

Mrs Janet Brewer

Roslyn House

Inspection report






68 Molesworth Street
Wadebridge
Cornwall
PL27 7DS

Tel: 01208530138

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Ratings

Overall rating for this service	Inadequate 
Is the service safe?	Inadequate 
Is the service effective?	Requires Improvement 
Is the service caring?	Inadequate 
Is the service responsive?	Inadequate 
Is the service well-led?	Inadequate 

Summary of findings

Overall summary

About the service

Roslyn House is a residential care home providing accommodation and personal care for up to 9 people with mental health needs. At the time of our inspection 3 people were using this service.

The service was not registered as a specialist service for people with a learning disability or autistic people. We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability or autistic people. We considered this guidance as there were people using the service who have a learning disability or who are autistic.

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

The service was not working in accordance with the principles of the Right support, right care, right culture guidance.

People were not treated with dignity and respect. Inappropriate and disrespectful language was used to describe people's care needs both throughout the service's care plans and while the provider and senior members of staff were talking to inspectors. Where people had withdrawn their consent for planned care monitoring tasks these choices were not respected, and people told us they had been made to feel uncomfortable about their decisions by senior staff.

The service did not provide person centred care focused on people's individual needs. These needs had not been effectively assessed before people moved in and there were no systems in place to assess the compatibility of people's needs before they moved into the service.

Risks were not managed appropriately, and staff had not been provided with necessary guidance or training on how to support people if they became anxious or distressed. People's medicines were not managed safely.

Staff had not completed all training deemed necessary by the provider and regular supervision had not been provided. Disclosure and Barring Service checks had been completed but improvements were needed in the service's recruitment practices.

Staffing arrangements reflected staff preferences instead of people's needs and current staffing levels meant people were not normally supported while accessing the community. Support to participate in activities did not reflect people's interests.

The provider's quality assurance systems were ineffective and required notification had not been submitted.

The registered manager had been absent for some time and a deputy manager had been recently asked to take on responsibility for overseeing the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

This service was registered with us on 11 November 2022 and this is the first inspection. The service has now been rated overall as Inadequate.

Why we inspected

The inspection was prompted in part due to concerns received about the quality of care and support being provided by the service. A decision was made for us to inspect and complete a comprehensive inspection to examine those risks and provide a rating for the service.

Enforcement and Recommendations

We have identified breaches in relation to person centred care, risk and medicines management, safeguarding, dignity and respect, governance, and staffing.

As a result of the severity of issues identified during this inspection information was shared with the local authorities safeguarding service at the draft report stage. This enabled the local authority to provide immediate support and guidance to the service.

We have also recommended the provider seeks advice on safe recruitment practices, and the management of kitchen risks and supporting people's nutritional needs.

Follow up

We will request an action plan from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

Special Measures

The overall rating for this service is 'Inadequate' and the service is therefore 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.

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 always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not caring.

Details are in our caring findings below.

Inadequate ●

Is the service responsive?

The service was not responsive.

Details are in our responsive findings below.

Inadequate ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

Roslyn House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 2 inspectors on the first day and 1 inspector on the second day.

Service and service type

Roslyn House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Roslyn House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

There was a registered manager in post at the time of the inspection. However, the registered manager had been absent from the service for some time and the provider had recently asked a deputy manager to take over responsibility for managing the service.

Notice of inspection

The inspection was unannounced.

We visited the location on 23 and 26 February 2023.

What we did before the inspection

We reviewed the information we had received about the service as part of the planning process.

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

During the inspection

We met and spoke with 3 people who the service supported, 2 care staff, 2 deputy managers, the provider's administrator and the provider. We also spoke by telephone with 1 person's relative and gathered feedback from 3 health and social care professionals.

We looked at records relating to people's care and the management of the service. This included 3 care plans and associated risk assessments, medicine administration records (MARs) and staff recruitment and training records.

We also asked the service to send us records relating to the management of the service, quality assurance audits and policy documents. This information was reviewed in detail after the site visit.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated Inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks in relation to people's support needs during periods of anxiety or distress had not been effectively mitigated. Care plans and risk assessments identified some specific risks in relation to people's needs. However, staff had not been provided with sufficient guidance on how to support people when they became upset or anxious. Information was not available to staff detailing what was likely to make people feel anxious or how staff could help people to manage their anxieties. People told us they felt unsupported during periods of anxiety.
- Staff had not received training in the use of techniques to ensure the safety of people and themselves when people became distressed. One person had recently become distressed in the service's dining room and had been subsequently given notice to move out of the service.
- One person had expressed concerns about their road safety awareness. Staff told us as a result of this concern they had accompanied this person on a trip into the nearby town centre and monitored the person's road safety skills. No records of this assessment had been completed and no care plans developed to support this person to improve these skills and regain their confidence.
- The provider did not have systems in place for the recording of significant incidents or accidents that occurred. This meant it was difficult to identify patterns and trends in incidents or to recognise areas of possible improvement or learning. Body maps had not been used to document where specific injuries had occurred. The provider recognised that during the registered manager's absence, systems for monitoring incidents and accident had not been robust.
- One person had recently begun to experience seizures. The service had been advised to monitor seizure events supported by emergency service personnel. However, no additional recording system had been introduced to capture information about what had happened immediately prior to and following the person experiencing a seizure.

The provider had failed to manage risks in relation to people's care needs. This contributed to a breach of Regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Firefighting equipment and the services utilities had been regularly checked to ensure they were operating safely.
- Personal emergency evacuation plans (PEEPs) had been developed for each person detailing the support they would need to evacuate the building in the event of an emergency. However, this information was held digitally and would not be immediately available to staff and emergency personnel. This issue was discussed during feedback at the end of the inspection and the deputy manager agreed to develop a grab bag for use in emergencies that included this information.

Using medicines safely

- People's medicines were not managed safely. Medication administration record (MAR) charts had not been accurately completed and included gaps. Handwritten entries on MAR charts had not been signed or countersigned to ensure the accuracy of the information transposed. This meant people were at increased risk of errors being made with their medicines.
- Staff had not been provided with appropriate guidance on how and when 'as required' medications should be used. Where these medications had been used no records were maintained of why the medicine was used and the effectiveness of the medication.
- Creams had also not been dated on opening and the temperature of the medicine storage area had not been monitored. This increased the risk of medicines being incorrectly stored and of creams being used after they had become less effective.
- The medicines storage area was disorganised, this increased the risk of mistakes being made by staff while supporting people with their medicines.
- The provider did not have appropriate procedures in place to document what medicines people had taken with them during overnight stays away from the service. This meant the service had no oversight of the support people had received with their medicines while away from the service.
- One person had recently been prescribed a medicine for use in emergencies. The service had not received guidance from professionals on when this medicine should be used, and staff had not received training in the use of this medicine. The deputy manager was seeking guidance and support from professionals to resolve this issue.

The provider systems had not ensured people's medicines were safely managed. This contributed to the breach of Regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- Staff did not have a clear understanding of local safeguarding procedures or where they could raise safety concerns outside the provider's organisation if this became necessary. No posters or other information was readily available to staff with details of how to contact the local safeguarding authority.
- The provider had a number of safeguarding policy documents in use. These documents were of a generic nature and had not been updated to reflect the specifics of how the service operated and people's support needs.

The providers safeguarding systems were not entirely effective. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were systems in place to protect people from financial abuse. Receipts were available of all purchases made by staff on people's behalf.
- Relatives and people the service supported recognised they were safe while present in the service but had concern about the level of support available while accessing the community. Staff said, "I think people are quite safe."

Staffing and recruitment

- People told us, "There is always someone here but only ever 1 [staff] member here." Staff confirmed there was always at least 1 staff member present in the service. Staff comments included, "At the weekend there is 1 staff member with a manager on-call" and "It is never not staffed."
- Rotas showed planned staffing levels had been constantly achieved. There was an ongoing programme of

recruitment and 2 additional staff had been appointed and were due to begin their induction training.

- The providers on-call management support arrangements had worked when a person had recently been admitted to hospital. The on-call manager had accompanied the person to hospital and stayed with them to provide support until they had been admitted.
- A relative and an involved health and social care professionals raised concerns about the suitability of current staffing arrangement for supporting people to safely access the community and go out. This issue is discussed further in the responsive section of this report.
- The services recruitment practices were not entirely safe. Although necessary Disclosure and Barring Service checks had been completed for all staff, other pre-employment checks had not been consistently completed. Gaps in staff employment histories had not been explored and references had not been consistently sought from previous employers in the care sector.

We recommend the provider seeks guidance from reputable sources on how to safely recruit staff to the care sector.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The service encouraged people friends and relatives to visit and there were no visiting restrictions in place. One person's relative told us, "We go there every week".

Is the service effective?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The providers systems for assessing and identifying people's needs before they moved into the service were ineffective. There were no procedures in place to check or assess the compatibility of people's needs and personalities before they moved into the service.
- Two of the people currently living in the service had been admitted as urgent placements. The provider had accepted information from care commissioners as accurate and had not completed their own assessment of people's care and support needs before they moved into the service.

The provider did not have appropriate systems in place for the assessment of people's needs before they moved into the service. This contributed to a breach of Regulation 9 (Person centred care) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service was in the processes of supporting the transition of a person from a long period of hospital care to moving into the service. This person had been allocated their own room and was regularly visiting the service to get to know the service and the individuals currently living there.

Staff support: induction, training, skills and experience

- The staff team did not have the skills necessary to meet people's care needs and visiting professionals recognised variations in the quality of support provided by different members of the staff. None of the staff based at Roslyn House had received training in health and safety or risk assessments, break away techniques, or in mental health awareness.
- The training matrix showed that only 1 of the 4 staff currently based at the service had completed most of the training deemed as necessary by the provider.
- Staff told us, "We have not done supervision here yet" and records showed no care staff had received supervision since the service opened in December 2022.

The provider had not ensured staff had the skills and support necessary to meet people's needs. This was a breach of Regulation 18 (Staffing) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The deputy manager was developing an induction process for 2 additional staff recently appointed and told us "[The 2 new staff] start shadowing this week, [their] first jobs in care so will shadow for about a month until they feel confident." These new staff would be supported to complete the care certificate

during their probationary period. This training was designed to provide new staff with a good understanding of current best practice.

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

- People were supported and encouraged to participate in planning menus and meal preparation. People were supported to prepare their own breakfasts and hot beverages.
- Staff told us they were supporting and encouraging one person to expand and develop the range of foods they enjoyed. As new preferences and dislikes had been identified this information had been recorded in the kitchen. However, there was limited information about this process and how to present and offer new foods recorded in the person's care plan.
- The food stocked in the service's cupboards was non-branded and there was a limited range of snacks and lunchtime foods available. One person told us they sometimes bought their own snacks and lunches as they did not enjoy the lack of variation offered by the service at lunchtimes. There was a large supply of long-life milk stored next to the service's fridge. Staff were unclear why no fresh milk was available and there was no explanation as to why fresh milk was not used, in people's care plans.
- Access to the service kitchen area was restricted at night and during periods when staff were not present. The provider told us this was because of risks in relation to the equipment available in the kitchen and people's support needs. No specific risk assessment was available detailing why this restriction was necessary. During periods when the kitchen was locked there were no alternate arrangements in place to enable people to access snacks.

We recommend the provider seeks guidance from reputable sources on how to manage risks associated with kitchens and how to appropriately support people's nutritional needs and preferences.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People had capacity to make decisions about where they lived and were able to go out when they wished. One person's relative told us, "I think [my relative] is quite happy there as [they] have free range to do exactly what [my relative] wants to do when [they] want to."
- There were systems in place to record people's consent to the use of photographs and for ongoing health monitoring. One person had changed their mind in relation to a monitoring activity and told us this decision was not respected by all members of the staff team. This issue is discussed further in the caring section of this report.

Adapting service, design, decoration to meet people's needs

- The service was well maintained and suitable for people's support needs.
- The service had limited outdoor space that people could use or relax in. Both the front and rear gardens of the property were being used to provide parking facilities.

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

- Staff worked with health care professionals to ensure people's needs were met. People had been supported to access health care services when needed.

Is the service caring?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated inadequate. This meant people were not treated with compassion and there were breaches of dignity.

Respecting and promoting people's privacy, dignity and independence

- The provider and staff team did not consistently respect people's privacy and dignity. The language used by the provider and some staff members on multiple occasions during the inspection and in written records was disrespectful. People were said in written records to have, "freaked out" or "had a hissy fit" and were described to inspectors as "very needy."
- Inspectors raised concerns about people's privacy as a conversation between inspectors, the provider and senior staff about a person's specific care needs may have been overheard by another person. In response, a staff member told us this was not an issue as, "[Person's name is] deaf as a post and wouldn't hear if you went right up to [them]."
- People were not supported to develop as individuals. Supporting people to gain additional skills to enable them to become more independent was not seen as an integral part of the service's role.

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

- The service had systems in place to record people's consent to participate in various aspects of their care. One person told us they had changed their mind in relation to a particular monitoring activity and had withdrawn their consent to participate in this. They told us this decision was not respected by senior staff and that, "They made me feel really rubbish about it."
- During the inspection we became concerned by the lack of compassion shown by some senior staff towards one of the people the service supported. This person was consistently 'othered' and to some extent blamed for their support needs by the provider, administrator and one of the provider's deputy managers.
- Professionals were also concerned by some of the language used by staff to describe people's support needs. Professionals reported staff had advised them that a person needed to 'grow up' in response to an incident of self-injurious behaviour that had occurred.

The provider had failed to ensure people were consistently treated with dignity and respect. This was a breach of the requirements of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were confident approaching staff for support and did so without hesitation. Care staff responded promptly when they believed people needed assistance and provided effective support. One person told us, "The staff look after me" and staff supported people to prepare and dress appropriately, for the weather conditions, before leaving the service.
- People were able to lock their rooms when away from the service.

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

- People's feedback had not been sought prior to the inspection on the quality of care and support the service provided. Following the inspection, the provider shared with us draft questionnaires to be used to gather feedback in future.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated inadequate. This meant services were not planned or delivered in ways that met people's needs.

Planning personalised care

- Care plans lacked detailed guidance for staff on people's individual support needs. These documents did not provide staff with enough information to enable them to provide effective care and support. Professionals told us, "Whilst the care plan lists [Person name's] needs within it, the care plan overall is brief."
- Where people's care plans identified specific support needs, staff had not been provided with detailed guidance on how to meet that need. For example, one person's behavioural care plan identified that the object of the care plan was, "To keep [person's name] calm." Staff were provided with no useful information on how to achieve this goal or about incidents likely to impact on how calm the person was. Instead the care plan stated, "Staff to remain calm with [Person's name] and keep talking to [Person's name] when [they] are having a meltdown." This guidance was disrespectful and failed to provide any useful information to staff on how to meet the person's specific needs.
- People's care plans contained limited information about their life histories and experiences prior to moving into the service. It is important that care plans include this type of information as it helps staff understand how the person's background and prior experiences may impact on their current support needs.
- People's care plans did not include details of their goals or aspirations. The service did not have plans in place to support people to develop the skills necessary to enable them to live more independently.

People's care plans did not provide sufficient detailed guidance to enable staff to provide person centred care. This forms part of the breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Daily care records had been completed. These records contained some limited information about how people had spent their time and any activities they had engaged with.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Current staffing arrangements meant it was unusual for people to be supported while accessing the community. One person told us they felt anxious about going out independently and that staff were not available to support them with this need. Records showed and staff told us, this person spent most of their time in their room. Staff said, "When you are a lone worker you can't go." Professionals told us they had requested people be supported while accessing the community but that this support had not been consistently provided.
- The service currently supported two young adults and an older person who was recovering from an

operation. There was an activity programme displayed in the service's lounge area. This was a generic programme of activities and did not reflect people's interests and hobbies.

- There were periodic opportunities for people to participate in activities with support from staff. Records showed people had been supported to go swimming and to attend some community events. However, many of the activities offered were unsuited to the needs and preferences of the two young adults living in the service. Records showed both young adults spent the majority of their time on their own, either in their rooms or out walking.
- One person liked to attend religious services regularly and during our visit on Sunday expressed their disappointment that they had been unable to attend a service. The provider had not effectively supported the person with this need and had not proactively engaged with local community groups to support this person's religious practices while their mobility was impaired.

The provider had failed to support people to engage with their individual interests and to gain confidence while accessing the community. This forms part of the breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff members spoke with people about sports they were interested in. One staff member had endeavoured to make arrangements to enable a person to view an event they were particularly interested in.

Improving care quality in response to complaints or concerns

- The service had no record of any formal complaints being made although staff were aware of concerns that had been raised by people and their relatives. These concerns had not been formally investigated.
- Information about the service's complaints policy and procedures was not readily available to people. There were no posters in the service detailing how people should make complaints and summary information about the service's complaints policy was not available in easy to read or accessible formats.

The provider's failure to document complaints and concerns forms part of the breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following feedback after the first day of the inspection the deputy manager began developing a guide to the service's complaint's procedures in an accessible format. We noted an initial draft had been developed prior to our second site visit.

Meeting people's communication needs

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

- People's care plans included some information about their communication needs and preferences. Staff were able to communicate effectively with people.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated inadequate. 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- As detailed in the caring section of this report there are significant issues in relation to the culture of the service and the provider's approach to the individuals the service supported. People were not consistently supported with dignity and respect.
- The service did not provide person centred care and the culture of the service did not support the development and empowerment of people. Staff were not provided with enough guidance to enable them to meet people's needs and risks were not managed effectively. Staffing levels meant people could not consistently be supported while accessing the community.
- People's feedback on the service's performance had not been gathered and complaints and concern had not been documented and investigated.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service is required to have a registered manager and there was a registered manager employed. However, the registered manager had been absent from the service for a period prior to the inspection.
- There was a deputy manager in post who had taken on responsible for managing the service shortly before the inspection. Staff told us, "It has been very challenging [without the registered manager] but we are figuring it out" and "The whole situation with new service and [the registered manager] being off [is difficult], we are trying."
- The deputy manager's time was split between this service and another service operated by the provider in the same town. Rotas showed the deputy manager was regularly covering gaps in the staff rota and thus unable to focus full time on their new leadership responsibilities.
- The service's rota had not been planned to reflect people's support needs. At the weekend, when all 3 people were at home there was only ever one member of staff on duty. This meant staff were unable to provide support for people to access the community. During the week, when one person attended college for 3 days each week there was normally a staff member and the deputy manager on duty. This rota reflected the preferences of the staff team, not the needs of the people the service supported.
- The provider's quality assurance systems were ineffective and had not ensured the service achieved compliance with the requirements of the regulations. Staff recognised necessary audits had not been completed and told us, "I haven't done the audits that I need to do."

- The provider had failed to submit necessary notifications to the Commission in response to significant incidents that had occurred. Information about how to make notifications was shared with the deputy manager during the inspection.
- Information required to be displayed in the premises, including the provider's registration certificate and proof of insurance was absent.

The provider governance systems were ineffective and had failed to ensure the service consistently complied with the requirements of the regulations. This contributed to the breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The deputy manager understood these requirements and had kept people's relatives informed of significant events and incidents that occurred.
- The deputy manager and staff team participated in the inspection process which they viewed as an opportunity for improvement. Following initial feedback, action was taken to address some of the issues identified. Information requested during the inspection process was provided promptly.

Working in partnership with others

- The service engaged appropriately with health care professionals to ensure people's needs were met. Records showed staff had supported people to access dentals services and during hospital admission processes.