

Mrs Katie Diane Andreoletti

# You are my sunshine

## Inspection report

1 Borough Mews  
The Borough Yard, The Borough  
Wedmore  
BS28 4EB

Date of inspection visit:  
14 June 2022

Date of publication:  
11 July 2022

### 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

You Are My Sunshine is a domiciliary care service providing personal care to people who live in their own homes. The service provides support to adults who have a range of physical, sensory or cognitive needs. At the time of the inspection, 39 people were using the service and receiving personal care.

Not everyone who used the service received personal care. 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 were kept safe from avoidable harm and abuse because staff knew them, had received training and knew what to do if they had concerns.

Assessments informed care plans which reflected people's needs, strengths and preferences.

These were easily available to staff and guided them to manage risks and keep people safe. Risk assessments were being reviewed and updated by the manager at the time of our inspection. People's medicines were managed safely by trained staff, and clear records were kept and regularly checked.

There were enough staff to meet people's needs, and new packages of care would only be taken on if there were enough skilled staff to provide safe, high quality support. Safe recruitment practices were in place. During our visit, changes were made to improve the job application form in response to feedback given.

Staff completed induction and core training as well as more advanced courses to provide a service which reflected best practice.

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.

We received positive feedback which illustrated people were treated with kindness, respect and compassion. Staff treated people as individuals and responded to changing needs. People and their relatives were supported to express their views and be involved in decisions about their care and support.

The service was consistently well managed and led. The manager was very visible and well known. They worked directly with people and led by example to promote a positive culture.

The leadership, governance and culture promoted the delivery of high quality, person centred support. Regular audits and checks monitored this, and actions were taken to develop and improve the service. The

service was responsive to feedback from people, relatives, staff and other professionals.

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 12 March 2021 and this is the first inspection.

#### Why we inspected

This was a planned inspection to check whether the provider was meeting legal requirements and regulations, and to provide a rating for the service as directed by the Care Act 2014.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# You are my sunshine

## **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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out 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.

#### Notice of inspection

We gave the service a short period of notice of the inspection. This was because we needed to be sure that the provider would be in the office to support the inspection.

Inspection activity started on 14 June 2022 and ended on 21 June 2022. We visited the location's office on 14 June 2022.

#### What we did before the inspection

Before the inspection we reviewed information we had received about the service since it registered with CQC. We reviewed CQC notifications. These describe events that happen in the service that the provider is legally required to tell us about.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used this information to plan our inspection.

During the inspection

We spoke with three people who used the service and six relatives about their experience of the care and support provided. We spoke with seven members of staff, including the manager, administration and care staff. We received feedback from four professionals who worked with the service. Their comments have been incorporated into this report.

We looked at a range of records relating to the management of the service. This included three people's care records. We looked at four staff files in relation to recruitment and staff support. We read records relating to the management of the service, including policies and procedures and audits.

We considered all this information to help us to make a judgement about the service.

# 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 of 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

- People were kept safe from avoidable harm. Staff had received training on how to recognise and report abuse, and they told us they were confident in raising concerns if necessary.
- One staff member said, "I would always raise concerns and they would be taken seriously. I have no problem knowing what steps to take".
- One relative told us, "My [relative] feels 100% safe with the staff that support them. I have no problems leaving them in the safety of their care when I'm not present".
- No safeguarding concerns had been raised recently. The manager worked well with people, their families and other agencies to keep people safe.

Assessing risk, safety monitoring and management

- Risk assessments and safe practice helped promote people's safety. For example, staff could access guidance about how to reduce and manage risks relating to manual handling, falls, the person's environment and potential self neglect.
- People were involved in taking decisions about how to keep themselves safe and manage risks where possible.
- The manager was reviewing all risk assessments and transferring these to a new system at the time of our inspection. This would provide consistency in the records and ensure the right information was always available to guide staff.
- Care records were clear and up to date. Records had recently been transferred to an electronic system. This meant staff could access information about people easily to support them in providing the assistance needed.
- Information was provided about how to safely access people's homes, and personalised plans were in place for managing emergency situations. This helped staff to support people to stay safe.
- Information and any changes were shared appropriately by staff to help keep people safe.

Staffing and recruitment

- There were enough staff to meet people's needs. The manager said they would not take on new packages of care unless they were confident they had suitably skilled staff to ensure people received safe, high quality support.
- Comments from people and their relatives included, "There is no problem with staff shortages. Their punctuality is on the ball" and "I definitely feel the staff have the right background knowledge, especially the older ones".
- The manager aimed to meet the needs of staff wherever possible. For example, with flexible work patterns,

specific rotas and limited working hours.

- The provider had systems in place to ensure recruitment practices were safe. During our inspection we made a suggestion about making the job application form more detailed. This was actioned immediately. Criminal and employment checks were carried out to confirm staff were suitable to work with people in their homes.

#### Using medicines safely

- People were supported by staff who followed systems and processes to administer and record the management of medicines safely.
- Staff completed training in the safe management and administration of medicines. Their competency in medicines administration was reviewed in practice during regular spot checks.
- Medicines administration records were kept electronically. This supported staff to clearly and accurately record medicine administration, in line with best practice.
- Medicines audits were carried out each month to ensure good practice and standards were maintained. Actions were taken if necessary to improve practice.

#### Preventing and controlling infection

- The provider had managed risks effectively during the recent coronavirus pandemic. We were assured that people were protected by the prevention and control of infection as far as possible. People who were in higher risk groups had been assessed and specific Covid 19 management plans were in place.
- Staff were supplied with appropriate personal protective equipment (PPE). The manager ensured there was always PPE in stock, and this was available to staff. Staff were trained in how to use PPE effectively and safely.
- Infection prevention and control policies and procedures were in place and reflected relevant national guidance about coronavirus.

#### Learning lessons when things go wrong

- Staff told us they always reported accidents and incidents. Records were audited and reviewed for themes or learning points.
- The manager was keen to learn from incidents and took appropriate action to improve where necessary. Minutes from staff meetings showed that accidents and errors were discussed and reviewed by the team to ensure learning could be shared. This helped to ensure people received safe care.
- Feedback was encouraged, and people and their relatives told us the management team were approachable and responsive.



# 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

- Planned assessments ensured the service was able to meet people's needs prior to accepting the care package. Care plans were developed which reflected people's needs, strengths and preferences.
- Care plans helped staff to meet people's needs and maintain their independence where possible. One person's care plan explained how much assistance they required in the shower, and how best to help them select their clothing. This supported staff to meet the person's needs safely whilst ensuring they still had choice and control.
- One person told us, "They always listen to me and take anything on board".
- A relative told us they made decisions jointly with staff about how their family member should be supported. They said staff followed their requests and instructions exactly.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant training. Training included essential subjects such as safeguarding, manual handling and infection prevention and control. Essential training was updated regularly to ensure staff continued to be skilled and follow current best practice.
- Staff were also encouraged to develop their skills and knowledge by undertaking additional training and qualifications. For example, some staff had completed training to support people with Parkinson's Disease and Motor Neurone Disease. One staff member told us they had expressed an interest in a clinical condition to the manager who found them a course to book by the next day. The staff member was pleased and felt the manager was "really proactive".
- Staff put their training into practice to ensure people were provided with high quality support and their rights were protected. One relative noted, "I think they have the right training and they are just made for the job they do".
- Staff received support through formal and informal supervision, appraisal and recognition of good practice. For example, the manager provided regular supervision and annual performance appraisals, as well as arranging regular social events and giving financial bonuses to recognise the efforts of staff.

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

- Staff supported some people to prepare meals and drinks.
- People's needs were assessed, and guidance and preferences were documented in care plans. For example, one person's care plan prompted staff to check food was safe to use, and another outlined what the individual usually preferred for their evening meal.

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

- Staff supported some people to attend routine and specialist health appointments to maintain their wellbeing and help them to live healthy lives.
- Personalised health information was available to staff. One person's care record noted they were fearful of hospital and medical staff and was therefore likely to refuse to have treatment without support. Staff worked with other professionals to provide timely and effective care and support.

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 MCA 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.

- People were empowered to make their own decisions. One person told us, "I'm more than happy with my care and I can make decisions for myself".
- Staff knew about people's capacity to make decisions and this was documented in care records. When people were assessed as lacking mental capacity for particular decisions, this was noted.
- At the time of our inspection, no applications had been made to the Court of Protection and no-one was considered to be deprived of their liberty.

# 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 staff were kind and supported them in the way they preferred. Comments included, "The staff have a great personality. They are caring. They are eager to help", "The staff are very caring and really good to talk to" and "The staff are like close friends".
- People's relatives were very happy with the support and care their family member received. One relative told us, "All the staff we get have been very caring, kind and helpful. I can't fault them. I can't praise them enough".
- Staff spoke with compassion and respect about people they supported. Comments included, "I like to give something back. I think about people as if they were my family" and "I love the people I meet and the stories I listen to. If I get a smile from someone I feel I've done a good job. I don't like to leave someone without a smile".

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

- People felt they were listened to by staff and their views were valued. People told us, "They generally listen to what you have to say, and they in turn are very informative" and "Staff are eager to help. They sit and chat with me and never refuse anything extra I ask them to do".
- Staff respected people's choices. They told us they always asked people what they preferred and respected that preferences could change at any time.
- People and their relatives were supported to express their views and give feedback about the care they received. Everyone gave very positive feedback in a survey carried out in November 2021, although some minor areas for improvement were identified by people. When the survey was repeated in April 2022, it was clear that these areas had been addressed. For example more staff worked at weekends and staff training had been developed. In both surveys there were high levels of satisfaction in all areas.
- Staff told us they usually had time to spend with people during visits. This meant they were able to listen to people, support them in making decisions and get to know people and their views.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and that staff were respectful towards them. One person said "The staff are lovely. They always listen to me and take anything on board".
- One person's care record noted that they did not like the term 'carer', but preferred 'support worker'. Staff were also reminded that the person didn't like to feel as if people were 'taking over' in their home. Staff told us they were mindful that they were guests in people's homes.
- Staff understood the importance of respecting people's privacy and dignity. They told us about ways in

which they asked and listened to people and demonstrated they were sensitive to individual preferences and lifestyle choices.

- People were encouraged to maintain and develop their independence. One person said, "I feel my independence is promoted and I can have my say on any aspect of the support I get". A staff member told us, "We're just there to guide and encourage people to be as independent as possible. That is what keeps them going".
- Care records gave staff guidance about when people needed assistance or encouragement, and what the individual could do for themselves. One relative told us their family member needed support with personal care but was pleased that staff still encouraged them to wash their face independently.

# 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

- People told us they received support which was personalised and reflected their needs and preferences. For example, most people had told the manager that they preferred female staff to support them and this was achieved.
- People's care records were reviewed regularly, and changes made where necessary. This helped staff to provide people with support which met their needs effectively, safely and in line with their preferences. One care record described how a named member of staff was slowly building up a rapport with a person and working towards carrying out personal care and health checks. It was important that other staff were aware of this to enable a trusting relationship with a key staff member to develop gradually.
- One relative told us, "I'm aware of a care plan and I feel it reflects my relative's current care. The staff update the [electronic system] with anything they do on a daily basis". Another relative said, "They know my relative very well and know how to respond to them. They know their likes and dislikes and respond accordingly".
- Staff told us managers were responsive when people's needs changed. One staff member said, "[Manager] is very good. If we need longer, it's always ok. We have to adapt, and the team always do that".

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had access to information in formats they could use and understand.
- People's care plans contained information about their communication needs and how staff should support people most effectively. For example, one person's care plan noted that their hearing was impaired, and they had hearing aids, but also explained they chose not to wear them. Staff were prompted to speak slowly in another person's care record.

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

- Care records contained information about people's interests and what they had previously enjoyed doing. This prompted staff to discuss meaningful activities or encourage people where possible.

- Some people were supported to participate in social and leisure interests on a regular basis. For example, one person enjoyed going out for a drive and another appreciated staff helping them with puzzles at home.
- The manager had established a day service in the local area for people living with dementia. This supported people to develop new interests and friends and reduce social isolation.

#### Improving care quality in response to complaints or concerns

- People and their relatives told us they could raise concerns or complaints easily if necessary. Comments included, "I couldn't fault the company and if I had any complaints, I feel it would be acted upon promptly" and several people said, "I've never had cause to complain".
- One complaint had been recorded in the previous 6 months. This was investigated, and although it was found to be a misunderstanding, learning was shared with the team to ensure standards remained high.

# 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

- The culture was person-centred and open and aimed to achieve good outcomes for people. Through regular discussion, managers engaged with staff, people who used the service and their relatives to shape the service's culture.
- The manager was very visible and active in the service. They worked directly with people and led by example to promote a positive culture.
- The manager and office team were regularly in touch with people, relatives and staff and were motivated to work with them to provide a high quality service which had people's needs and wishes at its heart. A set of values had been developed which had a local, supportive and positive ethos. These were reflected by the staff we spoke with.

• Feedback about the service from people and their relatives was overwhelmingly complimentary.

Comments included, "The staff are as good as gold. All the staff we get have been very caring, kind and helpful. I can't fault them. I can't praise them enough. They are just like angels really, simply can't say more than that", "The staff are caring and eager to help. They are 100% reliable and like an extended family" and "The staff are wonderful people to talk to. They are very friendly and caring. We are both sad when they leave. We look forward to them being here, as they lift up the mood in general".

- Staff were able to speak with each other and the management team at any time. They felt respected, well supported and valued. This led to a positive culture which helped to achieve good outcomes for people. Comments from staff included, "I love how kind and helpful everyone is. I go home every day feeling satisfied that I've done a good job. I love working there" and "I do the best job I can. This is the best job I've ever had".

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 open and approachable and understood their responsibilities following an incident.
- Systems and processes were in place to monitor the service being provided and prevent similar incidents in the future.

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

- The manager had the skills, knowledge and experience to perform their role and a clear understanding of

people's needs.

- Staff knew and understood what the service aimed to do and the part they had to play in the team to consistently deliver good quality support.
- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality support. Quality assurance systems included regular checks such as audits of care plans, risk assessments and medicines management.
- The manager understood and demonstrated compliance with regulatory and legislative requirements. For example, keeping up to date with government guidance about coronavirus and sending CQC notifications. Notifications are information about important events the service is legally obliged to send us within required timescales.

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

- The manager sought feedback from people and their relatives and used the feedback to develop the service. Recent responses to a survey were positive, and actions had been taken as needed.
- Staff were encouraged to be actively involved in the service and to give feedback and suggestions. Staff told us, "We can always chat to the manager" and "[Manager] will always take on suggestions. We all put our bit in".

Continuous learning and improving care; Working in partnership with others

- The service worked well with health and social care organisations to ensure people received the care, support and treatment they required.
- The manager was proactive in requesting support and guidance from external professionals to ensure they were meeting all requirements and delivering improvements.
- One professional told us, "As a new agency they have 'learnt lessons' which they have reflected on and have changed systems to adapt. [Manager] accepts 'constructive criticism' in such a positive way that you can see she has a drive to deliver a quality service against the regulations but is happy to learn at every opportunity".
- Professionals were positive about the quality of the service and the staff team. Comments included, "I wouldn't go to any other care provider" and "They are a good local provider. That's important, it's all local".
- The manager was reflective about the challenges which had been faced by opening a new service in the community during the coronavirus pandemic. They had learned from their experiences and continued to develop the service at a pace which met the needs of people, their relatives and staff.