

**We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Sunshine Care - Central Offices

5 Derriford Park, Derriford Business Park,  
Plymouth, PL6 5QZ

Tel: 01752237550

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02 October 2013  
01 October 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Complaints</b>	✓ Met this standard

## Details about this location

Registered Provider	Sunshine Care Limited Plymouth
Registered Manager	Mrs. Susan Constantine
Overview of the service	Sunshine Care is a domiciliary care agency which provides care and support to people in their own homes. The agency is registered to provide personal care and treatment of disease, disorder or injury.
Type of services	Domiciliary care service Extra Care housing services Supported living service
Regulated activities	Personal care Treatment of disease, disorder or injury

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

	Page
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
<b>Our judgements for each standard inspected:</b>	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Safeguarding people who use services from abuse	10
Supporting workers	11
Complaints	13
<b>About CQC Inspections</b>	14
<b>How we define our judgements</b>	15
<b>Glossary of terms we use in this report</b>	17
<b>Contact us</b>	19

## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 1 October 2013, 2 October 2013 and 3 October 2013, talked with people who use the service and talked with carers and / or family members. We talked with staff and reviewed information given to us by the provider.

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### What people told us and what we found

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During our inspection we met nine people in their own homes, spoke with one relative and talked with thirteen staff including the registered manager. We looked at twenty staff files and examined nine care records of people using the service.

People told us that all staff respected their privacy and dignity and treated them with kindness. People felt able to express their views of the service to the office and they felt involved with the planning of their care. People felt they had their personal care preferences respected.

We found people's needs were assessed and care plans reflected people's needs and risks were identified. People told us that they had consistent care workers visit and a missed visit was very rare. People felt the staff were well trained to meet their needs and when people's care needs had changes care plans had been reviewed.

All staff had received training in safeguarding vulnerable people from abuse and the staff we spoke with were confident at recognising potential abuse. People told us they felt safe with the agency care workers who visited and they would raise any concerns they had with them or the office staff.

All staff had a thorough induction when they started working at Sunshine Care and were well trained to meet people's care and treatment needs. Staff were supported by Sunshine Care and had regular access to supervision (one to one meetings) with their manager. Staff told us they loved their work and were very happy.

You can see our judgements on the front page of this report.

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## More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

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### Reasons for our judgement

People who use the service understood the care and treatment choices available to them.

We met with nine people in their own homes and spoke with one relative. People told us they were able to express their views and felt involved in decisions about their care. People had their own care plans in their home and they were involved in the development of their care plans and involved in the review processes which occurred in relation to their care and treatment.

People told us that the office regularly telephoned them to ensure their care plan was working well and people were able to feedback their experience of the care workers to the office staff during their home observation sessions. One person told us that staff had recently spent time explaining direct payments to them and that they had appreciated this.

We saw the results of the questionnaire people had been sent. This gave people the opportunity to feedback their views on aspects of the service. This meant their views were heard and the office was able to work on aspects of care that required improvement.

People we visited told us the staff were polite and respected their dignity when they supported them with personal care. One person told us how they appreciated staff encouraging them to maintain their independence and not doing everything for them. People felt that the care workers they had regularly knew them well and people told us they were able to "have a laugh" with them and that the staff visiting cheered them up.

People told us their privacy was respected and that their preferences regarding the gender of their care workers was respected. The provider may wish to note that whilst we were told the care workers were all excellent, some people told us there were some communication problems with the office. For example, one person told us that they always felt they would need to call twice to get a response to a question and three other people told us they were not always kept informed of changes to the scheduling. For some people this meant they found it hard to plan their day if they wanted to go out, for others

they just appreciated knowing who was arriving and at what time.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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**Reasons for our judgement**

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People told us "They are all so good, put me at ease" and "Oh yes, they respect my privacy and dignity and 9/10 they are here on time, I never have to clean up after them"; "Very happy. I have been lucky with my carers, nothing is too much"; "I could not wish for better carers, they are special carers."

People's needs were assessed and care was delivered in line with their care plan. Care was individualised and care plans informed staff how they should undertake aspects of people's care and treatment. People's personal preferences were included and the timing of visits was negotiable when required for example if someone wanted to go out for the day. People told us that 95% of the staff were great and were able to meet their needs. Where people had spoken to the office about specific staff they had not engaged well with, this was heard and the care workers changed. We were able to see from the questionnaire that people had completed that over 85% of people using Sunshine Care felt the care was good or excellent.

Care and treatment was planned and delivered in a way to ensure people's welfare and safety. For example we saw risk assessments in place in relation to people's home environment and mobility. The provider may wish to note that in some cases these risk assessments had not been reviewed alongside the care plan. This meant potentially people's care needs whose mobility had changed over that past few years would not have been known by care staff. We spoke to Sunshine Care about this and we were told the agency was aiming to review all risk assessments and care plans every six months and before if people's needs changed. This meant care records would accurately reflect people's needs.

New care records were being implemented which aimed to optimise people's control and choice. This meant people's individual choices were recorded and care centred on people as individuals. People told us that although clear records were kept of what their needs were, they appreciated the consistency of the care workers who visited on most occasions who knew them well. Staff told us they felt the care plans were detailed and they always asked people how they liked to be cared for if they were new. Staff felt they received sufficient information about people to enable them to meet their needs.

People told us that they were happy with the staff who came to see them and they usually knew this in advance. People told us that on most occasions they knew the staff and it was very rare for a visit to be missed. On the rare occasions this occurred the office responded promptly to arrange a visit. For some people the consistency was very important. One relative told us that for them it meant they could properly relax because they knew the care worker understood their relative's needs and were able to care for them well. The office told us that most staff tended to work in certain areas of the city. This meant they were able to see the same people regularly and cover for other staff in the event of sickness.

Sunshine Care has developed a new process for people coming out of hospital early and a designated team of enablers were available to cover new people to the service, offer a rapid response service, and cover team sickness. The agency had a process of identifying who required low, medium and high levels of support to ensure that if there were a crisis those people with high support needs would be prioritised.

Staff told us if there was a problem and someone's needs had altered significantly they had the support of the office team during the day, an on call staff member at night and the local authority out of hours service. This meant people's safety was ensured, prompt action could be taken and advice was available for staff if they needed this.

**People should be protected from abuse and staff should respect their human rights**

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### **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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### **Reasons for our judgement**

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People were able to tell us how they would contact the agency if they had any issues or complaints and we saw that the agency contact details were available in their care files. We visited nine people in their homes and saw that the contact details of other agencies were provided, such as the local authority and the Care Quality Commission. These arrangements protected people who might be vulnerable to abuse.

We spoke to nine care workers and thirteen staff. All staff we spoke with were able to tell us confidently what might constitute abuse of a vulnerable person. Staff were able to describe what actions to take if they had any concerns that abuse might have occurred. They confirmed that there was regular training in safeguarding of adults from abuse and we saw this in the twenty staff files we examined. We saw that staff were given the local authority safeguarding team information when they started with the agency. Staff told us about the agency's whistle blowing policy, which informed staff how to alert concerns.

We had received notifications from the agency where they were reporting concerns for people's welfare. This showed that the agency was aware of the vulnerability of people using the service and worked to protect them.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## **Reasons for our judgement**

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The provider had worked continuously to maintain and improve high standards of care by creating an environment where clinical excellence was a priority.

Staff told us "I love my job"; "Yes, I feel supported, I don't have any problems"; "I see the same people everyday, I know what I'm doing"; "I have never had a problem, the office staff have been brilliant"; "I'm quite happy with my travelling time"; "I'm very happy"; "I love my job, it's the most satisfying thing I've ever done."

We spoke to nine members of staff on the telephone. Staff told us they had completed a four day induction programme prior to starting work in the community. Staff told us "The induction was very thorough." We looked at twenty staff files and were able to see that all new staff had completed the four day induction which covered aspects such as health and safety, safeguarding vulnerable people, manual handling, infection control, continence care, skin integrity and medicine management. Staff were then able to shadow more experienced care workers until they felt confident to visit people alone. A practical supervision session occurred in people's homes to assess the competencies of new staff to ensure they were competent in their role. Sunshine Care told us they were developing a mentoring system for new staff so all new care workers would have a buddy for the period of their probation. This was to support staff with any questions they may have in relation to their role.

We were able to see a comprehensive supervision system was in place to support staff in their roles and ensured they were well trained. These supervision sessions covered health and safety, additional training needs, practical observation and discussion of clinical issues. All staff had an annual appraisal. In addition to these support mechanisms staff received telephone support and were able to visit the office to discuss any issues. All of the staff we spoke to appreciated the support they received from Sunshine Care. Staff told us the training they received enabled them to meet people's health care needs and they felt able to tell the office when additional training was required. With the exception of one person we visited who felt there were some staff who were not confident in all aspects of continence care, people told us the staff who visited were well trained, confident and respected people's privacy and dignity.

There were opportunities for staff to develop their skills and some staff we spoke with told us they were undertaking further national qualifications in health and social care.

Team meetings were held three times a year. We read the minutes of the last three meetings and were able to see relevant issues were being discussed and shared with staff, attendance was monitored and minutes available for staff unable to attend. This meant staff were aware of changes and kept informed.

**People should have their complaints listened to and acted on properly**

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**Our judgement**

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The provider was meeting this standard.

There was an effective complaints system available.

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**Reasons for our judgement**

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People had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint. We found Sunshine Care had clear procedures in place for monitoring, reviewing, handling and responding to complaints and that these were followed in practice.

We spoke with the managers of the service about the management and handling of complaints and reviewed some recent written complaints which had been received over the past six months. We found that there was a clear complaints policy which the agency followed. The policy outlined the timescale in relation to management of a complaint and how complaints were investigated. The procedure for making a complaint was also detailed in the service user guide which we saw in people's homes. Following our visit we spoke to Sunshine Care about how verbal complaints were managed. We were told there was a process of auditing verbal complaints which had been made and the action taken to resolve the issue.

We discussed some recent written complaints which had been made with the manager of the homecare side of the business. All complaints had been properly investigated and complainants responded to within the timescales. Changes to people's visit times had been made where there were complaints about this being too early or late and people had been happy complaints had been resolved satisfactorily. Where people had complained about consistency of care workers, this had been investigated and efforts made to improve this for people. We were able to see that issues which had arisen from complaints were discussed in the team meetings so staff were aware of changes which needed to be made to prevent a recurrence.

We spoke to staff on the telephone and people in their own homes. Everyone told us they knew how to make a complaint should they need to and staff were confident the managers of Sunshine Care would deal with the complaint promptly. One person told us "There wouldn't be a need to make a complaint, but if I needed to, I would phone the office." Another person told us they had raised a complaint with the office staff which had been resolved to their satisfaction. Staff told us if they had a complaint they would phone the office and were confident they would be heard. Staff told us they made people aware of the complaints process at the assessment stage verbally in addition to the written information people are given.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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Phone: 03000 616161

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Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

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Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

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Website: [www.cqc.org.uk](http://www.cqc.org.uk)

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