Lifeworks Charity Limited

Sesame

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on the 18 and 19 April 2018 and was unannounced. Sesame is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Sesame is registered to provide personal care and support for up to four people living with a learning disability and/or autistic spectrum disorder. Some people also had long-term health conditions, complex communication needs, or behaviours that may be seen as challenging.

Sesame had a registered manager, however at the time the inspection they were on a period of planned leave. An interim manager had been appointed by the provider to oversee the home in the registered managers' absence. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the home is run.

Sesame had been developed and designed prior to Building the Right Support and Registering the Right Support guidance being published, we found it followed some of these values and principles. These values relate to people with learning disabilities being able to live an ordinary life.

We looked at the home's quality assurance and governance systems to ensure procedures were in place to assess, monitor, and improve the quality and safety of the services provided. Although some systems were working well, others had not been effective, as they had not identified the concerns we found during this inspection.

The provider did not have a systematic approach to determine the number of suitably qualified and competent staff required to meet people's needs at all times. We raised our concerns about people's safety at night with the nominated individual who took immediate action and increased the staffing levels at night from one to two waking night staff.

People were not always protected from the risk of harm because the systems in place to manage/ mitigate risks were not always effective. We looked at how the home managed people medicines; we found the system in place to manage people medicines, when they left the home placed people at risk. Following the inspection the interim manager confirmed that they had changed the system and reduced any associated risks. Other risks were managed well. People's care plans contained detailed risk assessments and clear guidance for staff on how to ensure people's safety was maintained, while encouraging people to be as independent as possible.

We checked whether the home was working within the principles of The Mental Capacity Act 2005 (MCA).

Whilst we saw staff obtaining people's consent, we found where a person's capacity to make complex choices or decisions was in doubt. Records did not show staff had assessed the person's capacity or where decisions had been made in a person's best interests, these were not always being recorded properly. We have recommended the home reviews all documentation relating to MCA and best interests decisions

We looked at the induction and supervision records for three staff. None of the staff files contained a completed induction. Staff we spoke with told us they did not feel supported and records confirmed that staff were not receiving regular supervision in line with the home's policy.

Staff told us people were involved in identifying their needs and developing their support. We found people's records contained out of date information; lacked detail and were not provided in a way that supported people to be involved in their care for example in a pictorial format. We have made a recommendation in relation to care planning.

People told us they were happy living at the home and liked the staff that supported them. Relatives told us they did not have any concerns about people's safety. People were protected from the risk of abuse. Staff treated people with kindness and supported people to lead full and active lifestyles, and follow their interests.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The home was not always safe.

Risks to people health, safety and well-being were not being effective assessed, managed or mitigated.

There were insufficient numbers of skilled and experienced staff to meet people's needs. The provider did not have a systematic approach to assessing staffing.

People received their medicines as prescribed.

Safe and robust staff recruitment procedures helped to ensure that people received their support from suitable staff.

Staff were aware of how to identify and respond to allegations and signs of abuse and how to raise any concerns. However, they had not recognised that some actions they were taking were possibly punitive.

Is the service effective?

Requires Improvement

The home was not always effective.

Records did not demonstrate that the principles of the Mental Capacity Act 2005 had been followed in relation to obtaining consent and best interests decisions.

The provider had not ensured staff had been provided with the support and supervision necessary for them to undertake their role.

People's health care needs were monitored and referrals made when necessary.

People were supported to maintain a balanced healthy diet.

Is the service caring?

Good

The home was caring.

People were supported by kind and caring staff.

Staff displayed caring attitudes towards people and spoke about people with kindness and respect.

People's privacy and dignity was respected and their independence promoted.

People were offered choices in how they wished their needs to be met.

People were supported to maintain relationships with family and friends.

Is the service responsive?

Good

The home was not always responsive.

People were at risk of not having their care needs met in a consistent way that respected their preferences. We have made a recommendation in relation to care planning.

People enjoyed a variety of social activities.

People were encouraged and supported to make complaints where appropriate.

Is the service well-led?

Requires Improvement

The home was not always well led.

The home had not notified the CQC of incidents at the home as required by law.

The provider did not have an effective quality assurance system in place to assess and monitor the quality and safety of care and services provided.

People's care records were not always accurate or kept up to date.

People were supported by caring and dedicated staff team

Sesame

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 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 Health and Social Care Act 2008, to look at the overall quality of the home, and to provide a rating for the home under the Care Act 2014.

This comprehensive inspection took place on 18 and 19 April 2018. The first day was unannounced; this meant the provider did not know we were coming. The inspection team consisted of one adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care home. The expert-by-experience for this inspection had experience in the care and support of people living with learning disabilities who may also have complex care needs. They spent time with people and staff to gain their opinions and views of the home.

Prior to the inspection, we reviewed the information we held about the home. This included statutory notifications we had received. A statutory notification contains information about significant events that affect people's safety, which the provider is required to send to us by law. The provider completed a Provider Information Return (PIR) before the inspection. The PIR is a form that asks the provider to give some information about the home, what the home does well and improvements they plan to make.

During the inspection, we met with all of the people living at the home as well as seven members of staff, an administrator, the interim manager and the nominated individual. A nominated individual is the provider's representative and is responsible for supervising the management of the regulated activity provided. We asked the local authority who commissions the home for their views on the care and support provided at Sesame. Following the inspection, we received feedback from five healthcare professionals and three relatives.

To help us assess and understand how people's care needs were being met, we reviewed two people's care records. We looked at the medication administration records and systems for administering people's medicines. We also looked at records relating to the management of the home: these included four staff recruitment files, training records, and systems for monitoring the quality of the services provided.

We used elements of the short observational framework for inspection tool (SOFI) to help us make judgements about people's experiences and how well they were being supported. SOFI is a specific way of observing care to help us understand the experiences people had of the care at the home.

Requires Improvement

Is the service safe?

Our findings

The home was not always safe. We identified concerns in relation to the understanding and management of risk in relation to people's medicines and staffing levels.

Staffing arrangements at night were not sufficient to ensure people's safety. Staffing levels during the day were assessed individually to help meet people's needs. Records showed that all of the people living at Sesame received 1:1 support within the home between the hours of 8am and 8pm and some received 2:1 support to enable them take part in things they liked to do. People were supported from 9pm by one waking member of staff and an 'on call' member of staff; this person was not on the premises. This meant that should the staff member need support in an emergency they would have to contact the 'on call' member of staff who might take some time to arrive at the home.

We looked at the care needs for all four people and found that people's safety at night could not be assured with the current staffing levels. There were insufficient staff on duty to meet people's needs in a safe and timely manner or in the event of an emergency. All of the people living at Sesame had complex care needs associated with their learning disability, autism or physical health. For instance, records showed one person required staff to check on them every 15 minutes throughout the night and sometimes required the use of emergency rescue medicines. Another person required staff to check on them every 30 minutes and required staff to support them to maintain their personal care needs. Records for another person showed they regularly required the assistance of staff to support them to manage their mental health and to help ensure their behaviour did not negatively impact on other people living at the home during the night.

We reviewed the provider's contingency plans to ensure people were kept safe in the event of a fire or other emergency. Each person had a personal emergency evacuation plan (PEEP). Records showed that all four people currently living at Sesame required assistant or prompting to leave the building in the event of an emergency or fire. This meant that due to the current staffing levels at night, people could not be assured they would be safe in the event of an emergency.

We explored the night-time staffing arrangements with the interim manager and nominated individual who told us the home did not use a specific staffing dependency tool to determine staffing levels. We asked them if they thought this level of staffing protected people and kept them safe at night. They agreed that the current staffing levels were not sufficient and took immediate action by increasing staffing levels at night from one to two waking night staff.

The provider did not have a systematic approach to determine the number of staff required to meet the needs of people living at the home and keep them safe at all times. This was a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

People were not always protected from the use of punitive practices. We reviewed people's care records and found one person living at Sesame had in place a document called 'Consequences to my Behaviour'. This was a contract between the person and staff, which stated that staff could remove the person's CD player if

they had been asked twice to turn the volume down and failed to do so. It would be returned the following morning. This person's care and support plan did not provide a clear rational as to why it would be necessary to have such a contract in place, who was involved or if the person had capacity to consent to these arrangements. When we asked senior support workers, why it was necessary to have this type of contract in place they were unable to tell us. We discussed what we found with the interim manager and nominated individual who removed the contract with immediate effect.

Failure to protect people from abusive practices and improper treatment is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were not always protected from the risk of harm because the systems in place to manage or mitigate risks were not always effective. We looked at how the home managed people medicines; we found the systems in place to manage people medicines when they left the home, placed people at increased risk. Were people required the use of emergency medicines to help them manage long-term health conditions, records showed and staff confirmed, the system in place required staff to sign these medicines out when they left the home and back in when the person returned from their trip. During the inspection, we observed this process and saw staff obtained a bag of rescue medicines from the medicines cabinet but they did not check its contents before signing to confirm they had the correct medicines. This placed people at risk, as staff could not be assured they would have the correct medicines people would need in an emergency. Staff told us they would not normally check the contents of the bag before leaving the home

We discussed what we found with the interim manager who agreed this potentially placed people at risk and assured us they would change the system. Following the inspection the interim manager confirmed the system had been changed.

Where people were prescribed medicines they only needed to take occasionally, such as for the management of pain or anxiety. Medication Administration Records (MARs) did not contain any guidance for staff as to when these should be used to help ensure those medicines were administered in a consistent way.

The provider failed to take sufficient action to ensure care and treatment was provided in a safe way, and that risks arising from people's medicines were being mitigated or managed. This was a breach of Regulation 12 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

People were given time and encouragement to take their medicines at their own pace and staff always sought people's consent. Staff had received training in the safe administration of medicines and records confirmed this. Medicine stock levels were monitored monthly and the home had appropriate arrangements in place to dispose of unused medicines, which were returned to the local pharmacy. We checked the quantities of a sample of medicines against the records and found them to be correct.

Other risks were managed well. People's care plans contained detailed risk assessments and guidance for staff on how to ensure people's safety was maintained, while encouraging people to be as independent as possible. Assessments included information on circumstances that may cause people to become anxious and advice on how people preferred to be supported if they were feeling upset. Where risks to people had been identified in relation to specific health conditions such as epilepsy. Protocols were in place to guide staff as to the appropriate action to take should the person have a seizure. This helped to ensure that people were being supported safely and consistently.

People who were able told us they were happy living at the home. Relatives we spoke with told us they did

not have any concerns about people's safety. People were protected from the risk of abuse. Staff told us what action they would take if they suspected a person was at risk of abuse and had a good understanding of their role in protecting people from harm. Staff demonstrated they were aware of their responsibility to help protect people from any type of discrimination and ensure people's rights were protected.

People were protected by safe recruitment processes. Systems were in place to ensure staff were recruited safely, and were suitable to be supporting people who might potentially be vulnerable. We looked at three staff files, which showed a full recruitment process had been followed which included obtaining disclosure and barring service (police) checks.

Where accidents had occurred these were recorded and reviewed by the registered manager. The home was clean, staff were aware of infection control procedures, and had access to personal protective equipment (PPE) to reduce the risk of cross contamination and the spread of infection.
There was an on-going programme to redecorate and make other upgrades to the premises when needed. Equipment owned or used by the home was suitably maintained. Systems were in place to ensure equipment was regularly serviced and safety checks had been carried out.

Requires Improvement

Is the service effective?

Our findings

People who lived at Sesame were living with a learning disability and/or autism, which potentially affected their ability to make some decisions. We checked whether the home was working within the principles of The Mental Capacity Act 2005 (MCA). Records showed staff had undertaken regular training and our discussions with staff showed that staff knew and understood their responsibilities.

Whilst we saw staff obtaining people's consent, we found people's records did not reflect the same level of understanding. Where a person's capacity to make a decision was in doubt or they lacked capacity to make complex choices or decisions in their life, records did always demonstrate that staff had assessed the person's capacity. For example in relation to accommodation, medication or consent to care planning arrangements. Where decisions had been made in people's best interests, these were not always being recorded properly. This meant we were unable to tell, if decisions were specific, made in consultation with appropriate people; such as relatives, or where being reviewed.

We raised our concerns with the interim manager who agreed that some people's records did not contain sufficient information to demonstrate the home was working within the principals of the MCA and assured us they would take action to address this.

We recommend that the home review all documentation relating to the MCA.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).We checked whether any conditions on authorisations to deprive a person of their liberty were being met. Records showed the registered manager had identified that some aspects of people's care and support were potentially restrictive. For example, all of the people living at Sesame were under constant supervision and were not able to leave the home unescorted in order to keep them safe. The registered manager had made the appropriate DoLS applications to the local authority. Three of these were still awaiting authorisation.

We looked at the induction and supervision records for three staff. None of these staff files contained a completed induction or any evidence that staff had had their competencies or skills assessed during their probationary period of employment. Supervision is an opportunity for staff to discuss concerns, work performance and/or their training and development needs. Staff we spoke with told us they did not feel supported by the homes management team and did not receive regular supervision with their line manager. None of the records we saw contained sufficient evidence to demonstrate that staff were receiving regular supervision or annual appraisals in line with the home's policy and expectations. We spoke with the interim manager about what we found. They explained this had been identified as an area that needed improvement and showed us their action plan which contained evidence of recent supervision taking place.

Failure to provide staff with the support and supervision necessary for them to undertake their role is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

There was a comprehensive staff training programme in place and staff confirmed they received regular training in a variety of topics. These included first aid, infection control, health and safety, food hygiene, safeguarding, mental capacity, DoLS and medication Specialist training included epilepsy, Makaton and autism awareness. The provider had also made a decision that all staff no matter how experienced would complete the Care Certificate and records we saw showed that staff were working towards achieving this. The Care Certificate is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support. Following the inspection, we received feedback from healthcare professionals who were currently supporting people living at the home. One healthcare professional said, "The staff group appear to meet the needs of each individual living at Sesame, knowing each person and how to support them appropriately is evident." However, another said, "staffs' lack of understanding of Autism did not enable a positive support approach" and they strongly recommended that staff undertook Positive Behaviour Support training. Records showed Positive Behaviour Support training had been booked to take place in May 2018.

People were supported to maintain good health. People were encouraged and supported to engage with a range of healthcare services and staff supported people to attend appointments. For example, records for one person showed a consultant who was supporting them to manage a long-standing healthcare condition had recently reviewed them. People's support plans included details of their appointments and staff we spoke with knew people well. Each person's care plan contained a health action plan that set out how his or her health care needs were to be met. Where changes to people's health or wellbeing were identified, records showed staff had made referrals to relevant healthcare professionals in a timely manner. For example, records for one person showed they had recently been reviewed by IATT (Intensive Assessment Treatment Team) following some concerns about the person's wellbeing. Following the inspection, we received feedback from a healthcare professional who confirmed that whilst the manager and staff made referrals, it was not always clear that they fully understood or acted on the advice they were given.

People were supported to maintain a healthy and balanced diet. Meals times were social occasions were people and staff engaged whilst enjoying their meals. Staff supported people to make choices at meal times with the use of picture cards and other visual aids. People who needed assistance from staff to ensure they ate and drank enough to maintain their health had their food and fluid intake monitored. Where people had specific dietary needs; for instance, lactose intolerant, these were fully understood by staff and catered for. People were involved in shopping for the home and cooking meals where they were able or wished to do so. People were freely able to access the kitchen with staff support and were encouraged and supported by staff to be actively involved with the preparation of their meals. For example, we saw one person prepare their lunch with the support of staff and later they baked muffins for everyone to enjoy after their dinner.

Accommodation was provided over two floors, whilst there was some shared areas such as the main lounge and dining room, people had their own private en-suite rooms where they could choose to spend time if they wished. There was also an activities room to which people had access, and a large comfortable dining room with seating area. Access to the kitchen was restricted with a wooden door/gate so that people could not enter the area without staff support.

People's bedrooms were spacious and people were able to personalise these with their own furniture and belongings. People were keen to show us their rooms and we saw people rooms reflected their interests and wishes. Each person was able to lock their room if they wished, but these could be opened from the outside in an emergency.

Good

Is the service caring?

Our findings

People who were able told they were happy living Sesame and liked the staff that supported them. As some people were unable to share verbally with us their experiences of the care provided, we spent time observing the way in which care and support was provided. We found there was a friendly and welcoming atmosphere within the home; staff knew people well and had an in-depth understanding of their individual likes, dislikes and personal preferences.

During our inspection we saw and heard people chatting pleasantly with staff and sharing jokes with them. Staff engaged people in conversations about their interests and preferences. Relatives' spoke of highly of the staff team comments included "They're all marvellous", "Amazing," "Calm" and "patient." One relative said "I know [person's name] is happy because they tell me and I know they are well looked after."

Each person had a key worker who supported them to develop their everyday living skills as well as new interests. Staff were provided with information about how to provide a 'good' day for people and recognised what was important to people. One staff member said, "We're good at providing person centred care. We all go above and beyond to ensure people are well supported." For example, one member of staff told us how they had created a piece of highly skilled artwork on one person's wall, which represented a natural waterfall.

Staff were familiar with people's individual communication methods and used this knowledge and understanding to support people to make choices and have control over their lifestyle. Staff described how they supported people to be as independent as possible and recognised that it was important that people were able to gain new experiences and take risks through clubs, sports and social events.

People's right to privacy and dignity was respected and promoted. All personal care was undertaken in private and we saw people were supported discreetly throughout the day. One staff member described how they preserved people's privacy and dignity. For example, making sure curtains and doors were closed whilst supporting a person with their personal care and making sure a person was covered as soon as possible after bathing. Staff spoke about and with people in a compassionate and respectful manner. They understood why it was important to respect people's dignity, independence, privacy and choices.

Staff treated people with kindness and respect. Staff cared about people's wellbeing and went out of their way to make people feel happy and offer them the freedom of choice. People were provided with picture boards to help them make decisions about what foods they wanted to eat, what activities they wanted to do and what order they wanted to complete tasks in. Staff told us about a notice board in the hallway which contained pictures of the staff on duty and some information about what was happening on that day. Although this was not up at the time of our inspection.

People had unrestricted access to their bedrooms and were able to spend time alone if they chose to. Where people were able and wanted to, they were provided with a key to their bedroom. Staff did not enter people's bedrooms without first knocking and waiting for a response. People were supported to decorate

their bedrooms how they wished and in ways that represented their personalities.

Staff recognised the importance of people's family and friends. Relatives said they were able to visit the home at any time and were always made to feel welcome. We saw there were no restrictions on people visiting the home and people were supported by staff to visit their family and friends.

Relatives described the home environment and the staff as being like a 'family'. One relative said, "They know and understand [person's name] very well." Another said, "They treat them all like their extended family." Relatives felt involved in their loved one's care and support and told us they were usually kept informed of any changes. However, some of the relatives we spoke to felt that communication in recent months had not been as good as it could have been. For example, no one from the company had contacted people's relatives to inform them of the registered managers planned leave or the appointment of the interim manager.

Good

Is the service responsive?

Our findings

People's needs were assessed prior to coming to live at the home. This formed the basis of a support plan, which was further developed after the person moved in and staff had got to know the person better.

People's care and support records contained detailed information about people's health and social care needs. They were written using the person's preferred name and reflected how the individual wished to receive their care. Each section of the care and support plan covered a different area of the person's care needs, for example, personal care, physical health, independent living skills, healthy eating, communication, mental well-being and emotional support, medication and managing risks. This provided staff with important information to enable them to build positive relationships and help them understand what really matters to people and how they wish to be supported to live their lives.

We saw the home had worked with the local IATT (Intensive Assessment Treatment Team) to develop Positive Behaviour Support plans (PBS) which guided staff on how to support people in managing their own behaviour and/or anxieties in a way, which caused the least amount of distress to the person, or others. PBS is a person-centred approach to people with a learning disability who display or at risk of displaying behaviours, which may challenge others. PBS plans contained detailed information on the signs and triggers that might indicate that the person was anxious or upset as well as any action staff should take to support the person during these times. For example, one person's support plan described the types of events, which may provoke feelings of anxiety or frustrations, such as busy places, unpredictable environments or being treated like a child. Staff were provided with guidance in how diffuse the situation.

Not everyone's care records contained the same levels of detail for example; one person used various soft shaped mats/cushions to support them during times of distress and staff told us they were provided with arm protectors to keep them safe. However, we found this person's care plan did not provide guidance for staff as to when or how this equipment could or should be used. Staff were able to describe how the equipment was used to support the person during times of distress but said they had not received specific training in its use.

Staff told us people's support plans were regularly reviewed and people were supported to be involved in all aspects of the care planning process if they wished to do so. Relatives we spoke with told us they had been involved in the initial care planning process and were always invited to annual review of the person's care with the care manager. They were not asked regularly to read or to be involved in changes to the person's care plan. We found that some of the information contained with people's support plans lacked detailed guidance for staff or was out of date. For example, one person's emergency hospital record referred to the person being much younger than they actually were and had not been reviewed for some time. It was not evident that people were involved in developing their care and support or that care and support plans had been developed in a way that supported people to take part or ownership such as easy read or in a pictorial format.

We recommend the provider seek advice from a reputable source in developing care and support plans in a

way that supports people's involvement.

The Accessible Information Standard applies to people who have information or communication needs relating to a disability, impairment, or sensory loss. All providers of NHS and publicly funded adult social care must follow the Accessible Information Standard. CQC have committed to look at the Accessible Information Standard at inspections of all homes from 1 November 2017.

The interim manager was aware of the Accessible Information Standard and we saw that people's communication needs were clearly recorded as part of the home's assessment and care planning process. This information was then used to develop communication plans, which indicated people's strengths, as well as areas where they needed support. For example, each person's care plan contained detailed information about people's communication needs and clearly described people preferred communication methods. Communication plans guided staff with the use of Makaton, pecs, interactive boards, body language, hand gestures as well as interactive technology in the form of apps.

People living at Sesame were able to take part in a variety of activities and outings. People were encouraged and supported to lead full and active lifestyles and follow their interests. Throughout the inspection, we saw people coming and going from the home independently with staff support. Each person's support plan included a list of their known interests and staff supported people on a daily basis to take part in things they liked to do. For instance, one person was supported to attend the local library while others were supported to go out for lunch, to the cinema, drama club, swimming, bowling or going to the local Velo park at Paignton.

People living at the home were not able to raise concerns themselves. Staff told us they would recognise if people were unhappy and would deal with anything straight away and bring this to the attention for the manager, relatives or advocates immediately. The home had a policy and procedure in place for dealing with any concerns or complaints, which was made available to people and their families. Relatives told us they were aware of how to make a complaint and felt able to raise concerns if something was not right. None of the relatives we spoke with had raised any recent concerns about the home.

Requires Improvement

Is the service well-led?

Our findings

The home was not always well led. Sesame is owned and run by Lifeworks Charity Limited.

We received mixed views about the management of the home. Relatives told us the home was well managed and described the management team as open and approachable. However, some relatives felt that communication in recent months was not as good as it had previously been. Staff told us they did not always feel supported by the homes management team. Healthcare professionals felt that the culture within the home was not always person centred and said they found it could be challenging at times to engage with staff in a proactive way. One healthcare professional said, "staff are caring and well-meant but have lacked robust guidance."

We looked at the home's quality assurance and governance systems to ensure procedures were in place to assess, monitor, and improve the quality and safety of the services provided. The provider used a variety of systems to monitor the home. These included a range of meetings, audits, and spot checks; for instance, checks of the environment, medicines, infection control, health & safety, and accident and incidents.

Although some systems were working well, others had not been effective, as they had not identified the concerns we found during this inspection. For instance, although people's care was reviewed on a regular basis. The review process had not identified that some people's support plans contained out of date information, lacked detail and in some cases did not contain sufficient information to demonstrate the home was working within the principals of The Mental Capacity Act 2005 (MCA).

There was insufficient management oversight to ensure people received the care and support they needed, in a respectful and dignified way that promoted their wellbeing and protected them from harm. Where staff displayed poor practice/judgement this was not always known or challenged by senior staff. This had led to the introduction of an inappropriate 'contract' between a person living at the home and staff without the knowledge of senior managers.

The home did not have effective systems in place to ensure that all staff received a thorough induction or to monitor staff competence to carry out the role required of them. This meant registered managers could not be assured staff had the necessary skills and knowledge to meet people's assessed needs in safe way.

People may not be protected from the risk of harm as the systems in place to manage/mitigate risks relating to people's medicines were not effective and the provider did not have a systematic approach to determine the number of staff required to meet people's needs and keep them safe at all times.

The nominated individual told us the home used questionnaires to seek the views on the quality of the service from people who used the service and their relatives. However, we were unable to find the results of the latest survey. There was no evidence to suggest resident meetings were being held regularly or that people had been given the opportunity to be involved in either their own care or the running of the home. This meant we were unsure how robust the registered provider's systems were to effectively support and

encourage people's feedback on the quality service provided.

Failure to ensure systems were effective in assessing, monitoring and improving the service was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Throughout the inspection, we found both the interim manager and nominated individual were open, transparent and responsive. Whilst they had not been aware of all the concerns we identified they were aware of the need to improve. Prior to the inspection, the nominated Individual had appointment an experienced interim manager, developed an action plan and was in the process of undertaking a full audit of operational practices and systems. The action plan had identified some of the concerns we found at this inspection, and we saw the nominated individual had demonstrated a proactive approach their leadership of the home prior to this inspection. Following the inspection, we met with the nominated individual and interim manager and discussed what we had found. They accepted and recognised the home needed to make a number of changes to improve the quality and support being provided. The nominated individual assured us they were focussed on ensuring the home continues to develop and improve.

The registered manager had not always notified the Care Quality Commission of significant events, which had occurred in line with their legal responsibilities. During the inspection, we identified a number of significant events/incidents that should have been reported to the Care Quality Commission and the local safeguarding team. Following the inspection, the nominated individual reviewed all incidents and submitted the relevant notifications retrospectively.

Failure to notify CQC of significant events at the home is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 (part 4).

The management and staff structure provided clear lines of accountability and responsibility, which helped ensure staff at the appropriate level made decisions about people's care and support. Staff knew whom they needed to go to if they required help or support. Staff we spoke with told us they loved working for the home and enjoyed working with the "guys" but they did not feel supported by the homes management team. Comments included, "The manager doesn't have any time to be with people", "You don't get noticed for you do", "I have haven't had a supervision in ages" and "It can be very difficult to get an answer to a question or to change something that needs changing."

Although some staff told us they felt unsettled due to recent changes in management, all staff we spoke with told us the interim manager was approachable and supportive. The interim manager confirmed they had set up a staff meeting and had already started the process of carrying out staff supervision and reviewing peoples care records.

There were systems in place for staff to communicate any changes in people's health or care needs to staff coming on duty, through handover meetings and regular staff meetings. Minutes from these meetings did show how the home facilitated the sharing of information and gave staff the opportunity to discuss specific issues or raise concerns. Specialist support and advice was sought from external health and social care professionals when needed, for instance, from the speech and language team (SALT) and intensive assessment and treatment team (IATT).

The interim manager told us that it was clear in the short time they had been working at the home that Sesame had a very strong care team that knew people well and were committed to providing good care. They said they received very good support from the nominated individual who visited the home on a regular basis and was available for support should they need it.

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
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were exposed to the risk of harm as care and treatment was not always provided in a safe way. Risks to people's health and safety had not been identified or mitigated. Regulation 12(1)(2)(a)(b)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Care and treatment was provided in a way, which intended to control a person's behaviour which was not proportionate to the risk of harm. Regulation 13(4)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There were ineffective systems and processes in place to assess, monitor, and mitigate risks to people. Records were not accurate, up to date, complete, or maintained securely at all times. Regulation 17 (1)(2)(a)(b)(c)(d)(e)(f)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There were not sufficient numbers skilled staff employed to meet people's needs. The provider had not ensured staff received the necessary skills required to carry out their duties. Regulation 18 (1)