

Sunrise Healthcare Ltd

# Sunrise Healthcare Ltd

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service:

Sunrise Healthcare Ltd is a domiciliary care agency supporting people with their personal care needs who live in their own homes. At the time of the inspection the service was supporting 35 people living in the Diss area of Norfolk.

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

At this inspection we found the provider was required to undertake further work to ensure risk assessments were completed with the most up to date information. We also found the system of quality audit required further thought to best meet the needs of the service. We provided further guidance to ensure the service meets the requirements of the regulations in relation to the safe management of medicines.

There were not any formally recorded complaints at the time of the inspection but we were made aware of two which should have been investigated under the complaints procedure. We saw a high number of cards and records of complimentary feedback given to the staff and the service from people they had supported.

The service was praised by most people we spoke with and people told us their needs were met by regular caring staff. People told us they felt involved with their care and could change their care requirements at the last minute. This gave them the flexibility to attend social events when invited.

The provider had set up a weekly coffee morning which had developed into an event attended by many of the people they supported. Guest acts and entertainers were arranged and people had the opportunity to be involved in arts and crafts. People met up and made friends to enjoy speciality coffees, chocolate drinks and homemade cakes. Everybody we spoke with about the coffee mornings told us they looked forward to them and they were a big part of their week.

### Rating at last inspection:

At the last inspection we rated the key question of safe as 'Requires Improvement' and all other key questions as 'Good' and found the service good overall. We had concerns at the last inspection about the safe recruitment of staff but found these concerns had been addressed at this inspection. The last report was published 6 July 2016.

### Why we inspected:

This inspection took place as part of our planned programme of inspections.

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 was not always safe

Details are in our Safe findings below.

**Requires Improvement** ●

### 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 not always well-led

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Sunrise Healthcare 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. 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:

One adult social care inspector and an expert by experience who had experience of supporting people with complex needs.

#### Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults. 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 take into account any wider social care provided.

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 the manager is often out of the office supporting staff or providing care. We needed to be sure that someone would be available to support the inspection.

Inspection site visit activity started on 7 and ended on 8 February 2019. We visited the office location on 7 February to see the manager and office staff; and to review care records and policies and procedures. On the 8 February we visited people in their own homes and then returned to the office to provide feedback on the whole inspection.

#### What we did:

Prior to the inspection we gathered all the information we held about the service and used it to develop a plan for the inspection. We reviewed information provided to us from the Local Authority safeguarding and quality teams and information we received from the provider by way of notifications. We also used the information sent to us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke to 15 people on the telephone. Nine people in receipt of the service and 6 relatives about the service they received. We then visited three people in their home. We spoke with four staff during the inspection site visit including the registered manager and we gathered the views of five additional staff following the site visit. We looked at eight care plans for people both in the office and in their homes.

We reviewed information the service held about how they monitored the service they provided and assured themselves it was meeting the needs of the people they supported. This included accident records, audits, medicine records and various meeting minutes.

Following the inspection, we requested the registered manager opened the complaints procedure to formally review an incident and feedback to us the findings of the investigation. At the time of writing this report we had not received any information.

# Is the service safe?

## Our findings

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

Requires Improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risk assessments were not routinely updated when people's circumstances changed and risks increased. This included when people had fallen, when equipment was needed for additional support and following hospital admissions.
- Where risk was identified the registered manager had not systematically developed plans to reduce or mitigate that risk. For example, one person could no longer sustain a normal diet or eating pattern and the plan developed was not explicit in how they could be supported and nutritional assessments had not been updated or reviewed.

When risks change in how care and support should be delivered and it is not identified or appropriately assessed there is a risk appropriate support will not be delivered. When risks are identified and plans are not sufficiently robust in identifying how support needs to change to mitigate risks, there is a risk support will be delivered that does not keep people safe. This is a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014

Using medicines safely

- The service mostly prompted people to take their medicines but some people had their medicines administered. There were a number of times when medicines were administered by both the service and other family members. When this occurred, records were not kept in line with best practice guidelines. We have sent the provider relevant guidance upon which they will make the required changes.
- Staff had received training in administering medicines and their competency was checked.
- People told us they received their medicines on time. One said, "They give me medication, morning and night and they do it properly."

We recommend the registered manager ensures they follow best practice guidelines moving forward.

Staffing and recruitment

- The last inspection found the registered manager had not ensured application forms were completed in full when recruiting new staff. We found they had completed an audit of all recruitment folders and made the changes as required.
- Staff were safely recruited to relevant roles and appropriate checks were made of their suitability and eligibility to the role for which they were applying.
- The registered manager had a permanent recruitment plan in place to support the current support packages and attempt to reduce the risk of missed or late calls when staff could not attend work at short notice.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding procedures were available and staff spoken with had a good understanding of how to keep people safe. All staff we spoke with said they would escalate any concerns appropriately.

Preventing and controlling infection

- People told us staff wore suitable protective clothing when delivering personal care or cooking and there had not been any outbreaks across the staff team or people being supported because of poor infection prevention procedures.

Learning lessons when things go wrong

- We saw issues were discussed in team meetings and supervisions and action was taken to address any issues. The provider had previously found it difficult to recruit enough staff to meet the needs of people in one locality after a staff member left. This impacted on the service in other localities due to extended travel time. The provider took the decision to reduce packages in one area to ensure they could deliver services appropriately in others. The registered manager told us they would recruit staff before taking on any further packages moving forward.

# 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.

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

- We saw care plans had been signed in agreement and consent had been given by people for the service to administer medicines.

- A high-level dementia tool was used to determine if there were any concerns with people's capacity. When the tool had identified some potential concerns with fluctuating capacity no further action had been taken. When we discussed this with the registered manager we were told the service did not complete capacity assessments or complete best interest decisions. We discussed this at length and the registered manager was going to discuss this at the next local forum.

We recommend the provider ensures they work within the principles of the Mental Capacity Act 2005 and ensures staff and themselves are aware of their responsibilities to support people under the Act.

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

- The service supported people with preparing and cooking the food of their choice. People were also supported with their grocery shopping.
- Some people had very specific dietary requirements and the provider was working with the family to ensure these were met.

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

- The service received comprehensive assessments on people's needs from referring professionals. People predominantly started using the service to avoid hospital admission. The service developed care plans on the information they received and worked with the individuals to ensure the service met their needs.

Staff support: induction, training, skills and experience

- Staff told us they received comprehensive inductions which included on line and practical training. An induction was undertaken to the values and ethos of the service and time was allocated to shadow staff supporting people. We were also told, once staff felt confident to support people they were then shadowed by more experienced staff to ensure they were competent to undertake the role.
- We were told by people being supported, "They certainly do a good job, whatever I need. I would recommend them to anybody."

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

- We were told by the registered manager that they worked well with other agencies to ensure people's needs were met in the community. This included the local occupational therapists allowing assessment and



provision of suitable adaptive equipment to support independence.

- We also saw from people's records and from talking with people that the service worked with other relevant professionals including the speech and language service, district nurses and social workers.

## 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; equality and diversity

- We were consistently told the service went above and beyond what was expected by the people they supported.
- One person told us, "They do what ever I ask, Hoover, clean, anything and that's all on top of caring for me." Another said, "They are very kind, I don't care if I have a male or female but I get mostly females."

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

- People mostly told us they felt involved in developing and reviewing their care plans and the support they received.
- Where people told us that they couldn't remember formal reviews of their care, we looked at paperwork and saw they had signed in agreement to reviews and feedback sought by the provider.
- One relative told us, "[Family member] has a pool of four or five carers, they get on with all of them and they look forward to them coming. They are really flexible, we had some cultural difficulties with one carer and when we mentioned it they were changed without issue."

Respecting and promoting people's privacy, dignity and independence

- Everyone told us staff treated them with respect and preserved their dignity. This included closing curtains and doors and asking people's relatives and/or visitors to wait in another room or outside whilst they were supporting people who used the service.
- One person told us, "I have no problem with them, they wash me, help me out of bed. They are very skilled."

# 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.

Improving care quality in response to complaints or concerns

- There were no formal complaints recorded at the service. However, we were made aware that people had made complaints. We spoke with the registered manager who told us they believed they had dealt with any issues as they arose. We found not everyone we spoke with believed this to be the case.

We recommend the provider ensures that all concerns and complaints reported are recorded and managed in line with their complaints procedure.

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

- The provider had set up a coffee morning, each week on a Monday to which everyone supported by the service was invited. Everyone we spoke with who attended the event told us how much they looked forward to it. The provider had organised regular entertainers and served speciality drinks and homemade cakes to the people attending.
- Daily records were kept which were very person centred. These detailed how each person had been supported during the time staff were with them. Records included how people felt and any events that had been scheduled or being planned for. Records were also kept of each person's attendance at the coffee morning and clearly showed people enjoyed their time there.
- Care plans addressed in detail how people liked to be supported and gave staff the information they needed to deliver specific and appropriate support.

End of life care and support

- End of life care was still its infancy but basic information had been gathered including where people wanted to spend their final hours.
- The provider had sent to each person using the service a more detailed questionnaire about end of life care which people had been completing with family and staff. The information from these was to be collated and added to the care file information

# 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

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

### Continuous learning and improving care

- There was a set of audit tools and monitoring was undertaken but these were not done regularly enough to ascertain good practice. They had not been reviewed for some time and were not up to date with current best practice guidelines and the requirements of the regulations.
- Up to six care plans were audited every four months but these were not effective and meant some care plans had not been audited for over a year or since the person had begun to be supported.
- Accidents and incidents, complaints and other quality monitoring required further analysis to ensure the identification of themes and trends and show the provider what action was needed to improve provision.
- Policies and procedures required review to bring them up to date with the requirements of the Health and Social Care Act Regulations.

When services do not have effective systems to audit the care and support provided to people they are not able to identify shortfalls and agree action to make the necessary improvements. When governance frameworks are not developed services are unable to learn and evaluate from actions previously taken. This is a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014

### Working in partnership with others

- Each time the registered manager met with people they supported, they asked if there was anything the person wanted them to share with other professionals. Including if there were any requests for appointments to be made.
- The registered manager attended local registered manager forums and shared best practice.

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

- Staff told us they were given clear direction on how to support people and any changes from reviews were written in plans and shared at team meetings. We were told they were supported well by their peers and managers.
- During the inspection we were made aware of circumstances which should have led to a notification being sent to the Commission. The registered manager thought they had to send them once any investigation was completed. We advised they refer to the guidance and we received the notifications within the week of the inspection. We were assured moving forward the provider would send notifications as required.

Planning and promoting person-centred, high-quality care and support; and how the provider understands

and acts on duty of candour responsibility

- Each staff member we spoke with or responded to contact from us, told us they learnt how to do things the Sunrise way. Most staff told us there was nothing they would change about working with the service.
- One staff member told us, "I am very happy with the way that Sunrise works and values their staff and service users, no changes needed."
- Professionals spoke positively of how they worked with the service and how the service took on board guidance. We were told, "The manager is always very helpful and shows care, sensitivity and consideration for all clients."

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

- Reviews of care plans were done by senior staff in people's homes and feedback was requested on support received. Annual questionnaires were sent to people using the service and we saw they were predominantly positive. When senior staff visited people in their homes to observe staff they again sense checked how provision was going and recorded this in people's files.
- Lastly, we saw a lot of thank you cards received by the service praising them for both kindness and ongoing support at difficult times. We saw one card delivered on the day of the inspection following the death of a person who had been supported by the service.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Regulation 12 (1) (2) a, b,</p> <p>The provider did not ensure risks to people's safety was maintained. When people's needs changed assessments were not updated and plans were not always developed to mitigate associated risks.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 (1) (2) a, b</p> <p>The provider did not have an effective governance structure to continuously learn from the monitoring they undertook. Quality audit systems were not used to suitably assess the service provided.</p>