Sunshine Homecare Limited

Sunshine Wisbech

Inspection report

Fenland House
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Wisbech
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Tel: 01945474700

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07 December 2018
14 December 2018

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This announced inspection took place between the 5 and 14 December 2018. At our last inspection we rated the service good. However, at this inspection we found the service had deteriorated to Requires Improvement. This is the first time the service has been rated Requires Improvement.

Sunshine Wisbech is a domiciliary (home care) care agency. It provides personal care to people living in their own houses and flats. It provides a service to younger adults, older people, people living with dementia, people with a physical disability and people with sensory impairments. Not everyone using Sunshine Wisbech receives the regulated activity of personal care. CQC only inspects the service being received by people provided with personal care, help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At the time of our inspection there were 52 people using the service.

A registered manager was in post. 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.

The service was not always safe. Not all risk assessments relating to the health, safety and welfare of people using the service had been completed. This meant reviews of risks to people were not always responded to in a way which promoted safety and this increased the risk of recurrence, putting people's safety at risk.

We have made a recommendation about the identification and completion of risk assessments.

The service was not always well-led. The registered manager and provider had not always ensured we were notified about events that by law we must be notified about. The provider did not always follow their policies. Audits and quality assurance procedures were not always effective in identifying improvements that were needed.

Staff understood how to safeguard people. The providers recruitment process helped to ensure only people of good character were employed and there were sufficient staff employed to meet people's needs. Skilled and competent staff administered people's medicines safely. Staff helped people to keep a clean environment in their homes.

The service was effective. Staff with the necessary skills met people's needs. Staff supported and encouraged people to eat a healthy and balanced diet with enough to drink. People were enabled to access health care services. People were given choice and control over their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. The registered manager worked with other organisations such as the local authority who were involved in people's care to

help ensure that when people used, or moved to and from the service, they received consistent care.

The service was caring. Staff cared for and supported people in a sensitive, kind and compassionate way. Staff respected people's privacy and dignity and promoted their wellbeing. The provider had procedures and policies in place to help people to access and use advocacy services. People had a say and were involved in how their care was provided. People were treated with fairness whatever their needs were.

The service was responsive. People received person-centred care that was based on their needs. Staff recorded their care visits to people and the provider monitored this situation to ensure that alternative staff resources could be deployed when needed. This helped improve the quality of people's lives. Concerns were found and responded to effectively and this helped drive improvement. People, were supported with end of life care by staff who had the necessary knowledge and skills to do this with dignity. People's end of life care wishes were respected and acted on.

The registered manager led by example and ensured the staff had skills relevant to their role. Staff worked as a team and promoted the values of the provider to help people to live life to the full. People contributed to how the service was run. An open and honest staff team culture was in place. The registered manager and staff worked in partnership with others involved in people's care.

We found one breach of the Care Quality Commission (Registration Regulations) 2009. You can see what action we told the provider to take at the back of the full version of the report.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service had deteriorated to Requires Improvement.

Risk assessments were not always completed and this put people at risk of harm.

There were sufficient staff to keep people safe and staff had been recruited safely.

Medicines were administered and managed safely.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Requires Improvement

The service had deteriorated to Requires Improvement.

The provider had not ensured we were notified about events that by law we must be told about without delay.

Audits and quality assurance systems were mostly effective but some opportunities to improve the service were missed.

The registered manager led an open and honest staff team culture.

People and/or their relatives had a say in how the service was run.

Sunshine Wisbech

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 announced inspection took place between 5 and 14 December 2018 and was undertaken by one inspector. We gave the service 48 hours' notice of the inspection site visit because the registered manager is sometimes providing personal care. We needed to be sure they would be in. We also gained people's and relatives' consent for us to call them by telephone.

Before the inspection the provider completed a Provider Information Return (PIR). This is information we require providers to send us at least annually. This provides us with information about the service, what the service does well and improvements they plan to make. We used this information to assist us with the planning of this inspection. We also looked at other information we held about the service. This included notifications the provider had sent to us. A notification is information about important events which the provider is required to send to us by law such as incidents or allegations of harm.

Prior to our inspection we contacted the local safeguarding authority, commissioners of the service and health professionals to ask them about their views of the service. These organisations' views helped us to plan our inspection.

On the 5 December 2018 we spoke with three relatives by telephone of people who lacked the mental capacity to speak with us. On 6 December 2018 we spoke with nine people who were using the service. On 7 and 14 December 2018 we visited the domiciliary care agencies office, during which we spoke with the registered manager, a care coordinator, one senior support worker and five care staff.

We looked at care documentation for four people using the service and their medicine administration records. We also looked at three staff files, staff training and supervision planning records, staff duty rosters, and other records relating to the management of the service. These included records associated with audits and quality assurance, accidents and incidents, compliments and complaints.

Requires Improvement

Is the service safe?

Our findings

Although staff had identified risks to people's health and welfare there was a lack of completed risk management documentation. People were therefore placed at further risk of harm because staff did not have clear guidance to enable them to reduce those risks in the most effective and consistent way, ensuring best practice. Risk assessments were not reviewed to see if actions taken were effective or not to reduce risks to people's health and welfare.

We recommend that the service seek advice and guidance from a reputable source about best practice in risk assessment and risk management process.

Systems, policies and procedures were in place and these helped ensure that people were cared for by staff who understood what the different types of potential harm were. This included people with sensory impairments where additional attention to detail was required. One person told us, "[staff] are ever so careful with me. They keep me safe by making sure a drink is within reach."

People were provided with information about safeguarding, what to do if they had any concerns and who to report these to including the registered manager. Staff received regular training updates about safeguarding and they knew who they could report any concerns to. A relative said that they had never had any concerns with staff's standard of care, but if required they would just ring the office staff. However, we found the registered manager had not reported all safeguarding allegations to the local authority safeguarding team who take the investigatory lead in these circumstances. This limited the provider's ability to be supported with advice and guidance from safeguarding professionals to ensure people were as safe as practicable. Lessons were not always learned and necessary improvements made when things went wrong.

People were provided with access to emergency call pendants, provided under separate contractual arrangements. One person said, "I rely on [staff] totally. I wear my emergency pendant and I would use it if I fell." Checks were in place for the equipment people used for their safety such as walking aids. One relative told us, "Staff always check the hoist and sling for [family member] and another company services it regularly."

The provider continued to follow robust recruitment practices which helped to ensure the suitability of new staff. The registered manager carried out pre-employment checks which included recent photographic identity, character and previous employment references, criminal record and disclosure and barring checks. One staff member told us, "I had to provide my passport, evidence of my qualifications and sign to say I was fit to work with people." Records showed us that staff were only employed if their checks were clear and they were suitable for the role.

People received their care call visits at the time they expected them and staff stayed until all care had been provided. Timeliness and reliability were a consistent and positive theme in people's and relatives' comments. One person said, "I have regular staff all the time and they arrive when expected, ask me what needs doing, and only leave once all my care is done. I can't fault them for reliability." A relative told us, "We

need two staff and there are always two staff who come here together. Staff consistently reported that they had enough time to travel and complete each person's care. Staffing levels were based on people's individual needs and fluctuated according to the support people needed each day. Staff told us that any increase in people's needs was referred to the local authority for re-assessment of needs.

People received their medicines safely, and as prescribed, by staff who had relevant training and assessments to determine their competency. Staff received regular updates about administering medicines in the community. Medicines Administration Records (MAR) were accurate and audits undertaken identified and acted on any errors. For example, if staff had omitted to sign the record. One relative said, "Staff do all the tablets and creams for us. They sign the forms, religiously. All the medicines come in a box and I have plenty for the month." Staff administered medicines as prescribed and made sure people took them safely.

Staff received training on hygiene and infection prevention measures and adhered to the provider's policies. They did this by washing hands properly and wearing protective clothing when giving personal care to prevent any cross contamination. Staff safely disposed of any waste products as well as paying attention to the condition of people's skin. This helped prevent potential infections and reduced the risk of them spreading.

Good

Is the service effective?

Our findings

Staff reviewed people's needs regularly and delivered care in line with standards and best practice guidance. They met people's needs effectively and without discrimination, which led to good outcomes for people. A health practitioner told us that, "Staff are exceptional when it comes to adhering to my advice and guidance and any issues are reported to me immediately and acted on." Assessments of people's needs were detailed and expected outcomes identified.

Staff training, supervision and support was in place. A relative said that staff were "definitely very skilled" at assisting their family member to eat, stay independent and live a normal life as possible. One staff member told us they had refresher training to keep their skills up to date and in line with best practice in subjects relevant to people's specific needs. Another staff member said, "I get supervision from the [registered] manager frequently, sooner if I need to. I feel totally supported in my role."

Staff supported people to have a healthy and balanced diet. Care plans contained information which enabled staff to support people properly with eating and drinking. One person told us how much they loved their favourite drink which staff "always prepared beautifully". A relative said that staff supported their family member to prepare meals and heat them in the oven. Reasonable adjustments were made for people with sensory impairments such as, keeping drinks and foods in the same place.

The provider worked together with community nurses, occupational therapists and GPs to help ensure people had joined up care when they used the service. Staff kept people's information up-to-date and shared details with relatives where this was lawful. One person said, "I did not feel well and staff recognised this and called an ambulance. I don't think I'd be here without them." People were given support to access health services such as physiotherapy and community nursing services to help them live more healthily.

The 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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. One relative told us that staff understood their family member's routine but always asked their permission before providing personal care.

Staff understood the principles of the MCA and its code of practise offered people choices in all areas of their care and wellbeing. Staff supported people to make decisions and respected these such as, what to eat and when to wash. Staff took full account of decisions made by relatives who had lawful authority to act on the

person's behalf. For example, when a person needed to be admitted to hospital. One person told us, "[Staff] always ask if anything else needs doing. They turn their hands to anything I ask. They respect my preferences." Staff listened and acted on what people said, but took account of people's safety.

Good

Is the service caring?

Our findings

People's care was provided with kindness, sincerity, compassion and by staff who knew people well. Staff valued people as individuals and staff listened and acted on what was important to each person. People acting on behalf of others, such as family and friends were also valued and listened to. One person told us, "I like to be left in private to have my shower and staff warm my towels in the tumble drier so I am warm when I get dried." Another person said, "Yes, [staff] speak to me respectfully. We have plenty of laughs and they have time to chat. That's important to me." Staff respected people's diverse needs, ensured their rights were upheld and promoted their independence.

People made decisions about their care including the gender of staff, having a bath or shower, being independent and what support each person needed to do this. A person said that they had decided when to have their care and by liaising with a social worker, the respective care had been put in place for them. One relative told us, "I can't fault any of the [Staff] in any way at all. They couldn't be kinder to me at all. Another relative said that staff never had a need to rush, that they took time to engage in conversation about subjects that mattered. Staff care rotas meant there was no impact on people's care.

All people and relatives told us, without exception, how respectful staff were about privacy and dignity. Staff were mindful of people's independence but gave people privacy such as, in the bathroom. One person said, "I need help with all my care and [staff] are ever so considerate of me. They only ever speak about me politely." Another person told us how dignified staff were when helping them with their daily exercises. One staff member said: "I always ask how people are, ask them what they want and then act accordingly. I get towels and toiletries ready beforehand and people decide where they want their care." Staff protected people's dignity such as, protecting their modesty when they were being hoisted.

Good

Is the service responsive?

Our findings

The service continued to deliver care and support that was responsive to people's needs. People were fully involved in planning their care and support. Their care plans included likes, dislikes and preferences as well as their physical, mental and social needs. This provided staff with personalised guidance on what the person wanted to achieve, the support they needed and how they wanted it to be given. One compliment from a relative stated, "[Family member] cannot put into words what a difference your service makes to their life." Reviews of people's care were undertaken regularly and actions were taken when changes occurred.

Staff knew people well and there were enough staff for people to change their preferences as their individual circumstances changed. For instance, one relative told us that the service was very amenable when it came to changes to care visit times when people had other daily appointments. In other situations where people's needs had increased, more staff had been put in place to support the person to remain living at home. A healthcare professional told us that staff had supported one person with an aspect of their personal care that was important to the person to maintain their dignity. They said, "Sunshine (Wisbech) staff are some of the best when it comes to knowledge about this person's needs. It means the person can live a normal life."

The provider had a process in place so that people could raise their concerns if they wanted to. People and their relatives told us that any concerns they have had were dealt with promptly and there was no need to raise a formal complaint. The registered manager had dealt with these in line with the provider's policy. One person said, "I did have a staff member who I just could not bond with and they have been changed. It wasn't a staff problem but the office [staff] listened to what I said."

At the time of our inspection no person was in receipt of care at the end of their lives. However, where this had happened in the past, there were policies and procedures in place that staff had followed. Each person had an advanced decision in their support plan, which identified their current end-of-life wishes. One of several compliments about this aspect of people's care read, "Thank you to all the staff involved in [family member's] care over the past months." Another compliment praised the registered manager and staff team for enabling a person to spend their last few days at home.

Requires Improvement

Is the service well-led?

Our findings

The provider had not ensured that we were notified about events that by law we must be told about without delay. This related to four incidents which had occurred since January 2018 and included serious injuries and allegations of abuse. The provider's policy stated incidents must be reported to the CQC without delay; the policy had not been followed. This limited our ability to alert other organisations should this be needed and prevented us from identifying trends. The registered manager told us they would review their knowledge of when we needed to be told about incidents.

This was a breach of Regulation 18 of the Care Quality Commission (Registration Regulations) 2009.

Some elements of the providers governance systems were not fully effective. Quality monitoring systems had not identified shortfalls in the risk management process and there was a lack of analysis to look for any patterns and trends in incidents and accidents. Audits carried out to check medicines management and care planning helped to drive improvement.

Unannounced 'spot checks' involved management staff checking staff practice and ensuring the provider's values to provide people with a high standard of care were upheld. Staff were given constructive feedback that enhanced their learning. Staff were reminded of their responsibilities when needed and remedial actions taken with staff when necessary to ensure care was provided in the right way and in line with best practice.

People and/or their relatives and staff had a say in how the service was run. The registered manager sought their views using quality assurance surveys. There were no areas of concern from people and the registered manager encouraged feedback throughout the year, from people, relatives and staff.

A registered manager was in post and they managed the service well and supported staff to provide care to the standard expected of them. Mechanisms were in place to support staff in their role and these included regular annual appraisals and training based on people's needs.

The registered manager kept their, and staff's, skills up-to-date to promote a culture that provided good quality person centred service. For example, they ensured people living with dementia had regular, skilled and consistent staff for the majority of care visits because this helped to reduce their anxiety . One relative told us that this made a huge difference top their family member in being, "much less anxious and happier". Management had a shared understanding of the challenges, and achievements in managing the service which meant people achieved good outcomes.

The registered manager continued to promote an open and honest staff team culture by managing staff team meetings, regular supervision, appraisals and other development opportunities. One staff member said, "The [registered] manager has implemented some positive changes with more meetings and a staff forum where we can discuss things more openly." The registered manager had identified the need to increase senior care staff and had appointed these. This was to give them time to focus on managing the

service. Another staff member told us that it didn't matter what support they needed, it was always given in a sensitive and positive manner. A health professional told us that the registered manager always ensured that staff adhered to their guidance to improve people's quality of life, dignity and wellbeing.

The registered manager worked well with others involved in people's care. For example, the Clinical Commissioning Group, community nurses and GPs and the safeguarding authority. Information relevant to people's care was shared where required in a way which protected people's identity and respected their confidentiality. A health professional said that the service regularly involved other professionals including tissue viability nurses, occupational therapists and district nurses. This helped ensure people's care was joined up.

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	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider and registered manager had not ensured that notifications of reportable incidents were sent to us as required by law without delay.