

Sun Healthcare Limited

# Sun Health Care Domiciliary Care Services

## 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

The inspection took place on 26 October 2016 with the provider being given short notice of the visit to the office in line with our current methodology for inspecting domiciliary care agencies. This was the first comprehensive inspection of the service under the current registration.

Sun Health Care Domiciliary Care Services provides personal care and support to people from the age of 18 years old, who have a learning disability, autistic spectrum disorder and/or mental health needs. Support packages are flexible and based on individual people's needs.

The service had a registered manager in post at the time of our inspection. 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 and associated Regulations about how the service is run.

At the time of our inspection there were 45 people using the service. We spoke on the telephone with three people who used the service and three relatives. We also briefly met two people who used the service when we visited the agency's office. When we asked people about their experiences of using the agency they told us they were entirely happy with the service provided.

Systems were in place to keep people safe while maintaining their independence. People told us staff provided a safe environment for people using the service to live in, and supported them to access the community safely.

People's needs had been assessed before their care package commenced and where possible they, and the relatives, had been involved in formulating their support plans. Care records sampled identified people's needs and preferences, as well as any risks associated with their care and the environment they lived in. However some support plans were more individualised than others.

We found people received a service that was based on their personal needs and wishes. Changes in their needs had been identified and their care package amended to meet any changing circumstances. People were encouraged to manage their own medication if they were able to, but when needed appropriate levels of support were provided to enable them to take their medication safely.

Overall the system for recruiting new staff helped to ensure staff were employed with all of the required employment checks. There was sufficient trained and experienced staff employed to ensure people received their care consistently. People told us that the majority of the time they received support from the same care team, which gave people consistency.

People had been enabled to raise any concerns. We saw information about how to raise a concern and how it would be addressed was provided to each person who used the service and available to relatives and staff.

This was also available in a pictorial [easy to read and understand] format. Relatives we spoke with told us they were confident that any concerns they raised would be dealt with swiftly.

The registered manager had a clear oversight of the service, and of the people who were using it. People were encouraged to share their views about the quality of the care provided, to help drive up standards and influence change. Quality assurance systems had been developed to monitor how the service operated and identify areas for improvement. This also gave the service an opportunity to learn from events and improve the service for people.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safeguard vulnerable people from abuse.

Individual risks had been assessed and identified as part of the support and care planning process.

The process for recruiting new staff helped to make sure the right staff were employed to meet the needs of people safely.

People were supported to take their medication safely.

### Is the service effective?

Good ●

The service was effective

Staff had accessed a varied programme of training that enabled them to care and support people who used the service safely and to a good standard.

Records demonstrated people's capacity to make decisions had been taken into account. Staff had completed training in this subject and understood their role in supporting people in their best interest.

People were supported to access healthcare professionals, such as GPs, specialist support teams and hospital appointments.

### Is the service caring?

Good ●

The service was caring.

People told us they were happy with the care and support provided, which helped them to maintain their independence.

Staff had a good understanding of people's care and support needs and knew them well.

People were involved in making decisions about their care and

support. Staff took account of their individual needs and preferences.

### Is the service responsive?

Good ●

The service was responsive.

People had been encouraged to be involved in planning and reviewing care and support plans. Plans identified the areas where people needed support and their preferences.

Care records had been reviewed and updated in a timely manner to reflect people's changing needs.

There was a system in place to tell people how to make a complaint and how it would be managed. Where concerns had been raised the provider had taken appropriate action to resolve the issues.

### Is the service well-led?

Good ●

The service was well led.

The registered manager had a clear oversight of the service, and of the people who were using it.

Systems were in place to gain people's opinion of how the service operated and evaluate where improvement was needed.

Staff were clear about their roles and responsibilities, and felt supported by the senior care staff and managers at the service.

# Sun Health Care Domiciliary Care Services

## **Detailed findings**

### Background to this inspection

The inspection included a visit to the agency's office on 26 October 2016. To make sure key staff were available to assist in the inspection the provider was given short notice of the visit, as in line with our current methodology for inspecting domiciliary care agencies. An adult social care inspector conducted the inspection.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service. Before the inspection, the provider had 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 looked at notifications sent to us, as well as any concerns or compliments people had told us about. We also requested the views of other agencies that worked with the service, such as service commissioners and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

At the time of our inspection there were 45 people using the service. We spoke on the telephone with three people who used the service and three relatives. We met two people who used the service when we visited the agency's office and also considered the content of returned questionnaires. We spoke with the registered manager, one of the directors of the company, an assistant manager, a senior care worker and five care workers employed by the agency.

We looked at documentation relating to people who used the service and staff, as well as the management of the service. This included reviewing people's care records, medication records, staff recruitment, training and support files, as well as minutes of meetings, quality audits, policies and procedures.

# Is the service safe?

## Our findings

People told us they felt care and support was provided safely both in their homes, and in the community. The relatives we spoke with also said they felt their family members were supported in a safe manner.

Policies and procedures were available regarding keeping people safe from abuse and reporting any incidents appropriately. The registered manager was aware of the local authority's safeguarding adult's procedures which aimed to make sure incidents were reported and investigated appropriately. Records showed that where necessary safeguarding concerns had been reported to the local authority safeguarding team and the Care Quality Commission (CQC) in a timely manner.

We found staff had received training in relation to safeguarding people. This was part of the provider's induction programme, as well as being delivered in a standalone training session. Staff we spoke with said they also had to refresh this training on a regular basis. They demonstrated a good knowledge of safeguarding procedures and their responsibilities in relation to protecting people from abuse and acting upon suspected abuse. There was also a whistleblowing policy, which staff were aware of. Whistleblowing is one way in which a staff member can report suspected wrong doing at work, by telling someone they trust about their concerns.

There were policies and procedures to manage risks. Staff understood the importance of balancing safety while supporting people to make choices, so that they had control of their lives. We saw care and support was planned and delivered in a way that ensured people's safety and welfare. We looked at three people's care files and saw records were in place to monitor any specific areas where people were more at risk, such as accessing the community safely, and explained what action staff needed to take to protect people. Risk assessments had been regularly reviewed to ensure they continued to reflect people's changing needs. We also saw environmental risk assessments had been undertaken to ensure people were living and working in a safe environment.

The service had a policy covering the management of medicines that told staff about their responsibilities in relation to supporting people with medicines. We saw staff who were responsible for assisting people to take their medication had received medicines management training. Protocols were in place for the management of medicines that were only taken 'when required' [PRN]. These helped to make sure people received this medication in an appropriate and timely manner. Where people wanted to be responsible for administering their own medication, assessments had taken place to ensure they were able to do this safely. Systems were in place to monitor that medicines were managed appropriately.

We spoke with people about the support provided to enable people to take their medication safely. One person who used the service told us, "They [staff] keep it safe in the office and give me three days' worth at a time and I take it myself." The three relatives we spoke with told us they were happy with how staff supported their family members to take their medication. One person described how they managed their family member's pain well and another relative told us staff were "Good at checking" people received the correct medicines.

The service had a recruitment policy which helped to ensure only suitable people, with the right skills, were employed by the service. We checked six staff files, all of which contained the appropriate checks before staff commenced employment. These included written references and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. However, we found some files were poorly organised, making it difficult to find specific information, and a few forms were incomplete. Staff confirmed face to face interviews had taken place and they had completed a comprehensive induction, which included shadowing an experienced care worker. The registered manager told us that sometimes people who used the service were involved in staff recruitment.

Overall we found the service employed sufficient staff to enable them to meet the needs of the people being supported. The registered manager told us there were 12 staff vacancies at the time of our visit, but they had been actively recruiting staff, with further interviews taking place the following day. The service had an out of hour's system when the office was closed, to enable staff to request guidance and support.



## Is the service effective?

### Our findings

People told us they were supported to live their lives in the way they chose, and their wishes and preferences were respected. The relatives we spoke with were complimentary about the staff that supported their family members and said they felt they had received the training required to meet people's needs. One relative told us, "All the staff are brilliant." Another relative commented, "It's the best support [family member] has ever had. They [staff] are absolutely marvellous and are very good at managing her low moods."

The service employed a training manager who co-ordinated and facilitated training. Several training matrixes were used to monitor the training staff had completed and what courses were due to be updated. We saw some gaps in the records which indicated further training was required. However, we saw training sessions had been arranged to ensure staff completed all required training.

The provider's mandatory training, which all staff completed as part of their induction to the company, included the protection of vulnerable adults, health and safety and food hygiene. We also saw staff had accessed courses specific to the people they supported, such as a supported living workshop and a positive behavioural management session. Staff were also encouraged to undertake nationally recognised care courses, such as the diploma in care. Some training sessions were provided face to face while other training involved completion of workbooks. Staff we spoke with said they felt they had received the training they needed to support people appropriately and carry out their job.

We saw new staff had completed, or were completing the 'Care Certificate,' along with other essential training. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

Periodic meeting on an individual or group basis had taken place, which gave staff an opportunity to talk about events that had taken place and to discuss any issues which they needed support with. Staff we spoke with confirmed they had opportunities to discuss work practice and their individual support needs. A senior member of staff described how they received supervision sessions and appraisals from the management team, and how they supervised and supported the care workers in their team. The registered manager told us some staff had not received one to one support meetings in line with the company policy, but we saw plans were in place to address this.

The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. We checked whether people had given consent to their care, and where people did not have the capacity to consent, whether the requirements of the Act had been followed. We saw policies and procedures on these subjects were in place. Care records demonstrated that people's capacity to make decisions was considered and recorded within the assessment and care planning process. Where appropriate, decisions made in people's best interest were managed correctly and fully

documented.

People's files contained details about their nutritional needs. We saw where part of the care package required staff to support people to cook meals, there was information about their food preferences and dislikes. People we spoke with told us staff also supported them to go food shopping. We found some people had been involved in planning their meals for the week, whereas others told us how they decided what to eat on a day to day basis. A relative told us, "I have no issues. They keep an eye on it [sugar in the diet] and risk of choking. They give [family member] a soft diet and a couple of different options."

Staff we spoke with were aware of people's individual dietary needs and described how risks, such as choking, were risk assessed and monitored.

## Is the service caring?

### Our findings

People who used the service told us staff provided good care and support. They all said they were happy with the way staff supported them and felt they respected their decisions and preferences. For instance, one person told us, "They listen to what I want and then advise me on the best way to do it." Another person commented, "It all depends on what I want to do." The relatives we spoke with were also complimentary about the support provided. One relative told us staff were 'Brilliant' at respecting their family member's decisions and choices. Another relative said, "I am really pleased with the way they [staff] support him. All the staff are good and [family member] gets on really well with them. They support him to do what he wants."

Staff received training in respecting people, maintaining their dignity, and encouraging their independence. Staff we spoke with described to us how they provided support respectfully, while they maintained the person's dignity. This included enabling them to make choices and respecting their decisions. For instance, the registered manager described how they were working with other professionals to enable someone to continue to follow their religious practices. During our visit to the office we saw someone being supported by staff to collect money from the office. Staff encouraged them to sign for it themselves and interacted positively throughout the observation.

The registered manager and assistant manager described to us how they aimed to provide a consistent care team for each area. This meant the staff and people who used the service could build up relationships, as well as helping to ensure consistency when delivering care and support. The people we spoke with confirmed they were happy with the arrangements in place.

Most people we spoke with told us they were involved in developing their support plans, but some could not remember if they had been involved or not. However, everyone said they were satisfied with how their support was delivered, and confirmed that it met their needs. Care files checked contained details about people's likes and dislikes, what was important to them and their abilities. We saw some files had been audited and additional information added about people's individual preferences, therefore staff had access to clearer information about how to support them to live the life they wanted to. The registered manager said all files were to be updated with additional person centred information about peoples' individual preferences.

We saw people had received information in an easy read format to help them make decisions and understand guidance. For example, the provider had produced information about voting at this year's referendum.

## Is the service responsive?

### Our findings

People told us they received personalised care and support which met their needs. Most people we spoke with could remember being involved in planning the care and support they received, while others could not. However, everyone we spoke with was happy with the care and support they received. One person told us, "Two staff meet with me and we work out what works best for me." Relatives we spoke with told us they, and their family member, had been involved in planning the support they needed. They added, "They [staff] support him to do whatever he wants to do." Another relative described how they had been involved in care reviews saying, "They [staff] respect my input."

Generally people told us communication between people using the service, relatives and staff was good. One person commented, "It can vary, but mainly they [staff] are good at letting me know if there are any problems or changes, such as a fall."

People told us how staff supported them to carry out daily living tasks, such as food shopping, as well as leisure and social activities. Two people told us they had part time jobs and said staff fit their support around these. Relatives we spoke with also described how people were supported to go on holidays and attended events at 'The Hub' in Barnsley [which is a learning and leisure centre operated by the provider, but open to anyone with a disability]. They said activities included, pamper sessions, football, a breakfast club, discos and social events. A relative told us how their family member had gone to 'The Hub' for pie and peas, and how staff had supported them to visit a local club. Another relative spoke of their family member attending music afternoons, going shopping and playing bingo at "The Hub". Staff confirmed they supported people to attend appointments and social events. One care worker told us, "It all depends on people's choice and abilities. It could be go-carting, a trip to Alton towers or to a disco or the pub."

Copies of people's risk assessments and archived records were available at the agency's office, but care plans and other records were not. Staff we spoke with confirmed, that each person had a care file in their home which identified the areas people needed care and support with, as well as any risks associated with their care and their preferences. We looked at three people's care files, which were brought to the office from their homes. We found they contained adequate information about all aspects of the person's needs and preferences. Care plans were set out in sufficient detail so that staff understood what support was required and there was information about people who were important to them, as well as their hobbies and interests. The registered manager described how they were improving the information in care files to make sure they were fully centred on the person being supported. We looked at one of the new care files which had been audited and additional information added. We saw care plans were much more individualised and person centred.

Records showed that the provider worked responsively with external healthcare professionals, who were involved in people's care. We also found staff had completed a daily record for each person, which described the care and support provided, as well as how the person had been during the period being recorded. Staff had completed these records to a good level of detail, so that managers could monitor what support was being provided and whether it reflected people's assessed needs. We also saw periodic care

reviews had taken place.

The provider has complaints' policy and procedure which was given to each person when their care package commenced. It was written in plain English and gave timescales for the service to respond to any concerns raised. We also saw a pictorial version was available to assist people to understand the process. A system was in place to record all complaints and concerns received. Where concerns had been raised the records of the investigation and outcome, including any response letters sent to the complainant, were maintained.

We also saw four compliments had been received. We saw that one relative, who had previously raised a concern, had written to thank the service for the improvements made with regards to providing consistent staff for their family member. They had written, "A mere thank you is not enough to express how I feel, but I can't think of anything better."

People we spoke with did not raise any complaints or concerns about the service provision. They said they would feel confident raising any issues, which they felt would be taken seriously. Two relatives described how when they had raise concerns in the past, but said these had been addressed appropriately. One relative commented, "We are happy since he [person using the service] moved to Sun Health. It's reassuring to us that he is happy."

Staff told us if they received any concerns about the services they would share the information with their line manager or the registered manager. They also told us how they would raise concerns on behalf of people who felt unable to do so themselves.

## Is the service well-led?

### Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission, as required as a condition of provider's registration. They were supported in their post by assistant managers and the company directors, who worked closely with them. For instance, one of the directors described to us how they encouraged an open and sharing culture, and had an open door policy. They told us as their office was in the same building so the directors had weekly, if not daily communication with the registered manager and senior staff. They said they shared ideas and information, as well as discussing any issues that arose.

We saw the registered manager took an active role in the running of the service and had a good knowledge of the staff and the people who were supported by the agency. We were told meetings were held every Monday morning to handover and discuss any changes; this included a brief report on each person using the service. We saw the registered manager interacting positively with two people who used the service, who visited the agency's office during our inspection. They clearly knew the people and were aware of their reason for going to the office.

People using the service knew who to contact in the office if they had any concerns, and told us that they had regular contact with senior care staff when they needed to. Relatives also knew the registered manager by name and said they would be comfortable talking to her if the need arose.

Staff told us they felt well supported by the registered manager and the management team, with one care worker saying, "I would recommend this company, they are good to work for, they allow you to make judgements for people and they are there to back you up if needed." Another care worker told us the service was "Good to work for" describing the management team as having a "Close bond with service users." A senior care worker commented, "They [the management team] are there if you need them, plus there is an on call senior, who is a bit above me, they are there for support too."

There was a system of staff meetings, supervision and appraisal to enable staff to understand changes and developments within the organisation, as well as for managers to give feedback to staff and monitor their performance. Staff we spoke with told us they found these to be a helpful and effective way of discussing issues within their work.

The registered manager had introduced a system for monitoring incidents and accidents, which they were currently working on. This enabled the provider to monitor and learn from untoward incidents and accidents.

There was a range of policies and procedures available to support the safe and effective running of the service. These had been reviewed and updated periodically. The registered manager said they were working on making key policies, such as safeguarding and health and safety, available in an easy read format to help people understand how things worked better.

The provider had a system in place to check if the service was operating correctly and staff were following company policies. This included auditing care plans, personnel files and operational performance. The registered manager told us she was also introducing new systems and improving some of the original ones, to enable her to monitor the service better. For instance, weekly and monthly checks were in place to monitor health and safety topics. We also saw a quality assurance manager carried out a monthly audit where they looked at specific areas. Action plans had then been formulated which had been followed up at the next visit.

The provider promoted people's involvement in how the service operated by involving people. For example, they facilitated a companywide 'Service user Forum' which people could take part in, and they issued a quarterly newsletter to keep people informed. They also enabled people who used the service to access training, so they could be involved in staff recruitment. We saw they had used questionnaires and care review meetings to gain people's views about how the service was operating. However, the outcome of the last survey had not been summarised and shared with people. The registered manager said that in future she would ensure this was done.

As part of their involvement in the community, and to forge relationships with other providers and people in the local community, the provider told us they operated 'The Hub' a learning and leisure centre in Barnsley. They said this was a centre where people who used their service, as well as anyone else with a disability, could take part in activities and social events. This included a football team that was affiliated with the Football Association, in the disability Yorkshire league.