

Community Homes of Intensive Care and Education Limited

Sennen Lodge

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 12 July and 3 August 2017 and was unannounced. After the first day of inspection, the provider made us aware of some specific concerns relating to the service following receipt of some video footage. The provider took immediate action to remove the risk to people's safety by suspending a number of staff while full investigations were carried out. Two inspectors subsequently visited the service on 3 August 2017. These concerns are the subject to an ongoing investigation and as a result this inspection did not examine those circumstances.

Sennen Lodge is a care home that provides accommodation for up to eight adults with a learning disability. There were eight people living at the home when we visited. The home is based on two floors. The second floor was accessible via stairs. There were communal rooms and a garden which people could access. All rooms were single occupancy.

The service did not have a registered manager. 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 service is run. The registered manager had recently resigned. A new manager had been appointed at the time of our first inspection visit on 12 July 2017, and had started work at Sennen Lodge on 31 July 2017.

People were at risk of receiving unsafe or inappropriate care because the service did not always robustly risk assess and consider an appropriate induction into the service for staff where areas of concern arose from their pre-employment checks. The provider had made changes to their recruitment policy to make the process safer and more robust, but these had only recently been introduced and therefore were not embedded within the service.

People were at risk of receiving unsafe or inappropriate care because not all staff had consistently received supervision and induction training to help their effectiveness in their role and monitor their behaviours and working practice.

There were systems in place to monitor the quality of the service. These included regular audits, competency assessments of staff and an internal inspection from the provider's quality team. However

these audits and checks were not always effective in driving or sustaining improvements.

There were systems and processes in place for identifying, reporting and recording concerns. However incomplete records meant we could not be sure all staff had completed training in safeguarding or that they put their learning into practice.

Staff we saw at the service were kind, considerate, patient and caring. There were adequate numbers of staff available.

Risks relating to people's health and medical conditions were assessed, monitored and managed. Risk assessments looked for ways to reduce risks associated with activities, enabling people to pursue their interests. People had access to a range of different activities according to their preference. This included activities inside the home and in the community.

The environment at Sennen Lodge was busy, but the provider had made adaptations to the building to provide quieter spaces for people if they wanted. The provider had also made adaptations to the garden and kitchen which helped enable people to participate in activities in these areas.

People's care plans were detailed and included information around effective ways for staff to provide support and respect people's preferences. They were regularly updated when people's needs changed and also included details relating to healthcare services and dietary requirements. The service had successfully worked in partnership with other stakeholders to enable people who were reluctant to attend healthcare appointments to access these services.

We identified three breaches of regulations. You can see the action we told the provider to take at the end of the full version of this report. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

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.

Induction processes following staff recruitment were not always thorough and robust.

The systems and processes to protect people from harm were not always embedded consistently through training and supervision, which meant people were not always protected from harm.

There were sufficient staff in place to meet people's needs but relatives told us there was a high turnover of staff which affected the consistency of care provided.

There were systems in place to manage people's medicines safely.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Not all staff had received appropriate support, supervision and induction training in their role in line with the provider's policy.

People's legal rights and freedoms were protected.

People had access to healthcare services when required.

People followed a diet in line with their dietary requirements.

Requires Improvement ●

Is the service caring?

The service was caring.

Staff we saw promoted and respected people's dignity.

People were encouraged to be independent and make choices in their everyday living.

Good ●

Is the service responsive?

Good ●

The service was responsive.

People's care plans included information which enabled staff to effectively support people. People's needs were regularly reviewed.

People had access to a variety of activities.

There was a complaints policy in place and the provider acted on feedback about ways to improve the quality of the service.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

There was no registered manager in place, but a new manager had started at the service in July 2017.

Relatives told us that people's care and support had suffered because of frequent changes in management and staff at the service.

There was a quality assurance system in place which monitored the quality and safety of the service. This was not always effective in driving improvement.

Sennen Lodge

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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The first day of this inspection took place on 12 July 2017 and was completed by one inspector. It was unannounced. After the first day of inspection, the provider made us aware of some specific concerns relating to the service following receipt of some video footage. The provider took immediate action to remove the risk to people's safety by suspending a number of staff while full investigations were carried out. Two inspectors subsequently visited the service on 3 August 2017. This visit was to review and update our initial findings given the information of concern. These concerns are the subject to an ongoing investigation and as a result this inspection did not examine those circumstances.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed previous inspection reports and notifications we had been sent by the provider. A notification is information about important events which the service is required to send us by law.

We spoke with three people living at the home. We were not able to get a full picture of their experience of the service because they had complex communication needs. We spoke with five relatives and one health care professional. We also spoke with the provider's regional director, the assistant regional director, the interim manager, the newly appointed manager, two registered managers from the provider's other services and nine care staff.

We looked at care plans and associated records for five people and records relating to the management of the service. These included staff duty records, nine staff recruitment files, records of complaints, accidents

and incidents, and quality assurance records. We observed care and support being delivered in communal areas and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the second inspection visit on 3 August 2017 we asked the provider to send us further information and records, including records about staff recruitment, induction, training and supervision. We received this information within the timescale requested.

The service was last inspected in February 2016, where it was registered under a different provider and it received an overall rating of good.



Our findings

The provider had appropriate recruitment processes and pre-employment checks in place. However the provider did not always ensure that appropriate risk assessment and monitoring were in place where pre-employment checks had revealed potential concerns. All candidates went through an interview, checks for references and a Disclosure and Barring Service (DBS) check before starting work. A DBS check helps employers make safer recruitment decisions by identifying applicants who may be unsuitable to work in a care setting.

The service did not always robustly risk assess and consider an appropriate induction into the service for staff where areas of concern arose from pre-employment checks, such as historical offences on a DBS check. One candidate had gone through pre-employment checks, however procedures once they were employed were not sufficiently robust to make sure the person was appropriate for their role.

The assistant regional director was unable to locate any risk assessments in relation to the employee's employment during our inspection. There was no evidence available that the service considered a modified induction into the service to fully support the employee into their role and assess their values and behaviours. When requested, the provider was not able to find any records relating to this employee's induction. The employee had received a formal supervision more than four months after their date of employment.

There was evidence that the registered manager (who had subsequently left the service) had met with the employee to relay the provider's expectations in light of concerns identified during their pre-employment checks. However, this meeting took place on 21 February, over a month after they had started employment and the employee had already been working with people since 9 January.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as recruitment procedures must be established and operated effectively to ensure suitable staff are employed.

We brought this to the attention of the assistant regional director. They told us the provider had recognised that improvements to recruitment processes particularly around candidates whose pre-employment checks raised concerns were required. In July 2017, the provider introduced a new risk assessment tool which registered managers would use to make safer recruitment decisions. The tool asked the registered manager of a service to consider the risk to people in relation to the nature and severity of concerns

highlighted. The risk assessment also asked the registered manager to design a modified induction to ensure new employees were appropriately supported and monitored once they started working. This tool was new at the time of our inspection, which meant the service still required time to demonstrate the new system was effective. The provider had not used the new tool to review previous recruitment decisions.

There were enough staff in place to meet people's needs. Staffing was arranged through care hours allocated to people after an assessment of their needs from a funding authority. The interim manager told us these hours were regularly reviewed to ensure the service could meet people's needs. People's relatives told us the number of staff was suitable for their family members' needs.

However, all of the relatives we spoke with felt that frequent changes in staff had a negative effect on the consistency of care provided for their family members. One relative said, "I think it would be beneficial to [my relative] if there was more consistent staffing." Another relative commented, "Changes in staff affect consistency." A third relative remarked, "Staff seem to come and go frequently." A fourth relative reflected, "It's difficult to keep the staff due to the diverse needs of people. Staff [my relative] started to trust have now moved on. We had a lot of staff leaving at the same time which had a knock on negative effect. There have been some amazing staff which we have lost along the way." A fifth relative said, "There is a high turnover of staff. [My relative] is aware of these changes and responds well to staff who invest in him. This takes time and consistency. Staff do not stay long enough to do this." The assistant regional director told us that the provider seconded staff from other services run by the provider when they were short staffed to promote consistency for people at Sennen Lodge. However, one person's relative told us, "The seconded staff find it difficult to engage [my relative]." Frequent staff turnover meant the provider was not meeting people's needs and reflecting their preferences where consistency and continuity were important to them.

The provider had systems and processes in place to help staff identify and act on concerns to help people safe. The provider also had a whistleblowing policy. This provided details of external organisations where staff could raise concerns if they felt unable to raise them internally. However, these systems and processes were not always followed which meant people were not always protected from harm. Some staff had not received training in safeguarding as part of their induction into their role. This meant that they may not have had the skills or knowledge to identify potential abuse or the understanding of how to report concerns. The provider also incorporated an 'essential knowledge check' on safeguarding within their staff supervision. This check explored and reviewed staff's knowledge of safeguarding procedures. However, not all staff had received supervision in line with the provider's policy and therefore did not have their safeguarding knowledge assessed or checked. This meant that gaps in their knowledge of how to keep people safe from harm were not always identified or addressed.

There was a medicines management system in place for the ordering, administering, storage and disposal of medicines. People living at Sennen Lodge required staff to manage their medicines on their behalf. Lists of people's medicines, reasons for prescription and people's preferred routines around administration were detailed in a medicines management folder. The service had a system in place where staff would check the amount of medicines in stock against expected levels. This helped to ensure that staff could keep an accurate record of whether people had received the correct amount of medicines and the service had sufficient and correct amounts in stock.

A system was in place to ensure medicines were stored according to the manufacturer's instructions. Staff monitored and recorded temperatures for medicine storage areas in the morning to check that medicines were stored at the appropriate temperatures. On the day of inspection, the interim manager made changes to their monitoring system to ensure that temperatures of storage areas were taken at the hottest part of the day. This helped to ensure that the service could check their storage methods were effective.

Some people had over the counter medicines, which were non-prescription medicines such as cold remedies. The service had consulted with people's doctors to check whether any medicines were suitable for use in conjunction with their prescribed medicines. This helped to ensure that these medicines would not compromise the effectiveness of people's existing prescribed medicines.

People had plans in place in if they were prescribed 'when required' medicines for pain, anxiety or in an emergency if they were experiencing seizures. The deputy manager showed us how each person had an individual plan and the protocol staff followed to ensure that people received these medicines when required.

Risks to individuals in relation to their health and wellbeing were assessed and monitored, helping people safely access different aspects of their daily life and activities. One person had a risk assessment in place which enabled them to safely access cars with staff. The person could become anxious in vehicles and the risk assessment detailed ways in which staff could help them remain calm and safe whilst staff were driving. Using this guidance, the person was regularly able to safely access the community using staff cars. Another person had a risk assessment in place to enable them to safely access the swimming pool. Due to a medical condition, the person required staff to make arrangements with lifeguards on duty and follow a specific procedure if the person appeared unwell. This helped reduce the risk of injury during swimming and enabled them to access an activity they enjoyed.



Our findings

Staff had not always received appropriate support and supervision in their role in line with the provider's policy. Supervision is a formal opportunity for staff and their manager to meet and discuss their work, any issues or training needs and how to address these. Supervisions followed a standard format developed by the provider. They included reviews about work performance, training needs, reflections on practice when incidents took place, and competency based assessments in key areas such as safeguarding. The provider's policy stated that staff should have six supervisions per year. A member of staff said, "The registered manager leaving was a surprise. Supervisions fell behind whilst everything was up in the air and I didn't really feel supported." Another member of staff told us, "Supervisions didn't happen over a four month period at the start of the year."

Seven staff had not received supervision in line with the provider's policy. Two staff members had only received one supervision each in 2017. One staff member had only received two supervisions since October 2015 (although this staff member did have periods where they were absent from work). A fourth staff member had not received any supervision since December 2015. A further member of staff had not received any supervision since November 2016. A sixth member of staff did not receive any supervision between July 2016 and March 2017 and a seventh member of staff had not received any supervision since December 2016. The provider had carried out 10 internal audits since June 2016. Gaps in staff supervision were identified in three audits, whilst staff supervision were not checked in three of the audits. Therefore, there was a sustained period of time where staff had not received consistent supervision with their line manager. This meant people were at risk of receiving care and support from staff who were not supported in their role to promote people's safety and prevent harm by identifying and reporting concerns.

The provider could not demonstrate that staff always completed their planned induction training before they started to support people. When requested the provider could not find any induction records for four current and recent staff members. Other training records contained gaps which indicated two staff members had not receive the health and safety component of their induction. This meant we could not be sure staff received suitable training to support people safely and according to their needs before they started working with people.

Staff were not supported or provided with appropriate supervision and training necessary to carry out their duties. This was a breach of Regulation 18 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

Where the provider could show staff received a training and induction programme, it was suitable for their role. Training was a mixture of classroom and computer based training and covered the topics: first aid, safeguarding, autism, dignity, nutrition, medicines administration, The Mental Capacity Act 2005, epilepsy, equality and diversity, and fire safety. Staff had received additional training in behaviour that challenges. This training taught management and intervention techniques to cope with escalating behaviour in a safe way.

People's legal rights were protected as staff followed the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible. Some people had a cognitive impairment and assessments showed they were not able to make certain decisions, such as the decision to consent to their care plan. In these situations the management of the service had made a decision which documented why decisions had been made in the persons best interests and who was involved in making that decision. People's ability to make specific decisions were reviewed when important choices about their life were required. Two people were being supported to move from the service into a supported living environment. Staff had worked with people over a number of months to assess and review their understanding about suitable accommodation choices. As the two people lacked capacity to make an informed decision about their accommodation arrangements, a best interests decision was made in consultation with their family members and social workers in order for a decision about the most suitable placement. These actions were in line with the MCA.

Staff understood the importance of gaining consent from people before delivering care. Staff told us how they would try to present choices to people in a way they understood, sometimes using visual prompts or specialist language such as Makaton. Makaton is a language programme using signs and symbols to help people to communicate. Staff also told us that some people found making choices easier at certain times of the day and they knew to ask questions when people appeared calm and ready to answer them.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards. We checked whether the service was working within the principles of the MCA, and if any conditions on authorisations to deprive a person of their liberty were being met. We found Sennen Lodge was following the necessary requirements. Managers had applied for and received authorisations for some applications, but were waiting for other applications to be processed by the local authority.

People's dietary requirements were detailed in their care plans. Where people had specific dietary requirements, staff followed guidance in line with health professionals' instructions. The service had a cook on site, who was familiar with people's individual needs and preferences. Some people were able to participate in their meal planning and preparation of their food and drinks, whilst other people required full support of staff with their nutritional needs.

People had access to healthcare services when required. People attended regular appointments with doctors, dentists and opticians. They were supported to access other healthcare services such as neurologists and speech and language therapists. Staff worked with people to enable them to feel comfortable about attending health appointments. In one example, staff worked in conjunction with community nurses to help a person become more comfortable about going to get a blood test done. The work prior to the appointment involved visits by nurses to demonstrate what was involved in the procedure.

This helped reduce the person's anxieties about the upcoming appointment and they were able to attend without incident. People had a 'health action plan'. This was a document which contained information about people's health and medicines. It was designed to keep a record of people's health appointments and for healthcare professionals to update to reflect people's current needs.

The provider had made adaptations to the environment to make it suitable for people. There were a range of communal spaces which people could use, some adapted as sensory rooms and some as quiet lounges. People used these areas throughout the day if they wanted time to themselves. The provider had made adaptations to the garden which included, removing a decking area as one person found it difficult to judge due to a visual impairment. A pathway had been adapted so it could be used for people to ride their bicycles. The garden also included areas under cover, so people who enjoyed using the garden could still access it if it was raining. The kitchen had been adapted to provide better access for people who used wheelchairs. This included a wider space between kitchen units and a surface space which was accessible for wheelchair users. This enabled people who used wheelchairs to participate in meal preparation.



Our findings

We saw examples where staff promoted people's dignity and privacy. Some people had keys for their bedroom as they were very sensitive to people invading their personal space and felt more comfortable locking their room once they left it. With one person, it had been identified that they had a specific preference around the length and style of their hair. They required full assistance to maintain this look. We observed that the person's appearance was consistent with the style identified in their care plan. One person benefited from time alone in their bedroom as it helped them remain calm. We saw that staff respected this wish, but still encouraged the person to participate in their planned activities as agreed.

People's relatives told us their family members were happy at Sennen Lodge and were happy with the care they received. One relative told us, "Actions speak louder than words. [My relative] seems comfortable and happy at Sennen Lodge." Another relative said, "[My relative] would hate to be anywhere else. He can make his views clear by his presentation." A third relative commented, "I would not choose anything else [for my relative]. He has a good quality of life at Sennen Lodge."

Staff we saw working at Sennen Lodge interacted with people in a kind and caring manner. One person's relative told us, "[Staff member] knows [my relative] really well. They have been their keyworker for a long time. He knows him inside out." Another relative said, "Staff are working with care and empathy." We saw staff who were patient and encouraging when supporting people around the service. Staff were active in engaging with people in activities and quick to step in to provide reassurance or distraction if people became upset or anxious.

People were supported to maintain relationships which were important to them and these were identified in their care plans. These details included the contact which people wanted and the support they needed from staff to facilitate this contact. One person had a planner where they would call different relatives at set times of the week. This helped to ensure that the person was able to maintain appropriate contact. People's relatives told us that they felt welcome when visiting the service and staff often co-ordinated and facilitated visits home to relatives. Important events in people's families such as birthdays were also clearly identified so staff could support people to buy presents or cards. This helped people remain close to the people who were dearest to them. One relative told us, "It's good that we have such a good relationship with the home."

People's cultural diversity and beliefs were positively promoted within the service. One person had an identified and very clear care plan in line with their religious and cultural beliefs. These needs and actions to meet them were discussed with the person, their family and staff. Other people were supported to attend

celebrations for religious and cultural festivals which were important to them.

People were encouraged to make choices about their care and remain as independent as possible. Areas where people could be independent in their personal care were identified in their care plans. One person was encouraged to take more of an active role when brushing their teeth. Staff provided hand over hand support to help the person gain more confidence in the task. Other people were encouraged to make choices about what they wore. Staff had identified that one person could make a choice if presented with two clothing items. After making the choice, staff would ask the person again to ensure that they understood their choice and were happy with the item of clothing. This helped people to build their independence skills.



Our findings

People's care plans gave staff instruction to encourage positive behaviour and help people remain calm. People's care plans detailed the triggers and signs that people may be becoming distressed and also approaches staff could take to provide distraction or comfort to people in order to help reduce their anxieties. In one person's care plan, it detailed how the person responded well to outside space and by staff encouraging them to take a walk, the person could reduce their anxiety. People's care plans also contained information about their likes/dislikes and preferences around their routines. This included their preferred patterns of sleep and routines around personal care. This helped to ensure that staff supported people in a way which they felt comfortable with.

People's communication needs were identified in their care plans. How people communicated and strategies for effective staff communication were documented in a 'communication passport'. A communication passport is a way of sharing information about a person that has been put together by people that know them very well. It gives a brief snapshot about the person's likes, dislikes, how they communicate and how best to communicate with them. In one person's communication passport, it detailed how they liked to be given a choice of two items, plenty of time to process the request and that requests need to be presented in a short and succinct manner. It also identified that the person could become uncomfortable if given eye contact or physical touch, so staff should avoid this. We saw staff use these strategies effectively when providing support to the person in communal areas of the service.

People's needs were regularly reviewed and they were supported to transition to other living arrangements when Sennen Lodge was no longer suitable accommodation. At the time of inspection, two people were in the process of moving to supported living services. After regular reviews with family members, health and social work professionals, it was decided that the two people were more suitable to community based living arrangements. The service worked in partnership with people's new provider's to ensure the transitions were as smooth as possible. This included, sharing care plans and also allowing staff from the new provider to work alongside people and staff at Sennen Lodge. This enabled the person to become comfortable with staff and also meant that new staff would have an understanding of effective working practices with people.

People had access to a regular set of activities both inside and outside the service. One person's relative told us, "[My relative] gets to go out a lot. They have taken him on holiday, off to concerts. Really, the quality of life is excellent." Some people attended day service placements, whilst other people attended social events, went shopping or took planned trips out to leisure facilities. Inside the home, the service had put an emphasis for people to enjoy activities in the garden. This included areas where people could access, tents,

sand, water, bicycles, quieter areas and a trampoline. People were actively encouraged to participate in activities by staff and many were happily partaking on the day of inspection.

There was a complaints policy in place which helped to ensure that concerns were dealt with appropriately. The complaints policy was also displayed in an 'easy read' version. This was an adapted form that incorporated pictures, symbols and simplified language. This helped people access and understand this policy if they wished to raise concerns. Records of complaints showed that the service thoroughly investigated complaints and would write to complainants after their investigations were completed.

The service sought feedback from people, relatives and staff who were related to the service. The provider sent out an annual questionnaire, which asked for feedback about some key aspects of the service. In the last questionnaire sent in July 2016, four people were able to give responses and feedback that they wanted a more personalised approach to planning activities. In response to this feedback, the service changed the way it planned activities to encourage people to choose their activities using communication aids such as pictures and symbols. Further feedback from people and relatives prompted the provider to make adaptations to the kitchen to improve accessibility for wheelchair users. The provider's quality team provided a report to the service's manager which included feedback from questionnaires. The manager reviewed this report and created an action plan which highlighted areas identified as requiring improvement. The action plan was reviewed periodically throughout the year to help ensure that actions identified were completed.



Our findings

There was no registered manager at the service. The registered manager had left in May 2017. A new manager started working at the service on 31 July 2017. The provider had seconded a manager from another of their services to work at Sennen Lodge. The assistant regional director also frequently visited the service to offer support and to help with the management of the service. Staff spoke positively about the interim manager. One member of staff told us, "I have really enjoyed working with her; it's a shame she has to leave."

All the relatives we spoke with felt that changes in registered manager had not been beneficial to the effective running of the service. One relative told us, "You get a good manager and we seem to lose them. Every manager sees things in their own way and changes are sometimes difficult." Another relative said, "They go through so many managers. It is usually every year to 18 months or so. They just can't retain them." A third relative commented, "Frequent changes in management have not been ideal." A fourth relative reflected, "They lost a manager recently and it was a real shame. I don't know why they keep leaving."

The interim manager regularly worked alongside staff, which helped them monitor their working practices and behaviours. People appeared comfortable and familiar with the interim manager who was familiar and knowledgeable about their needs. The newly appointed manager told us that they would have time with the interim manager to learn and understand the running of the service. This would help aid continuity and consistency in management approach.

The provider required its managers to carry out a series of spot checks and competency assessments with staff in key areas such as safeguarding and medicines administration. Some of these checks and assessments were made in staff supervision, whilst other came from observing staff whilst working. These were designed in order to assess staff's behaviour and working practice. The provider's processes were not always carried out as some of the checks around safeguarding knowledge covered in staff supervision did not take place regularly due to the absence of regular supervision. This meant people were at risk of receiving unsafe or inappropriate care as managers did not check regularly that staff were following correct practice.

The interim manager carried out a series of regular audits intended to maintain the safety and quality of the service. These audits included health and safety and infection control audits. Senior management from the provider also carried out audits to look at the quality and compliance of the service's processes and practice. These audits were not always effective in identifying and resolving issues. They had picked up

issues around recruitment processes and supervisions, but had not led to actions to make improvements in these areas. Issues around supervisions had been identified as far back as June 2016 and were still unresolved in August 2017. Therefore, people had been exposed to risks associated with lack of supervision for more than a year after the provider became aware of the problem.

The provider's quality team also carried out a yearly internal inspection of the service. This inspection gave the service a rating in relation to how safe, effective, caring, responsive and well led the service was. The quality team then produced a report and action plan which was completed and reviewed by the manager at the service and the assistant regional director. The last inspection from the provider's quality team was in March 2017, it identified 46 actions for the service to take to improve the quality of the service. These included, personalising risk assessments, ensuring guidance for people's medicines administration was clear and ensuring guidance from healthcare professional was incorporated into people's care plans. On the first day of our inspection, 36 actions had been completed and 10 were still ongoing. The provider's internal inspection also identified that the keyworker system used at the service was not effective in gaining people's feedback about the service. The keyworker system involved allocating specific staff to people to review their needs. As a consequence of this, the service no longer held these meetings.

The provider's systems and processes were not operated effectively to assess, monitor and improve the quality of service provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Feedback was given to staff in monthly team meetings. In these meetings, performance and feedback were discussed and areas for development were identified. In a recent team meeting, the interim manager fed back to staff about the outcome of a recent complaint the service had received and the procedure around financial recording was also discussed. This helped staff reflect on their working practice to try to make improvements.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes were not operated effectively to assess, monitor and improve the quality of service provided. Records in relation to persons employed were not maintained securely.</p> <p>Regulation 17(1) and (2)(a) and (d)(i)</p>