

Sunnylives Support Ltd

# Sunnylives Support Ltd

## Inspection report

70 Athelstan Road  
Southampton  
SO19 4DD

Tel: 02380199919

Website: [www.supportlivessupport.co.uk](http://www.supportlivessupport.co.uk)

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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

### About the service

Sunnylives Support Ltd is a home care agency supporting people with personal care in their own homes. Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

People received care and support that was safe. People were protected from avoidable harm and abuse by staff who were aware of their responsibilities to report any concerns. People felt safe and were protected against other risks to their health and welfare, including risks associated with infectious diseases such as COVID-19. One person's family member told us, "I trust them, they are professional. My mum is happy, she has confidence in them and she looks forward to them coming. She is happy and I am happy and I think they do a very good job."

People received care and support that was effective and based on detailed assessments and care plans. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Support was provided in a caring way. There was a strong focus on people's independence and dignity, and on respecting them as individuals. People we spoke with told us they would recommend the service to others. One person's relative said, "The care workers have said it's a lovely place to work, small and personal, more like a family. It seems to come across in the way they work – they are very happy working for Sunnylives and are pleased to be with this company."

People had responsive care. There were processes in place to make sure people received care according to their agreed plans. The provider made appropriate use of technology to monitor and review people's care.

People told us the service was well managed and responsive. The provider had effective systems in place to manage the service, and to monitor and improve the quality of care people received.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Rating at last inspection

This service was registered with us on 16 October 2019 and this was the first inspection.

### Why we inspected

The inspection was prompted in part due to concerns received about a person's care, and staffing practices. We decided to inspect and examine those risks. As the service had not been inspected, we decided to cover

all the key questions and give a rating.

We found no evidence during this inspection that people were at risk of harm from the concerns received. Please see the safe, effective, responsive and well-led sections of the full report.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well led.

Details are in our well-led findings below.

Good ●

# Sunnylives Support Ltd

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team comprised two inspectors, an assistant 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.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with CQC. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The provider was also the registered manager for Sunnylives Support Ltd.

#### Notice of inspection

We gave a short period of notice of the inspection so that we could make sure people agreed to be contacted by CQC to give their feedback on the service.

Inspection activity started on 23 March 2021 and ended on 30 March 2021. We visited the office location on 23 March 2021.

#### What we did before the inspection

We reviewed all information we had received about the service since they registered with us.

#### During the inspection

We spoke with four people who used the service and eight family members about their experience of the care provided. We spoke with nine members of staff including the registered manager.

We reviewed a range of records. This included five people's care records. We looked at three staff files in relation to recruitment and staff supervision. We looked at a variety of other records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found and people's feedback. We spoke with a social care professional who was involved with one person's care and support.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes in place to protect people from the risk of abuse. Staff we spoke with were aware of the risk of abuse and signs to look out for. Staff were confident concerns would be addressed appropriately if they reported them.
- People we spoke with told us they felt safe. One person told us, "I have every confidence in the world in them. They are all very efficient."
- The registered manager understood how to escalate concerns about people's safety. They had liaised with the local authority and other agencies to clarify if concerns raised met the threshold for safeguarding. Senior staff had completed "teach the teacher" training in safeguarding so they could pass on best practice in this area to care staff.

Assessing risk, safety monitoring and management

- The provider had processes in place to assess individual risks to people's safety. People's care plans included guidance on how to manage and reduce a wide range of risks. Staff knew people well and had the required information to support people safely. The provider had assessed risks associated with people's home environment, and given advice on how to reduce the risks, such as by re-arranging furniture.
- The provider had an online monitoring system which allowed the registered manager and senior staff to remotely check all tasks had been completed in care calls to ensure safe care was being provided. Where people's care plans specified two care workers should attend to support the person safely, people told us they always had the right number of care workers.

Staffing and recruitment

- The provider had processes in place to recruit people safely. They had continued to follow these processes during the pandemic. They carried out the necessary checks to make sure staff were suitable to work in the care sector. We checked recruitment files to make sure they contained the necessary records.
- The provider had made sure there were sufficient numbers of staff to support people safely during the pandemic. People told us they had not experienced any missed calls. The registered manager and office staff were available to cover sickness or other unplanned absence.

Using medicines safely

- The provider had suitable processes in place to make sure people received their medicines safely where this was included in their care plan. People told us they were happy with the support staff gave them to take their medication. One person's family member said, "They have been really good. They were absolutely brilliant with helping out after an eye operation, to do the drops. It went on the electronic care plan and gave me peace of mind."

- The provider gave staff training in how to administer medication and their competency was assessed regularly. Senior staff had completed "teach the teacher" training in medicines so they could pass on best practice in this area to care staff. The registered manager and senior staff monitored medication records to ensure medication was given safely. People confirmed staff followed instructions to store medicines safely and securely. One person's relative said, "They prompt (medicines) and it's all kept under lock and key."

#### Preventing and controlling infection

- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was accessing testing for staff and checking for symptoms of COVID-19.
- We were assured that the provider was promoting safety through the layout and hygiene practices in the office.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider made sure sufficient quantities of PPE were available for staff to use when supporting people. People told us that staff had high standards of cleanliness and hygiene, and wore aprons, gloves and masks when supporting them with personal care. Staff told us they had received appropriate training in infection prevention and control and had enough PPE to provide care safely.

#### Learning lessons when things go wrong

- There were processes and procedures in place to learn from accidents and incidents. The registered manager reviewed all incident and accident reports. At the time of our inspection the only reports were of accidents to staff with no effect on people being supported. These had been followed up appropriately.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had care and support based on individual assessments which informed detailed and thorough care plans. Care plans were reviewed regularly and kept in line with people's changing needs. People and their families could access relevant parts of their online care plans.
- People's care was based on current guidance and standards. The registered manager had signed up to a number of online networks to keep up to date with changing standards and guidance. There was a comprehensive set of policies, processes and procedures based on relevant legislation, standards and government guidance. These had been kept up to date during the COVID-19 pandemic.

Staff support: induction, training, skills and experience

- The provider had a programme of training in place to make sure staff had the necessary skills to support people. Staff told us they had timely and appropriate training. One staff member said, "They always provide training for what we need. There is a lot."
- People who used the service and their families were happy that staff had the training they needed and knew what to do to support them effectively. One person said, "Yes, very much so. They are all very good." A family member told us, "They are very much on the ball. I trust them 100%."
- Staff had specialised training to support people with specific needs. This included training in tube feeding, and how to administer insulin to support a person living with diabetes.

Supporting people to eat and drink enough to maintain a balanced diet

- The provider supported people to have a balanced diet based on their own choice. Staff prepared meals according to people's preferences and encouraged people to eat and drink enough.
- People who used the service told us they had meals prepared for them based on their choices. Family members noted that staff reminded people to drink enough between mealtimes. A family member told us, "They make drinks and make sure my mum has lemonade to hand. They prompt both (parents) to drink. The lunchtime and teatime call they also ensure dad has a hot drink."

Staff working with other agencies to provide consistent, effective, timely care

- The provider worked with other professionals to deliver effective care when people left hospital or a residential care service to go home. There was appropriate contact with professionals such as occupational therapists, and specialist nurses, to develop people's care as their needs changed.

Supporting people to live healthier lives, access healthcare services and support

- The provider supported people to live independent lives in their own homes while taking care of their

physical and mental health needs. In some cases, this meant they had helped people move out of residential services.

- The provider made people aware of other services relevant to their needs. Where appropriate they worked with social services, people's families and other agencies to improve people's living environment, such as helping them to get a new refrigerator.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The registered manager and staff were aware of their responsibilities to seek consent and to take account of the principles of the Mental Capacity Act 2005. Suitable training was in place, and care plans contained sections for capacity assessments. If they felt a person lacked capacity for a particular decision, the registered manager engaged their GP or social services for a formal assessment and best interests decision to be made.
- Records showed staff sought people's consent to their care and support. One person's relative told us, "They always ask what mum wants, they don't just go in and get started."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were supported in a caring manner. One person said, "They are very kind and caring. Everything they do is done with thought and kindness." Another person said, "They are all very good. They have a chat about their family, and my family."
- Care workers included people's partners and wider family. Staff had time to develop relationships with people they supported. One family member told us, "They don't rush a visit, they are lovely, very kind. They will sit and have a coffee with them at lunchtime." Another family member said, "She loves, adores, them. She looks forward to them coming, they are very patient with her."
- The provider took into account the need to respect equality and diversity in the care assessment and care planning process. Care plans recorded any relevant needs arising from people's culture, religion, sexuality and sexual orientation.

Supporting people to express their views and be involved in making decisions about their care

- The provider supported people to be involved in decisions about their care. Where people had agreed a lasting power of attorney, the appointed family member was involved in the regular care plan reviews.
- Rotas were organised so that staff had time to listen to people. One staff member told us, "We try to empower people. We encourage people to tell us what they want and how they want it." Where the provider identified people's needs that were outside their scope, they gave advice and information about other services people and their families could approach.

Respecting and promoting people's privacy, dignity and independence

- People we spoke with all said staff treated respected their dignity and privacy. One person said, "They are very careful, they always ask me if I am all right. They shut doors and pull curtains. They ask me first."
- The provider had appointed some staff as "dignity champions" to help communicate good practice in this area. All staff members we spoke with were aware of the importance of dignity and privacy, and knew ways to support people with dignity and respect.
- Staff took account of the need to preserve people's independence as much as possible. People and their families appreciated that people had as much control over their care and support as possible. One person said, "I manage to wash myself, except for my back, legs and feet, and cream them."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff supported people according to their care plans in ways that met their needs and reflected their preferences. Care plans were detailed, individual to the person and contained information about their preferences.
- People we spoke with told us the care they received met their needs. A family member said, "They are very, very caring and they seem to take so much interest. It's a natural thing, rather than a training thing. I am very impressed, particularly when [Mum] may be a bit upset. The way they deal with her during that sort of upset is so fantastic." Another family member said, "What gets done is just right, they do whatever mum wants – pad, wash, cream on legs, everything mum wants." Staff used an online system to keep records of the care delivered at each call, and these records were checked and audited by senior staff daily.
- People told us there were good outcomes from the support they received. One person's relative told us how staff had reassured a person's partner who had been used to caring for the person. The partner was now "more relaxed" about having care workers in their home. The relative said, "I couldn't be without them [the carers]. Nothing is too much trouble." Another relative told us, "The electronic care plan says mum likes to be given independence, what she likes to do, what she can do, so she can maintain as much independence as possible."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider's assessment process was designed to identify people's individual communication needs. Where appropriate people's care plans included guidance for staff about how to communicate effectively, for instance by speaking slowly and clearly. One person had written information, such as the provider's newsletter, translated into their first language to make the information more accessible to them.

Improving care quality in response to complaints or concerns

- The provider had a system to log, follow up and close complaints. People told us they knew how to complain if they needed to. The provider was working on addressing the concerns of one person who had found their support did not always reflect their needs and preferences.
- People told us how they raised concerns informally, and that these were dealt with effectively and promptly. One person said, "I know exactly who to phone up. I made one [complaint]. They took on a chap

who was supposed to be experienced, he was doing things he thought he was supposed to be doing [rather than what was supposed to be done], so I asked them not to put him on the rota again. I have never seen him since."

#### End of life care and support

- The provider had processes in place to support people during their last days. Staff had training in end of life care. There was a focus on keeping people comfortable, dignified and pain-free.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive, person-centred approach to care, which was based on the provider's values and vision of empowering people to be independent. The registered manager worked to communicate these values throughout the organisation through recruitment, training, and in leading by example. People and their families told us the service allowed them to live with a greater degree of independence in their own homes.
- Staff were motivated and told us they felt empowered and supported to deliver high quality care. The provider had supported staff to keep themselves and people using the service safe during the COVID-19 pandemic.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of and understood the duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had established a clear management system in the service. There were clear job descriptions covering the roles of care and office staff, and a computer based rota system which made sure staff were aware of the calls assigned to them each day. People who used the service told us they were happy their care workers knew what they had to do.
- The registered manager had a system for monitoring and managing service quality. This was based on their online care planning and rota system which allowed them to track calls in progress as they happened, and to see the care workers' notes on care provided. The system generated automatic alerts if an activity to support a person was delayed.
- The registered manager used reports from the online system to monitor quality trends. These reports gave an overall quality score based on care delivery, care planning, response to alerts and care workers' notes on care delivered. The care delivery report showed figures for calls completed, calls on time, and the duration of calls.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider engaged regularly with people who used the service and their family contacts. People told us

the service was easy to approach and replied promptly to emails and phone calls. One family member said, "They are good at answering emails. Very prompt at sorting out about my [relative's] records." Another family member told us, "The phone is always answered promptly. I generally get through to someone almost instantly."

- During the pandemic, the provider had continued to contact people and their families by phone. There was a regular newsletter and surveys which people could return by email.
- As face to face team meetings were not possible during the pandemic, the registered manager had introduced a weekly email communication to staff with updates on people's changing needs and risks.

#### Continuous learning and improving care

- The provider responded to feedback from other healthcare professionals and people's families to improve the care people received. They had worked with community nurses and social workers to make sure people's care plans continued to meet their changing needs.
- People's family members told us the provider was responsive to changes. They had arranged for additional calls or reduced calls as appropriate, and had added medicines to people's plans when their prescription changed.

#### Working in partnership with others

- The provider worked together with other agencies to make sure people experienced good quality, joined-up care. The registered manager had positive working relationships with social workers, GPs, and community nursing teams. They had worked with other agencies to arrange dental care for a person who could not leave their home for an appointment.