

Sunshine Care (Rochdale) C.I.C

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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

About the service

Sunshine Care (Rochdale) CIC is a Community Interest Company which means it is a 'not for profit' organisation. The agency provides help and support to adults with a variety of needs in their own homes. Services provided include assistance with personal care, help with domestic tasks and carer support. 75 people currently use the service.

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

Safeguarding policies, procedures and staff training helped protect people from harm. Risk assessments helped protect the health and welfare of people who used the service. The administration of medicines was safe.

People were supported to live healthy lives because they had access to professionals, a well-trained staff team and a choice of a nutritious diet. The service worked with other organisations to provide effective and consistent care. 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

People were treated as individuals which helped protect their dignity. People's equality and diversity was respected by a caring staff team. People told us they felt well treated and supported.

People told us they felt able to raise any concerns. Activities were provided as part of people's care package and we were told staff also volunteered to take people out to places of interest. Plans of care provided staff with necessary information to meet people's needs.

The registered manager and key staff knew people well and often provided care and support. People who used the service, family members and staff said managers were available and approachable. People and staff were able to air their views about how the service was run.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (final report published 25 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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 responsive findings below.

Good ●

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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 was undertaken by one inspector.

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 the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 20 November 2019 and ended on 21 November 2019. We visited the office location on 20 November 2019.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed information we had received about the service since the last inspection. We asked the local authority and Healthwatch Rochdale. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Neither organisations had any concerns. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and a family member in their own homes. We spoke with seven people and two family members over the telephone. We spoke with them about the experience of care provided. We spoke with the registered manager, the financial director and four care staff. We reviewed a range of records including quality assurance questionnaires, three people's care records and associated documents. We also looked at two staff files in relation to recruitment, training and supervision.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The systems and processes for protecting people from abuse remained safe. The registered manager reported any suspected abuse to the local authority.
- Staff were trained in safeguarding people. All the people we spoke with told us staff were trustworthy.
- Staff we spoke with were aware of the types of abuse and who to report it to. Staff made comments such as, "I would report any abuse whatsoever."

Assessing risk, safety monitoring and management

- Risks to people's health, safety and well-being were assessed and managed effectively.
- Staff assessed the safety of each person's home and any risks to visits such as late calls.
- Staff also assessed any personal risks people may have, for example, moving and handling, medicines management and preventing pressure sores.

Staffing and recruitment

- The recruitment of staff was safe. This was because all the required checks were undertaken prior to a person commencing employment.
- There were sufficient staff to meet people's needs. People told us, "They are reliable and always turn up. I can get help in an emergency" and "They are a grand bunch and very reliable. There is rarely a problem, but they let us know if there is going to be." Staff made comments such as, "We get time to have a good chat with people. They are flexible with our times to make sure the stay is as long as it takes rather than task orientated" and "There are enough staff. They replace staff as required."

Using medicines safely

- The systems for assisting people to take their medicines remained safe. We saw any specific needs for the administration of medicines were recorded in the plans of care.
- Staff were trained to administer medicines and had their competencies checked.
- Where possible people were supported to self-medicate. People who were supported to take their medicines told us, "The staff sort out my medicines. They give me my medicines when I need them and tell me what they are for", "I take me my own medicines, but staff remind me to take them and "The staff give me my medicines regularly and on time."

Preventing and controlling infection

- Staff were trained in the prevention and control of infection. Staff had policies and procedures for the control of infection they could refer to for good practice. This enabled staff to offer advice to people about

infection control.

- Where required staff had protective equipment such as gloves and aprons.

Learning lessons when things go wrong

- There was an open culture to learning from safety concerns. Incidents and accidents were thoroughly analysed and shared for prevention and wider learning.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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's needs and choices were delivered in line with standards, guidance and the law.
- There was an assessment of need for each person prior to receiving a service to ensure people were suitably placed. Care plans contained a full assessment of people's needs. These were reviewed and updated when changes occurred, which identified people's ongoing health and social care needs.
- People told us staff treated them according to their needs. This included taking account of people's ethnicity and religion.

Staff support: induction, training, skills and experience

- Staff completed an induction when they commenced working at the service. This included completing the care certificate which is a recognised training course for staff new to the care health and care setting. Staff were also 'shadowed' when they went to meet and care for people by an experienced member of staff.
- Staff completed all required training. Staff said, "I have completed all the training and it helps me to look after people" and "The training has given me the competence and confidence to carry out the role." People confirmed staff were well trained.
- Staff received regular supervision and appraisal to support them in their respective roles. They told us, "I have supervision. We complete the supervision record. It is a two way process. You can ring the registered manager in between times" and "We have supervision and appraisal. You get chance to discuss your career or personal issues if they affect work."

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

- People were supported to eat and drink in line with their care plan.
- People living in their own homes are usually responsible for their own diet. People's dietary needs were assessed and if any needs arose this was incorporated into the plans of care. Staff supported some people by making drinks and snacks.
- Staff were trained in the safe handling of food and nutrition so were able to offer advice on a good diet. Staff reported any dietary issues to the registered manager or other professional to get the required advice and treatment.
- The registered manager told us staff were aware of the need for good oral hygiene and the effect this could have on people's dietary and general health needs.

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

- We saw that the provider worked well with other agencies. We saw the registered manager assisted other organisations to meet and assess people. We saw this was particularly effective for people who had mental

health needs and felt more comfortable with a member of staff from Sunshine Care attending to support them.

Adapting service, design, decoration to meet people's needs

- The office contained sufficient equipment to provide people with an accessible service and there was a system for contacting staff out of office hours.
- All necessary checks such as fire prevention and maintenance of equipment had been completed.

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

- People were supported to access healthcare service to ensure they lived healthier lives. All healthcare needs were recorded in the plans of care.
- People were supported if it was a part of their care package to attend appointments with specialists or professionals such as opticians.

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.

- Staff were trained in the MCA and deprivation of liberty safeguards (DoLS) Staff we spoke with were aware of what this meant and commented, "I would raise a safeguarding if I thought people were being deprived of their liberty" and "Social services would look into any deprivation of liberty. I have also completed lasting power of attorney training."
- Where possible people had signed their consent for the care and support they received.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 well treated and supported. All comments about the service were positive and included, "I find the service excellent and I have used them for ten years", "They are all very nice girls. They do everything I want and more", "The staff are marvellous, and we would not like to be without them" and "They do anything I want them to do. They bought me flowers for my birthday."
- We saw in the plans of care that there were good details about a person's past life, their likes and dislikes, interests and hobbies. This enabled staff to provide individual support to each person. A family member said, "We find the care they give very good and one of the better services and experiences we have found in health and social care."
- Each person had a section of their care plan which highlighted their equality and diversity characteristics, such as gender, ethnicity, religion, sexuality or physical disability.

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

- People were supported to make decisions and helped develop their plans of care. Information included what they ate and how they liked to be supported. Several people told us staff were like family and went above and beyond what was expected of them.
- Information was available about advocacy services should people require their guidance and support. An advocate is an independent professional who acts on behalf of a person to protect their rights.
- People were asked in meetings and satisfaction surveys for their views of the home. The results were positive around all aspects of care and support.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected. People said they were encouraged to do what they could for themselves and there were no concerns over privacy. One family member had sent a letter of thanks to the service which included the comments, "My relative thinks the care team are friends and pop in for a chat. They will go out with her, take her shopping and have a bite to eat. The service is always excellent, and staff try to go above and beyond. There are far too many instances to mention. Well done Sunshine Care, your dedication means we can have lovely family time with our relative who feels valued and cared for. We tried and sacked two agencies before we found you."
- Staff received training about confidentiality topics and we saw all records were stored securely.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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

- Plans of care were personalised and ensured people had choices to meet their needs.
- Plans of care were developed with people and if appropriate a family member. People told us, "I get the care I agreed to and if I need more I can get extra help", "They write the care plan, we get the care we need so have no need to read it", "I read my care plan and they do what they write" and "They go through my plan with me to make sure it is what I need."
- The plans of care contained sufficient information for staff to deliver effective care and were reviewed regularly to keep care up to date. There was a system to record and pass on any changes to a person's care needs.
- Plans of care were person centred and contained details of people's likes and dislikes to meet their individual needs.

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 registered manager was aware of the AIS and we saw that support was provided to ensure people understood any communication. This included paperwork that was easy to read.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- Where it was a part of their care package or arranged with Sunshine Care people were able to attend activities such as shopping and swimming.
- The provider provided free activities such as a Christmas dinner for many years. People told us they were excited to be going and meeting other people and family members in a local restaurant.
- The registered manager and staff recorded any cultural or religious needs and supported them if required to attend.

Improving care quality in response to complaints or concerns

- There was an accessible complaints procedure for people to raise their concerns. The complaints procedure informed people how the service would respond, the timescales of response and the details of other organisations if they wished to take a complaint further.
- We saw the manager responded to any complaints to reach a satisfactory conclusion and looked at ways

to minimise them happening again. People felt confident they could raise any concerns. One person said, "I would talk to the manager or financial director if I needed to raise a concern and they would help". A relative said, "If we had any complaints they would sort them out."

End of life care and support

- The service did not specialise in palliative care. However, six staff had completed end of life training at the local hospice. This training teaches staff how to support people who used the service and their families should their condition deteriorate. Some staff had also completed person centred care training with the local authority, which also gave staff the skills to deliver effective care at the end of people's lives.
- The service had some staff trained as 'Cancer Champions' with another local authority. This extra training gave staff the skills to care for people with this life threatening illness.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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

- The registered manager was open and inclusive with people who used Sunshine Care and family members. People made positive comments about the registered manager and financial director which included, "The manager is very approachable and visits often", "The manager is very nice. I have met her often" and "The manager is approachable, brilliant and we see them regularly."
- The registered manager and finance director were 'hands on' and people knew them well.
- Staff we spoke with felt supported and managers could be contacted when they were needed.

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 their responsibility regarding duty of candour. The CQC had received notifications that providers must send to us in a timely manner. A policy had been developed for the duty of candour staff could refer to for guidance.

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

- The registered manager and other key staff conducted spot checks and worked with care staff to check their competencies. The registered manager audited plans of care when visiting people who used the service or when notified of any changes to a person's care and condition.
- There was a system for checking staff arrived on time and stayed the allotted time to ensure the service remained reliable.

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

- Staff received training around equality, diversity and dignity. This helped staff support people around their diverse needs.
- The provider was committed to involving people who used the service by asking for their views in quality assurance surveys and managers regular visits.

Continuous learning and improving care

- The provider was committed to learning and improving care.
- The registered manager sourced training from different organisations to provide staff with the skills to

meet people's needs.

Working in partnership with others

- Managers attended meetings with NHS staff and discussed best practice and good care issues.
- Sunshine Care staff liaised with local authority professionals in people's homes to discuss what care was needed and any improvements made to a person's health and welfare.