English food. It takes longer to prepare." Another family member told us, "I buy in the food and [staff] would prepare Asian food to meet [my relative's] strict religious needs. [My relative] always has halal food but doesn't fast (Ramadan) because of her health needs."

People and their relatives told us they were consulted and had to agree to the proposed care and support plan put in place. One relative said, "We did agree to the [care] plan. We are sometimes asked if the plan is okay." Another relative told us, "We did consent to it [the care plan]. It was very clear cut." The service asked people for their consent to share information about them on a need to know basis. Records showed that people or their relatives acting on their behalf had to sign a form if they agreed to people's personal information to be passed on to other agencies when necessary, including hospital staff and emergency services.

People received support to attend to their health needs as necessary. People told us they had assistance from their relatives to contact healthcare professionals and attend their medical appointments when required. Staff were given instructions on how to support a person if their health needs changed and they required additional assistance. Staff were aware of the actions they had to take if they noticed changes in people's health needs. One staff member told us they approached a person's family and the registered manager for support if they saw the person being unwell at the time they visited them. Another staff member said they called emergency services when they saw a person's health rapidly declining.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 make specific decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The service followed the MCA principals to ensure that people who lacked capacity were supported as necessary. Staff had a basic understanding of the legal requirements in relation the MCA. Staff told us they supported people to make their own decisions and that they approached the registered manager if they had any concerns in relation to people's capacity to make more complicated decisions. At the time of inspection, the service had not cared for people who required support in line with the MCA.

Is the service caring?

Our findings

People appreciated the specialist care provided by the service. People told us they felt well cared for and that their personal and cultural needs were met as necessary. Their family members were extremely positive and complimentary about the staff who supported their relatives.

People felt that staff showed concern for their well-being. One person said, "I have help with a shower and clothing change and carers are very good." Another person noted, "Oh yes, [the staff member] respects me very much." One family member told us, "The carers are kind and caring." Another family member said, "The carers are excellent because they listen to [my relative] and keep her happy." Care records had personal information about people, including people's likes, dislikes, preferences and history. Staff used this information to have conversations with people.

Staff said they assisted people to make choices about their support needs which helped people to maintain their confidence and self-esteem. One staff member told us they waited to see what a person could do for themselves and if the person found it difficult to carry out a task, the staff member provided choices to the person so they could make a decision on how they wanted to be supported, for example when changing their clothes.

Staff supported people to meet their cultural and religious needs. People told us they spoke to staff in their preferred language. Comments included, "I can speak my own language with the carers. Urdu is spoken by the carers" and "I speak Gujarati and so does my carer. Although I can speak basic English, it is good to have someone with me who speaks my own language." A family member said, "My [relative] only speaks Gujarati and the carers do speak this language and that makes my job easier." The registered manager told us that staff's skills were taken into account before they allocated a staff member to support a person. This meant that people had their individual needs met by suitable staff. One family member said, "[The registered manager] specialises in caring for Asian elderly and meeting the languages, culture, food requirements and the religious needs etc and it all helps." Another family member noted, "[The service] makes sure they send someone who understands [my relative's] culture and religion as well as her care needs. She gets a female to look after her personal requirements."

Is the service responsive?

Our findings

People and their relatives felt that the staff team responded to their individual needs as necessary. One person told us, "I have carers twice per week, to wash my hair in the bath. I'm happy with this and [the staff member] does a good job." A family member said, "The carers help [my relative] to bathe, getting dressed and we are happy with the care she gets."

There were systems in place to assess people's care and support needs. Care plans included guidance for staff if a person required specific support in relation to their health condition such as epilepsy care. The service used an 'assessment of needs' to determine the areas where people required assistance or prompting to carry out activities. However, records viewed had not provided accurate account on how people wanted to be supported and the level of support required, for example with washing their hair. The registered manager told us that staff went through a thorough induction process and before they started working with people they shadowed more experienced staff members to find out about people's individual care needs. The registered manager agreed that the care records viewed had to be more detailed to ensure consistent care provision for people.

We recommend that the provider seeks guidance on best practice in relation to the care plans being accurately completed to reflect people's individual needs.

Family members told us that the service carried out regular meetings to discuss changes to people's support needs. Comments included, "I think we review the care every year. We did have a review last year and they always let me know beforehand when they are coming", "[The care plan] gets reviewed at least once per year and also if there is a problem, we can discuss it with the manager" and "There is a care plan in place and we regularly review it with the manager." The registered manager told us that where people needed support to understand changes made to their care plan, they had their relatives or a staff member to help them, including translating the care plan if English wasn't a person's first language.

Family members told us they were happy with the service provision and that they did not have anything to complain about at the moment. Comments included, "I would tell [staff] that is working for [my relative] that this is not right. [Staff] do their job so nicely I don't need to complain", "I have never had to make a complaint because there is no need to. We have used [the service] for some time now" and "I haven't had a need to complain. I am very happy with the carers and so is [my relative]. The manager is very good and we can call him 24/7."

The registered manager told us that people were provided with information on how to raise a complaint. The service had a complaints policy for staff to use if they had any concerns about people's well-being. There was a simplified version of the complaint's procedure which ensured that people were clear on how to raise their concerns. This procedure had also included contact details for social services and the Care Quality Commission should people require it. There were no formal complaints raised since our last inspection.

Is the service well-led?

Our findings

The service had not carried out quality assurance audits to identify improvements required and to ensure that people were cared for as required. The registered manager told us they reviewed people's care records and staff's files as and when needed, but there wasn't a formal process in place for this. Therefore, some of the systems we viewed had not operated effectively. This included people's care plans and risk assessments not always being fully completed. The registered manager had not identified a need for staff to have regular training courses and appraisal meetings. There was a risk to people's safety because the quality of the services provided to people was not monitored as required.

Additionally, after our last inspection in June 2017 we asked the provider to send us an action plan to tell us how they would meet the regulations, however they did not do so.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw a lack of processes in place to support staff as a team. There were no systems to update the staff team on the changes taking place at the service and in the health and social care sector, encourage group discussions and experience sharing. The registered manager said and staff had confirmed that the team meetings were not effective because all of them could never get together due to work related circumstances and personal commitments. Staff told us they approached the registered manager on an individual basis if they wanted to raise any concerns. We discussed this with the registered manager and they agreed to find ways to support staff to communicate as a team and to provide them with regular feedback about the service.

Staff told us they received guidance and support from the registered manager when they needed it. One staff member said the registered manager had always provided "good feedback." Another staff member told us, "The manager is very good with the staff, very supportive. If we have any problems or don't know how to do things, [the registered manager] helps us with that."

People spoke very highly of the registered manager and the staff team that supported them. One person said, "The Manager keeps me informed of any changes. I'm really happy with the agency." People's family members felt that the service was led well. Comments included, "I think it is excellent -100 out of 100! [The staff team] always tells me if there are changes to the carers so that strangers don't come to the house", "I think the leadership is good. [The registered manager] knows what he is doing, and is flexible. We see [the registered manager] if there is a need to see him, but there is no need to see him. Sometimes [the registered manager] pops in to see if the carers are on time etc" and "It is very well managed. [The registered manager] has a lot of experience with this company and with others in the past and we've known [the registered manager] for nearly 10 years now. We are very happy with the service [the registered manager] is providing."

Systems were in place to share information as necessary. People told us they saw staff regularly updating their care records which helped the staff team to monitor activities carried out for people and to ensure

consistent care provision. Relative's comments included, "There is a log sheet in the house and [staff] write down every time they visit", "[Staff] fill in time sheets and reports of what has happened etc. Manager is very strict on keeping paperwork in order" and "[Staff] do write up their records every time they come here." The registered manager told us that people had a copy of their care plan in their home which meant that people had access to information about them.

External resources were used to keep the service up-to-date with the changes taking place in health and social care sector. The registered manager told us they were sent a notification by the consultancy service about the changes in legislation for updating their policies to reflect these changes. This included updates on the Data Protection Act and Mental Capacity Act (2005). The registered manager said they also used the internet to search for information about other agencies aiming to develop partnership working with other providers which included voluntary sector services.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Risks to people's health and safety were not sufficiently identified and robust risk management plans were not in place.</p> <p>The provider did not have robust systems in place to check the quality and accuracy of people's care records and staff's training needs.</p> <p>The provider did not send us information we requested, as required.</p> <p>Regulation 17 (1), (2)(a), (b) and (3)(b)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staff were not provided with regular training courses and the service had not kept accurate records regarding staff's training.</p> <p>Regulation 18(2)(a)</p>