

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

### About the service:

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 living in their own homes and supported living services. Support packages are flexible and are based on individual people's needs. There were 19 people receiving a regulated activity from the service at the time of our inspection.

This service provides care and support to people living in 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual arrangements. CQC does not regulate premises used for supported living; this inspection looked at people's care and support.

### People's experience of using this service:

People and relatives told us the support was good and praised the service.

The service provided person-centred support, which considered each person's likes, preferences, needs and their required outcomes. People's privacy was respected, but people were easily able to socialise with others and had access to the community.

Many people's support focused on them having as many opportunities as possible for them to gain new experiences and become more independent.

Staff spoke about people with warmth and knew people well, including their histories, likes and dislikes. People had a say in the staff who worked at the service and who supported them.

The service helped people achieve positive outcomes, built their confidence, and independence and developed people's life skills.

People were treated with equality and their opinions valued.

Support focussed on what people wanted to do each day. People were involved in support planning and were involved in their care plans.

The service was led by knowledgeable managers who used their skills to lead staff and ensure people using the service had safe and effective support.

Risks to people's health and safety were individually assessed and mitigated. Medicines were managed in a safe way. There were enough staff deployed to ensure people received appropriate support.

Staff had access to a wide-range of training. Staff said they felt supported and were encouraged in their development.

### Rating at last inspection:

At our last inspection the service was rated Good (9 December 2016).

### Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

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.

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

## 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 remained good.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service remained Good.

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service remained Good.

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service remained Good.

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service remained Good.

Details are in our Well-Led findings below.

Good ●

# Sun Health Care Domiciliary Care Services

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one adult social care 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:

Sun Health Care Domiciliary Care Services is a domiciliary care service. It provides personal care to people living in their own houses and flats and specialist housing. It provides a service to younger adults. Not everyone using Sun Health Care domiciliary care receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

This service also provides care and support to people living in four supported living settings so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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:

We gave the service 48 hours' notice of the inspection visit because it is small and we needed to be sure that staff would be in.

Inspection site visit activity took place on 5 June 2019. We visited the office location to see the manager and office staff; and to review care records and policies and procedures. We spoke to people using the service and their relatives on 6 June 2019. We spoke to staff on 7 June 2019.

#### What we did:

Our inspection was informed by evidence we already held about the service. We also checked for feedback from the local authority and other stakeholders. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We spoke with three people who use the service, and three relatives. We spoke with the registered manager, two service managers, one senior support worker, and three support workers. We reviewed three people's care records in full as well as various parts of another three people's care plans, six staff personnel files, audits, and other records about the management of the service.

# Is the service safe?

## Our findings

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

Good:  People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. People were supported to understand how to keep safe and to raise concerns. People's comments included, "Yes, I feel safe", "I have a number of head office. I would ring them if I was worried" and "I would ring the police or manager if I was worried".
- Staff had a good understanding of safeguarding and had received training in the subject. A staff member said, "We know where the directors are, always someone round to get help from. I would be comfortable speaking with them."
- Safeguarding procedures were regularly discussed with both people and staff to help ensure they were reminded how to identify and act on any concerns. The registered manager confirmed the service was "very transparent about this".
- Appropriate action had been taken to report and investigate safeguarding incidents. Following incidents, clear actions were put in place to prevent a re-occurrence.

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed and action taken to mitigate those risks. Records showed how staff considered the least restrictive option when doing so.
- Risk assessment documents were detailed and provided clear instructions to staff on how to mitigate risk. People had been involved in discussions about risk and their safety. Risks were reviewed regularly, often including advice from other professionals involved in people's support, to ensure people were supported to have as much control and independence as possible.
- Managers completed an assessment prior to support starting and recorded how to care for people safely. In complex needs cases managers often undertook a second visit and assessment to check proposed risk assessments and re-assess where required. This information was handed over to senior carers before support started.
- Staff ensured information about risks to people was shared at staff handovers, and with people and their relatives, where appropriate.

Staffing and recruitment

- People and relatives told us staffing levels were good. Staff confirmed this.
- The registered manager and service managers produced staffing rotas considering people's support needs, staff skills, and staff knowledge of people and their needs.
- Personnel files contained all the necessary pre-employment checks which showed only fit and proper applicants were offered roles. Checks included asking for a pre-employment history, obtaining a criminal history check from the Disclosure and Barring Service and obtaining references.
- Where agency staff were used the service considered their skill sets, provided an induction, and used regular agency workers who had previously shadowed more experienced staff.
- The registered manager explained how the service had recently made changes to their recruitment process

which now considered how applicants' values aligned to the service.

#### Using medicines safely

- Medicines were managed in a safe and proper way. People received their medicines as prescribed and clear records were kept. The medicines administration record (MAR) contained all the necessary information for the safe administration of people's medicines. People's allergies were documented and risks to people from these mitigated.
- The service followed safe protocols for medicines prescribed on an as required basis and for those people who were prescribed topical creams. Medicines were stored securely and in an organised way to help reduce the risk of errors.
- Staff received training in medicines management and had their competency to give medicines regularly assessed.
- Regular checks and audits took place of the medicines system to ensure it continued to be managed in a safe way.

#### Preventing and controlling infection

- All staff received training on how to prevent and control infection. This was refreshed and up to date.
- Staff had good access to personal protective equipment, including disposable gloves and aprons.
- Support plans included information about how to prevent and control infection.

#### Learning lessons when things go wrong

- Incidents and accidents were recorded and actions taken to reduce the risk of a re-occurrence.
- Each incident was reviewed by the registered manager. Analysis was produced to identify themes and trends.
- Managers encouraged staff to report accidents and incidents, these were dealt with promptly and lessons learnt were discussed during staff meetings. This included ensuring clear actions were in place in response to 'niggles,' complaints and more significant incidents.



# 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

Good:  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 were assessed, and support was delivered, in line with people's choices and preferences. Support plans contained detailed information about people's care and support needs and recorded people's involvement in producing these.
- People, relatives and staff said people experienced positive outcomes using the service and we confirmed this from our review of people's records.
- The service used best practice guidance relevant to learning disabilities care to good effect to ensure care planning was appropriate and supported people to achieve good outcomes.

Staff support: induction, training, skills and experience

- People generally praised the skill and knowledge of staff. A person told us, "Yes, the staff are quite skilled." However, two other people commented, "The staff are quite well trained, I have the odd one that hasn't been" and "Some of them haven't had enough mental health training".
- There were some instances where it was not clear whether people had received the right training before supporting people. We discussed this with the registered manager who made arrangements for this to be recorded more clearly.
- Staff induction was completed by service managers and included impressing? the service's values on new staff. New staff shadowed more experienced staff to ensure people were supported by knowledgeable staff.
- Staff told us they were well-supported by their managers and they received regular supervisions and appraisals. Staff were given opportunities to review their development needs.

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

- Where necessary people were encouraged and supported to eat and drink and maintain a healthy diet.
- Where people required a specialised diet this was clearly recorded and staff were knowledgeable about these.
- Care and support plans contained detailed information about how to support people to eat and drink, where this was required.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service had good processes for referring people to other services, where needed. People's records showed communication with other professionals was effective and timely. Advice was documented and followed.
- The service involved people when working with other services. Staff told us, "Staff are involved in multi-disciplinary team meetings...and these really take on board support worker opinions."

- Good links with other agencies was evident.
- Where people had a specific health condition information about these were included in records so staff had a better understanding about these.
- The service used volunteers to support people at The Hub, where they organised quizzes, raffles, bingo and cooked for people attending these events, as well as supporting people on group trips and outings. Each volunteer was subject to the same recruitment process and checks as staff.

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

- People were involved in decisions about where they lived. People's individual preferences, cultures and needs were reflected in their support.
- One person described the different things in their garden they had been supported to purchase to support their social needs.
- A staff member told us, "Everything we do has to be agreed with them (people), how they choose their support each day."

#### 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. We checked whether the service was working within the principles of the MCA and found that they were.
- People's consent to care was accurately recorded. Where people were unable to sign their consent, their record showed who had supported them during their support plan discussion and whether the person had given consent in another way.
- People were supported to have maximum choice and control of their lives and were supported in the least restrictive way possible.

# 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

Good:  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 and relatives provided positive feedback about staff and the service. A person said, "I think the staff are very caring." Another said, "I'm delighted with the staff." A relative said, "The staff chat with my son, they care for him...they share stories with him...He is looked after well."
- Compatibility between people and staff was monitored. People had an active say throughout the process. A person said, "Staff always ask for my consent before they do something; the staff respect me."
- Staff had a good knowledge of the people they supported. Staff were fully familiar with people's likes and preferences. Daily notes showed how staff used this knowledge to make people comfortable and reduce distress.
- The service was good at ensuring those with complex needs and communication difficulties were kept fully involved and engaged, showing the service's inclusive to equality. A person told us, "The staff give me information in a format I can understand."

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

- People were fully involved in making decisions about their support. A person told us, "I have helped write my care plan, I have a copy in my house."
- The service had worked to help people with communication difficulties explore their goals and preferences through a variety of analysis, such as 'when I'm happy I will...', or 'when I'm frightened I will...', and 'when I do [behaviour], I need you to...'. This resulted in a clear understanding of people's likes, preferences and goals and then undertaking daily activities of their choice.
- Staff demonstrated a detailed knowledge of people's individual mannerisms and people's communication methods, and how they interpreted these, by using the detail in their support plans.
- People were involved in ongoing reviews about their support, goals, objectives and dreams. This included regular meetings and annual reviews.

Respecting and promoting people's privacy, dignity and independence

- The service promoted people's independence. People had structured goals towards outcomes such as catching the bus on their own.
- The service supported people to maintain and develop relationships with their families and friends. Weekly tasks and activities took into consideration the times families ate, for example, to support people to be involved with their loved ones.
- The service provided lots of opportunities to keep people occupied which led to numerous social opportunities and supported the development of new relationships through involvement with social groups and events. A staff member said, "I love the fact people come in here [the office] to have a chat and a catch-up. We also have The Hub which tends to be where people congregate and is good for people to socialise."

- Staff were fully aware of people's right to privacy and autonomy.

# Is the service responsive?

## Our findings

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

Good:  People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Support was focused on each individual's needs and preferences. A person had been supported to gain their independence by holding their own tenancy and moving to a private flat.
- Clear person-centred care plans were in place. People knew about their care plans and were fully involved in the review of them.
- Some people were involved in staff recruitment by taking part in interviews, receiving the same training as staff before participating. Other people were asked their opinion on potential new staff at group events
- People had access to a wide range of social activities based on their individual needs to help ensure they lived as full a life as possible. People told us they were kept busy, and we saw they had individualised and extremely variable activity plans. A person told us, "I'm involved in different projects at the drop-in group with other people", and another said, "I am involved in a project for people with bipolar".
- People's hobbies and interests were supported. For example, one person had asked and got their pool table placed in the garden under a gazebo, so they could enjoy this activity in the fresh air.
- The service ensured those with more complex needs were also fully involved in activities. A relative said, "My son has seizures but loves to walk. [Staff] take the wheelchair out with them so if he has a seizure they can put him in it, so he is not laid on the ground. This way he is safe but still gets his exercise and keeps his dignity. He goes out for a walk twice a week."

Improving care quality in response to complaints or concerns

- People and relatives said they were happy with the care provided but would not hesitate to approach the manager with any concerns. People said any minor issues or problems had been dealt with positively by the service.
- Clear complaints records were in place detailing the actions taken following any complaints. The registered manager told us, "We take note of the actions, reflect how reactive and responsive we are, these were identified at one of our weekly meetings and actions agreed." For example, one person told us they didn't like a person they were receiving support from and the service took immediate steps to ensure this was changed.
- Complaints were available in an easy read format, which detailed the staff and professionals people could talk to if they wished to make a complaint.

End of life care and support

- There was no one receiving end of life care and support at the time of our inspection.

The provision of accessible information:

- All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use a service and have information of communication needs

because of a disability, impairment or sensory loss. The service had taken steps to meet the AIS requirements and principles were understood.

- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others.
- Each person had a very clear communication passport in place. Staff were very familiar with people's bespoke methods of communication and used them effectively to interpret what people liked and wanted.

# 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

Good: □□ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People, relatives and staff said the service provided good support and the management were approachable. A person told us, "It is a perfect company to be with." Another person said, "There is nothing I'd change about the company."
- People 'popped in' to the office with their support workers, office staff clearly knew them well, and the atmosphere was warm and chatty.
- A staff member said, "The company is just the right size to be like a family, there's no airs and graces, just a very comfortable atmosphere." People received excellent outcomes using the service. We saw positive examples of people's confidence, mobility and independence being increased through the dedication of the staff team.
- Staff were motivated within their role and there was a culture of supporting staff personally. One staff member said, "We are encouraged to develop." Another staff member said, "The management are really good, very approachable, they accommodate your needs."
- There was a well-defined set of values centred around person-centred care, which were shared with staff.

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

- There was a registered manager in post. The registered manager had been registered since 22 April 2016. The registered manager confirmed they had a "good rapport" with the providers and were well supported.
- Service managers regularly checked support plans. A training and quality assurance manager undertook bi-monthly audits to assure quality across the service. A range of audits and checks were undertaken by the management team and these were effective in maintaining performance across the service.
- People's outcomes were used to inform the success of the service. Their goals and achievements were regularly reviewed to determine the impact of specific interventions on people. People were fully involved in this process. The service was effective at improving people's outcomes.
- The service worked to share good practice with others, through provider forums and other groups.
- The service had started using an electronic system to track care plan reviews and staff training, supervisions and appraisals. This was not yet fully embedded across the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People had some involvement in how the service was run. People participated in regular meetings where they had the opportunity to discuss a range of areas including every day activities and food.

- Regular surveys of people, relatives, staff and professionals took place. For relatives, staff and professionals these were completed anonymously and electronically. All people had been supported to complete a recent survey.
- The service supported people to be an important part of the community. Many people's activities were focused around community involvement and getting to know their local surroundings. The service had recently developed an LGBT forum.
- Staff participated in regular monthly meetings. A staff member confirmed, "[Senior managers] listened to suggestions...managers really took this on board."
- The registered manager was involved in national and international organisations to keep their skills updated, including provider forums and workforce development groups where good practice was shared

#### Working in partnership with others

- Support plans showed how the staff and the service worked with a range of professionals to ensure people received co-ordinated care and support.
- The service had strong links with other local organisations, including voluntary and health organisations, and used these to good effect to ensure people received opportunities and good health outcomes.
- The registered manager told us about The Hub, a social space facilitated by the service for events and groups such as breakfast clubs, luncheon groups, pool playing, discos, and pamper nights. This was developed through a collective shared care network and many different organisations bring people to attend to support their social needs.
- The service had an allotment for people to use, a fishing group, and worked with Recovery College and Barnsley College.