

Sunshine Health Care Services Limited

Kingston Upon Thames

Inspection report

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Ratings

Overall rating for this service	Inadequate ●
Is the service safe?	Requires Improvement ●
Is the service well-led?	Inadequate ●

Summary of findings

Overall summary

About the service

Kingston-Upon-Thames 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. At the time of the inspection, there were two people receiving the regulated activity of personal care.

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

People were not always protected against avoidable harm as the nominated individual failed to ensure risk management plans were robust. People's medicines were not managed in line with good practice. Incidents and accidents were not always recorded, and lessons were not learnt when things went wrong. People were protected against the risk of cross contamination as there were infection control measures in place. People were protected against the risk of harm and abuse and staff received safeguarding training to keep people safe. People received care and support from staff that had undergone pre-employment checks.

People did not receive a service that was well-led. The service continued to be without a registered manager. There continued to be widespread failings in the management of the service. The service continued to be delivered from an un-registered location. Audits undertaken failed to identify issues found during the inspection. The nominated individual failed to ensure there was continuous learning and improvement of the service. Records confirmed people's views were sought and there was evidence the service worked in partnership with other healthcare professionals.

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 inadequate (published 7 April 2020).

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. As a result, we undertook a focused inspection to review the Key Questions of Safe and Well-led only.

We reviewed the information we held about the service. Ratings from previous comprehensive inspections for those Key Questions were used in calculating the overall rating at this inspection.

We have found evidence that the provider needs to make further improvement. Please see the Safe and Well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Kingston Upon Thames on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to safe care and treatment, good governance and registration requirements at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

Special Measures

The overall rating for this service is 'Inadequate' and the service remains in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration. For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 well-led?

The service was not well-led.

Details are in our well-Led findings below.

Inadequate ●

Kingston Upon Thames

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

This inspection was carried out by two inspectors.

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 did not have 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 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection.

Inspection activity started on 31 July 2020 and ended on 7 August 2020. We visited the office location on 31 July 2020.

What we did before the inspection

We reviewed information we had received about the service since their previous inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in

this report. We used all of this information to plan our inspection.

During the inspection

We spoke with one person and two relatives. We also spoke with three staff members, this included care staff and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We looked at two care files, three staff recruitment files, training records, policies and procedures and other records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at audits, policies and risk management plans.

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 Inadequate. At this inspection this key question has improved to requires improvement. This meant 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.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management; Using medicines safely

At the last inspection the nominated individual failed to ensure people received their medicines in line with good practice. Staff had not been trained or assessed as competent to administer medicines to people and records confirmed people did not receive their medicines as intended by the prescribing G.P. Risk management plans were not robust and failed to give staff clear succinct guidance on how to keep people safe.

These issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found there had not been sufficient improvement and were still in breach.

- At this inspection we identified one person's Medicine Administration Record (MAR) stated the person required their prescribed creams four times a day, however the MAR had not been signed to indicate the medicine had been administered for the month of June 2020. Nor did the MAR indicate exactly where the cream was to be administered. Staff had failed to use the provider's key codes, to identify the reasons why the medicines had not been administered.
- Of the two people's MARs we reviewed, we identified that there was no reference to whether people had any allergies the staff member should be aware of.
- Although records confirmed the nominated individual carried out assessments of staff's competency to administer medicines, these were not robust and did not highlight the issues we found during the inspection.
- We shared our concerns with the nominated individual who sent us a separate MAR with the creams signed for.
- Despite risk management plans being regularly reviewed and updated, we found further improvement was required to ensure people were kept safe from avoidable harm. For example, one risk management plan identified a person required support with transferring from the chair to bed and vice versa. However, there was no clear nor specific guidance for staff to follow to ensure this was done safely.
- We also identified a risk management plan referred to using a Zimmer frame and 'any suitable special equipment, designated for [the person].' However, the plan failed to specify what 'special equipment' they were referring to. This meant people were at risk of receiving care and support from staff who did not have adequate guidance on how to support the person to mobilise safely.
- People's relatives told us they weren't always consulted in the development of people's risk management

plans. For example, one relative said, "I don't think anyone has gone through the risk assessments with us."

- Staff were aware of the provider's safeguarding policy and records confirmed they had received safeguarding training. Staff confirmed they would report any suspected abuse and would whistleblow should they witness bad practice. At the time of the inspection there were no on-going safeguarding concerns being investigated.

Staffing and recruitment

At the last inspection, we identified staff were not always recruited safely. The nominated individual did not always explore risks indicated by these, nor put measures in place to mitigate these risks. The nominated individual had not assured themselves that staff were suitable to support people before they started work. Staffing rotas were confusing, and it was not easy to determine which staff worked with which service users, and when.

These issues were a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014. Sufficient improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- At this inspection we reviewed staff files and found that improvements had been made in the safe recruitment of staff.

- Staff files contained photographic identification, proof of address, satisfactory references, employment history details and a Disclosure and Barring Services (DBS) check. A DBS is a criminal records check employers undertake to make safer recruitment decisions.

- Since the last inspection the nominated individual had made further improvements in relation to staff rotas. At this inspection, rotas clearly indicated which staff worked with which people and when allocated visits were scheduled.

- People and their relatives spoke positively about the staff deployed, confirming on the whole staff arrived on time for their allocated visit and stayed the full duration of the call. Staff were aware of the importance of informing people should they be running late.

Learning lessons when things go wrong

- At the last inspection insufficient progress had been made to confirm lessons were learnt when things go wrong. At this inspection we found there had been no further progress. We will review this at their next inspection.

Preventing and controlling infection

- In light of the Covid-19 pandemic the nominated individual had liaised with the local authority and other professional healthcare services to ensure they had adequate personal protective equipment (PPE) to keep people and staff safe.

- People confirmed staff wore PPE when attending their homes. For example, one person said, "The staff use gloves, aprons and masks when coming here [into my home]."

- The nominated individual had an infection control policy in place which gave staff clear guidance on how to minimise the risk of cross contamination and how to effectively wash their hands. Records confirmed staff received infection control training.

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 Inadequate. At this inspection this key question has remained the same. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 and Managers and staff being clear about their roles; and understanding quality performance, risks and regulatory requirements and Continuous learning and improving care

At the last inspection we identified continued systematic and widespread failings in the overall management of the service. The nominated individual failed to carry out robust audits of the service and identify issues. The nominated individual failed to ensure meeting minutes were an accurate reflection of meetings held.

These issues were a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

The nominated individual also continued to deliver the regulated activity from an unregistered location. This was a breach of section 33 of the Health and Social Care Act 2008. Not enough improvement had been made at this inspection and the provider was still in breach of registration regulation s.33.

- At this inspection the nominated individual continued to deliver the regulated activity from an unregistered location.
- During the inspection we identified the nominated individual had failed to make significant improvements to the auditing systems, which were not comprehensive or robust and had failed to identify issues and take action to address them.
- The medicines audit for one person had been copied and pasted onto another person's audit. For example, where it identified the staff were not to administer any oral medicines, it states 'self-administering, person's '[relatives]' is in charge of medication,' despite the person living alone. This was repeated for April, May and June 2020.
- People's care plan audits failed to identify issues in relation to unclear guidance for staff in keeping people safe. Furthermore, the audit stated, 'All risk assessment checks and up-to-date.'
- The nominated continued to fail to ensure there was continuous learning and improving. This was evidenced in the continued and on-going breaches identified during this inspection. For example, there had been no record of any incidents and accidents since the last inspection. However, the nominated individual

had informed us prior to the inspection that one person had fallen and required medical treatment.

- The nominated individual was unable to give us a satisfactory response as to why he had failed to record the incident, or why the person's risk assessments and care plan had not been reviewed in light of the accident. We requested the nominated individual share a copy of the incident form, which was submitted to us after the inspection. We will continue to monitor this at their next inspection.
- At the time of this inspection, the nominated individual confirmed they had employed a staff member with the view of them being registered with the Commission to manage the service, however, they had not applied to become registered after the inspection the new manager applied to be registered with the Commission.
- Despite our findings, people and their relatives spoke positively about the management of the service. Comments included, "absolutely think the service is well managed, I couldn't want anything better. I can easily get hold of [nominated individual], I can contact him 24 hours a day if I wanted to." And, "I think [nominated individual] is a good manager. I have his number so can reach him."

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

- People's views continued to be sought through regular quality assurance questionnaires and telephone monitoring. We reviewed the completed questionnaires which indicated people were satisfied with the care provided.
- One relative told us, "We have filled out a form letting them know what we think. I have never had to make a suggestion about how they can improve, I don't need to."

Working in partnership with others

- At the last inspection there was no evidence the nominated individual worked in partnership with other healthcare services. At this inspection records confirmed the nominated individual worked with the G.P, district nurse, local hospital, pharmacist and the local authority.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Section 33 HSCA Failure to comply with a condition The provider failed to comply with a condition. Section 33 of the Health and Social Care Act 2008.

The enforcement action we took:

Continue to impose conditions on provider's registration.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure safe care and treatment. Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014. Regulation 12(2)(a)(b)(g)

The enforcement action we took:

Continue to impose conditions on provider's registration

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure good governance. Regulation 127of the Health and Social Care Act 2008 (Regulated Activities) 2014. Regulation 17(1)(2)(a)(b)(c)(f)

The enforcement action we took:

Continue to impose conditions on provider's registration