

# 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?	Inadequate 
Is the service effective?	Inadequate 
Is the service caring?	Good 
Is the service responsive?	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, personal care.

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

People continued to receive support from a service that was not always safe. The provider continued to fail to ensure recruitment procedures were robust to ensure suitable staff were employed. Risk management plans did not always give staff clear guidance on how to mitigate risks. People's medicines were not always managed safely and in line with good practice. There continued to be insufficient evidence to determine whether lessons were learnt when things went wrong. Staff were aware of how to identify, respond to and escalate suspected abuse. People continued to be protected against the risk of cross contamination.

People continued to receive care and support from a service that was not effective. Training provided to staff was not always robust and staff did not receive medicines or end of life care training. Staff did not regularly reflect on their working practices as supervisions were sporadic. People's food and drink requirements and preferences were not recorded. Guidance given by healthcare professionals failed to be documented and there was no evidence guidance was implemented into the delivery of care. People's consent to care and treatment was sought. The Nominated Individual had devised a pre-admission form for potential new care packages.

People did not receive a service that was well-led. There continued to be systematic failings in the oversight and monitoring of the service. Audits were not robust and did not identify issues we found during this inspection. The service did not have a registered manager in place. There was insufficient monitoring of people's views to drive improvements. There was insufficient evidence to confirm the Nominated Individual worked in partnership with other stakeholders.

Care plans were not always person-centred. People told us they were not always consulted in the development or review of their care plan. People's wishes were not always clearly recorded in people's care plans. People's end of life wishes were not documented. There had been no complaints received in the last 12 months.

People told us staff were caring, kind, knew them well and treated them with respect. Staff received equality and diversity training. Relatives confirmed staff members encouraged people's independence.

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.

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

The last rating for this service was Inadequate (published 6 August 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. The service has been in special measures since 6 August 2019. At this inspection the provider demonstrated insufficient improvements have been made and the service remained in special measures.

### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We have found evidence that the provider needs to make improvement. Please see the Safe, Effective, Caring, Responsive 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](http://www.cqc.org.uk).

### Enforcement

We have identified continued breaches of the regulations in relation to safe care and treatment, fit and proper persons employed, staffing, good governance, meeting nutritional and hydration needs and registration requirements.

We have also made a recommendation in relation to quality monitoring systems.

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.

Since the last inspection we recognised that the provider had failed to display their inspection rating. This was a breach of regulation and we issued a fixed penalty notice. The provider accepted a fixed penalty and paid this in full.

### 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 safe.

Details are in our safe findings below.

**Inadequate** ●

### Is the service effective?

The service was not effective.

Details are in our effective findings below.

**Inadequate** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive 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 first day of this inspection was carried out by one inspector and an inspection manager. The second day 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.

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 3 February 2020 and ended on 18 February 2020. We visited the office location on 3 and 12 February 2020.

#### What we did before the 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 reviewed information we had received about the service since the last

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

#### During the inspection

We spoke with one relative. We also spoke with three members of staff, including care workers and the Nominated Individual. A Nominated Individual has overall responsibility for supervising the management of the regulated activity, and ensuring the quality of the services provided. We reviewed a range of records including, two care records, three staff records, policies and procedures, risk management plans 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 daily records and records relating to training.

# 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 remained the same. This meant people were not safe and were at risk of avoidable harm. Some regulations were not met.

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 provider failed to ensure people were protected against identified risks. Risk management plans were incomplete, or not in place. Guidance for staff to mitigate identified risks were not in place and control measures were inadequate. People's medicines were not managed in line with good practice. Staff did not receive medicines management training and failed to maintain accurate records of medicines administered. The provider had failed to record people's visit times; therefore, it was unclear to evidence that people received care and support at the times agreed, in line with their preferences.

These issues were a breach of Regulation 12 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 12.

- At this inspection we identified although the provider had made some improvements, there continued to be systematic failings in the monitoring of people's safety.
- Staff were aware of how to raise a safeguarding concern. A staff member told us, "If I was concerned about a person I would ask the client, make sure they were safe, then report it to the manager. You have to make sure you document everything. I would also let the person's relative know and write a report for the safeguarding investigation."
- Risk management plans detailed identified risks, for example, eating and drinking and mobility. Although we had identified improvements had been made to the risk management plans, further guidance for staff to keep people safe was required. For example, one risk management plan stated one person required support to mobilise with the use of a mobility aid. However, there was no clear guidance on how to safely support the person to mobilise. We shared our concerns with Nominated Individual who confirmed they would amend the risk management plans.
- Staff had not been trained or assessed as competent to administer medicines to people. Medicine Administration Records (MARs) showed that medicines were not always administered as prescribed, with one medicine being missed by a care worker for the entire month of December 2019. The provider did not take any action about this, or seem to be aware of it until we pointed it out to the Nominated Individual.

### Staffing and recruitment

At the last inspection, we identified people did not always receive care and support from staff that had undergone robust pre-employment checks, to keep them safe. We also identified, not all staff were in receipt

of a Disclosure and Barring Services Check (DBS) and three staff had not provided a reference. We also identified there were no records to indicate how the provider ensured staff members arrived on time for their visits and if they stayed the full duration of the visit. There was no evidence the provider monitored visits to ensure people received the care and support as agreed.

These issues are a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 19.

- At this inspection we identified that although the provider had made some improvements, further improvements were needed.
- Staff were not always recruited safely. Staff files contained evidence of pre-employment checks such as an application form, Disclosure and Barring Services (DBS) and references. However, the provider did not always explore risks indicated by these, nor put measures in place to mitigate these risks. For example, one care worker's DBS showed recent convictions that may indicate they were not suitable to support people, however this was not explored further by the provider and there was no risk assessment in place to mitigate potential risks to people using the service.
- The provider had not assured themselves that staff were suitable to support people before they started work. One reference was dated the day immediately before our inspection visit, when records showed the staff member had commenced delivery of personal care with the service in August 2019.
- All staff records we viewed showed that the staff member had the appropriate right to work in the UK.
- Staffing rotas were confusing, and it was not easy to determine which staff worked with which service users, and when. One care worker told us they had supported a specific person, but this was not reflected on the rota, in the person's daily notes or on the person's MAR.
- Despite our findings, one relative told us staff usually arrived on time for their visit and stayed the full duration.

#### Preventing and controlling infection

- At the last inspection the provider was unable to confirm if the service had an infection control policy in place. At this inspection, the infection control policy was available to review.
- People continued to be protected against the risk of cross contamination, as the staff were provided with adequate Personal Protective Equipment (PPE) to manage infection control. PPE equipment available to staff, included gloves, aprons, shoe covers and sanitizing hand-gel, staff confirmed this.

#### Learning lessons when things go wrong

- Although the provider had made some improvements to the service since the last inspection, insufficient progress had been made to confirm lessons were learnt when things go wrong. For example, there continued to be issues in relation to staff training, records management, care plans and other aspects of the management of the service.
- We will review this at our next inspection.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has remained the same. This meant there were widespread and significant shortfalls in people's care, support and outcomes.

**Staff support: induction, training, skills and experience**

At the last inspection we identified people did not receive care and support from staff that had the necessary skills, experience and knowledge to deliver effective care; and we were not assured that staff received the appropriate level of support, training or induction to carry out their roles.

These issues were a breach of Regulation 18 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 18.

- At this inspection we identified further improvements were needed.
- Staff received induction training on 26 September 2019. This consisted of a one-day session covering health and safety; information management; fire safety; equality and diversity; infection control; food hygiene; basic life support; moving and handling; safeguarding adults and children; Mental Capacity Act 2005, Deprivation of Liberty Safeguards; complaints and conflict and lone working. This meant staff did not receive in-depth training to enhance their knowledge and skills, to carry out their roles effectively. The training did not include medication administration or end of life care. There was no assurance that staff had been supported to demonstrate competency in these areas.
- The Nominated Individual had booked a one-day, face-to-face course for moving and handling (including competency assessment) for 3 April 2020 but no additional training had been booked in other subject areas.
- Each care worker had records of an annual appraisal and occasional supervision. However, supervisions were not regularly conducted to ensure staff were fully supported in their roles. Care workers had also completed the requirements of the Care Certificate.
- A staff member told us, "I did some shadow shifts before I worked alone with people. It's really important to get to know the client first, they have to trust you."
- Despite our findings, a relative told us, "I think the staff we have had are well trained, they are very helpful and do what I want."

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

At the last inspection we identified people did not always receive effective support in accessing enough food and drink to maintain a balanced diet. There was minimal reference to people's dietary requirements documented; and care plans did not stipulate people's preferences in relation to foods they liked and disliked. Nor did staff document people's food and drink intake.

These issues were a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 14.

- At this inspection, we identified improvements had been made to people's care plans, which now detailed if people required support with eating and drinking. However, people's food preferences or dietary requirements were still not documented.
- We shared our concerns with the provider who told us, "We do not ask if people would like a drink or something to eat, as they can do this for themselves." However, this was in direct contrast to what one person's care plan which stated, 'Staff must ask [person] what she likes to eat or drink when preparing meals for her at mealtimes.' The provider also confirmed staff did not offer to make people something to eat or drink before leaving.
- We reviewed the daily logs for both people using the service and identified there were no records relating to what people had or had not eaten. Although the provider stated the service did not provide meals for people, it was unclear as to how staff monitored to see if people were having sufficient amounts to eat and drink to meet their nutritional needs.

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

At the last inspection we identified care plans did not document people's diagnosis, prognosis, health or medical needs. We also identified, where people's health had deteriorated, the provider neglected to seek medical help for them in a timely manner, and failed to support one person to access healthcare services. .

These issues are a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 13.

- At this inspection we identified the provider continued to fail to consistently document people's past medical history, diagnosis or medical needs. This meant that there was a risk staff may not be aware of people's health needs and how to identify when there was a deterioration in someone's health and well-being.
- We also identified there was insufficient evidence to confirm the provider sought guidance and support from healthcare professionals to monitor and maintain people's health and well-being.
- One care worker told us they had worked closely with one person's catheter nurse as the person's catheter often blocked; however this was not recorded and was not reflected in the person's care plan or risk assessment.
- We shared our concerns with the provider who told us District Nurses were involved in people's care and support, however there was no evidence to show guidance provided was implemented into the delivery of care.
- Daily notes detailed people's presentation, however comments from numerous entries were identical and did not give a clear picture of people's health and as to whether there had been a deterioration in people's condition.
- Despite our findings, a relative told us, "They [staff members] will tell me if they think I should perhaps speak with the district nurse. The staff will advise me."

These issues are a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

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

At the last inspection we identified people's care files did not include any evidence of a pre-assessment, to ensure that staff members could effectively meet people's presenting needs.

These issues were a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 9.

- At this inspection we identified the provider had now devised a pre-admission assessment document which looked at aspects of people's needs, to determine as to whether these could be met by the service.
- Pre-admission plans covered things such as mobility, eating and drinking, personal care, medicines and preferences in relation to when people like to get up or go to bed. Once it was determined the service could meet the person's needs, a care plan was developed.

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

- At this inspection there continued to be insufficient evidence to determine whether the provider worked with other agencies to provide consistent, effective, timely care.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- A relative told us, "Oh yes, they [staff members] ask [my relative's] permission before they do things. They will explain why they are doing things."
- Staff were aware of their role and responsibilities in line with legislation. For example, one staff member said, "If I was concerned a person didn't have capacity [to understand and make decisions], I would ask their next of kin and report it to their social worker."
- The provider had a MCA policy in place, which staff could access.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Relatives confirmed people were supported to express their views and make decisions about the care they received, however this was not always recorded in their care plans.
- Staff were aware of the importance of supporting people to make decisions.
- Since the last inspection the Nominated Individual had sent people and their relative's questionnaires to gather their views, however these were not robust. For example, questionnaires did not cover all aspects of the service provided and were not always dated.

Ensuring people are well treated and supported; respecting equality and diversity

- People's relatives confirmed they were treated with respect and staff were caring, and kind. One relative said, "The staff are very friendly and helpful. If we need anything done or have a problem, they will always help me out. We are really pleased with our main carers."
- Staff members spoke positively about the people they supported and clearly knew them well.
- Staff received equality and diversity training.

Respecting and promoting people's privacy, dignity and independence

- At the last inspection the Nominated Individual did not document people's dependency levels. At this inspection we identified the level of support people required was documented.
- Relatives confirmed staff sought to promote people's independence. For example, one relative said, "They [staff members] encourage [my relative] to do things for himself."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

At the last inspection we identified care plans were not personalised and staff were not in receipt of end of life care training and did not know whether people were subject to a Do Not Attempt Resuscitation order.

These above issues were a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 9.

- At this inspection, we identified the provider had made improvements to the care plans. Care plans were more personalised and gave staff some guidance on how to meet people's identified needs.
- Care plans covered, for example, people's health, medical and social needs and were regularly reviewed to reflect people's changing needs. Support plans identified the level of support people required, for example with personal care and mobilising safely. However, care plans did not always identify people's medical history or diagnosis.
- However, further improvements were required to ensure people's wishes were clearly identified and documented. We shared our concerns with the provider who confirmed this would be addressed. We will review this at our next inspection.
- The Nominated Individual sent us copies of unsigned care plan review documents to confirm people's care was reviewed and their wishes were taken into consideration. However, a relative told us, "I have read the notes on the care plan, but we haven't actually spoken about it. Whatever is in the care plan is what the staff do."
- At this inspection we identified the provider had an End of Life policy in place, available to staff.
- People's end of life wishes were not documented. We shared our concerns with the provider who confirmed they would be addressing this sensitively with people. We will review this at their next inspection.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were clearly documented in their care plans. For example, their preferred method of communication and the way staff should interact with people.

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

- At the last inspection, we identified not all relatives were aware of the provider's complaints policy, however they were confident they could raise any concerns or complaints and that these would be managed effectively.
- We identified there had been no complaints received by the service since our last inspection. One relative told us, "I could say if I wasn't happy with something. But I have never had to complain."

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

At the last inspection we identified systematic and widespread failings in the overall management and oversight of the service. The provider failed to ensure their public liability insurance was up-to-date. The provider failed to carry out robust audits of the service to monitor the service provision and drive improvement. For example, there were no medicines management audits, staff files, training or risk management plan audits carried out. In addition to this, there were no staff rotas available. We also identified records were not completed nor easily accessible.

These issues were a 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.

- People continued to receive care and support from a service that was not well-led. At this inspection we identified that although there had been some improvements in the oversight of the service, there continued to be systematic and widespread failings in the management of the service. The provider had devised auditing systems, however these were neither comprehensive nor robust and failed to identify issues we found during the inspection. Furthermore, suitable action had not been taken to address the widespread concerns we had identified at our last inspection.
- The Nominated Individual had completed an audit form for each month between August and December 2019. However, these were very brief and did not identify action to be taken to address issues found, such as a medicine being missed by a care worker for an entire month.
- During the inspection we raised our concerns with the provider who told us, "We were not on top of updating documents. When you last visited the computers were not connected." However, the provider failed to give a satisfactory response as to why records were not completed or easily accessible.
- The NI showed us records of monthly staff meetings that they told us had taken place. The minutes for the meeting recorded as taking place in November 2019 directed staff to complete outstanding training by March 2018. We saw that the minutes of the meeting for January 2020 referred to staff that had left the employment of the service more than a year before. The previous registered manager and two care workers that were recorded in the minutes as having attended the meeting, told us the last meeting they attended

took place in November 2019. We therefore could not be assured that the minutes were an accurate record of the meetings, the decisions made and the actions agreed.

- At this inspection the registered manager had left their employment and the service was currently without a registered manager. We shared our concerns with the provider who told us, "I'm still looking for a registered manager. I haven't found the right person. I'm advertising via word of mouth." We were not satisfied that the provider was utilising all means possible to ensure the service was adequately managed. At our last inspection the provider had moved out of their registered offices in Kingston-Upon-Thames in May 2019, without notification or application to the Commission. 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.

- Since the last inspection, the provider had unsuccessfully attempted to register the location as there wasn't a registered manager application accompanying the add location application. The provider had not taken sufficient, prompt remedial action to ensure that the previously identified registration issue was adequately resolved. This meant people were receiving care and support from a service location that was unregistered.

- Despite our findings, people and staff spoke positively about the management of the service. Comments included, "The manager is very supportive and very flexible", "[The Nominated Individual] is helpful. We are satisfied with the service we receive."

- The provider had a clear understanding of the Duty of Candour.

- After the last inspection, the provider failed to display their CQC inspection rating on their website. This was a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider accepted and paid the Fixed Penalty Notice.

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

- The provider told us they sought people's views through regular telephone monitoring and questionnaires, which covered aspects of the care and support provided by Kingston-Upon-Thames.

- However, during this inspection we saw undated records of two phone calls with people who use the service, labelled as 'quality assurance checks'. The quality assurance checks were neither robust nor comprehensive. The Nominated Individual was unable to give us a satisfactory response.

We recommend the service review its quality monitoring process and update their practices accordingly.

Continuous learning and improving care

- At this inspection we identified the provider had made some improvements. However, there was insufficient evidence to confirm there was continuous learning and improvement of care. We will review this at our next inspection.

Working in partnership with others

- Although the provider told us they worked in partnership with other healthcare professionals and stakeholders, we found no evidence to confirm this. We will review this at our next inspection.