

Lovestar Limited

# Homeleigh Residential Care Home

## Inspection report

The Bungalow  
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London  
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Tel: 02083314343

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

Homeleigh Residential Care Home is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home is registered to accommodate up to five people who have mental health needs and may also have learning disabilities in one adapted building which have facilities including dining rooms and sitting areas. There were five people living at the home when we visited. The service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

We undertook this unannounced inspection on 30 August 2018. The service was last inspected in April 2016 and was rated Good. At this inspection we found three breaches of regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have rated the service requires improvement.

Risks to people were not always adequately managed to keep people safe. Risk assessments were not always carried out to identify risk of harm to people and management plans were not developed to minimise risks. Lessons were not learned from incidents or when things go wrong. People were not protected against the risk of abuse as safeguarding procedures were not followed. The registered manager did not raise alerts or investigate allegations of abuse in line with the provider's safeguarding procedure.

People's care and support were not always planned to meet their individual needs and preferences. Care records did not highlight support people needed with regards to their religious, sexual and cultural needs.

The quality of the service was not effectively monitored to drive improvement. The issues we identified during our inspection had not been picked up through audit systems.

There was a registered manager in post. 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.

There were enough staff available on every shift to meet people's needs. Recruitment checks were undertaken before staff started working with people. People's medicines were managed in a safe way including the administration, recording, storage, and disposal of unused medicines. The health and safety of the environment including infection control were well maintained.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People gave

consent to the care and support they received. The registered manager and staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People's freedom was promoted. Staff understood how to recognise signs of abuse and how to protect people from the risk of abuse.

Staff told us they felt supported in their roles through induction, supervision; and training. People's needs were assessed before they came to use the service. People's nutritional needs were met. The service liaised with relevant professionals to ensure people received appropriate support and care that met their needs. People had access to healthcare services to maintain good health. The service had suitable facilities for people. The registered manager told us they would work closely with other services to deliver end of life care if needed. No one required end of life care at the time of our visit.

People told us staff treated them with kindness and respected their dignity. People and their relatives were involved in their care planning and these were reviewed and updated regularly to reflect people's current needs and circumstances. Staff encouraged and supported people to maintain the relationships which mattered to them. People were engaged in activities they enjoyed.

People knew how to complain if they were unhappy with the service. The service gave people, their relatives and professionals opportunity to give their feedback about the service provided. Staff felt supported by the registered manager. The service worked closely with the local authority and with local services to improve the experiences of people.

## 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 service was not always safe.

Risks were not assessed and managed to minimise potential harm to people. The registered manager had not raised safeguarding alerts as required. Lessons were not learned from incidents and accidents or when things went wrong.

There were staff available to work with people. Recruitment checks were carried out before staff started working with people.

People received their medicines in line with their prescriptions. Medicines were managed safely including storage, recording and administration.

The environment was safe and well maintained. Health and safety checks took place. Infection control procedures were followed

### Is the service effective?

Good 

The service was effective.

Staff received support to do their jobs. Staff were trained in their roles and showed they were skilled and knowledgeable.

People's needs were assessed. People gave consent to their care and support. The registered manager and staff supported people in line with the principles of the Mental Capacity Act 2005 and the requirements of the Deprivation of Liberty Safeguards.

People had access to a range of healthcare services to maintain their health and well-being. Staff liaised with other services to ensure people received the care and support they required when they moved between services. People received food and drink they needed to meet their nutritional needs. The service had the facilities people needed.

### Is the service caring?

Good 

The service was caring. Staff interacted with people in a polite and positive manner. People were involved in making decisions

about their care and staff respected their choices.

Staff maintained people's privacy and dignity. Staff encouraged people to be independent as possible.

### Is the service responsive?

The service was not always responsive.

People's individual needs and requirements were not being met. People's cultural and spiritual needs were not met. Care plans were regularly reviewed with people and with relevant professionals.

Activities took place to engage and occupy people. People took part in activities of they enjoyed. People could maintain relationships which mattered to them.

The registered manager told us they would work closely with other services to deliver end of life care if needed. No one required end of life care at the time of our visit.

**Requires Improvement** ●

### Is the service well-led?

There was a registered manager in post and they met their registration requirements. The quality of the service was not subjected to rigorous scrutiny. We found a number of concerns during our inspection that had not been identified by the registered manager.

The service obtained feedback from people, relatives and professionals about the service provided. People, relatives and professionals made positive comments about the service. They told us that the registered manager listened to them.

Staff felt supported. They told us they received the leadership and guidance they needed to meet people's needs.

The registered manager and provider worked in partnership with other organisations to improve the service.

**Requires Improvement** ●

# Homeleigh Residential Care Home

## **Detailed findings**

### Background to this inspection

We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

This inspection site visit took place on 30 August 2018 and was unannounced. The inspection was carried out by a single inspector.

Before the inspection we reviewed the Provider Information Return (PIR) the registered manager had sent to us. This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the other information such as notifications we held about the service and the provider. A notification is information about important events the provider is required to send to us by law.

During the inspection we spoke with three people who use the service, three members of staff, the deputy manager and the registered manager. We looked at four people's care records and medicine administration records for five people. We reviewed four staff members' recruitment, training and supervision records. We also checked records relating to the management of the service including quality audits and health and safety management records.

We undertook general observations of how people were treated by staff and how they received their care and support.

# Is the service safe?

## Our findings

People were not safeguarded against the risk of abuse. During our visit a person told us of two incidents which were potentially safeguarding concerns. They told us they had reported these to the registered manager when they had happened but were unsure what actions had been taken. The registered manager confirmed they were made aware of one of the two incidents the person told us about. However, we found that they had not raised a safeguarding alert to the local safeguarding team as required in line with the provider's procedure and the London Multi-Agency Adult Safeguarding Policy and Procedures. They explained that they had asked the member of staff involved to complete an incident report. We noted that there was no report of an investigation carried out or actions taken. We discussed our concerns with the registered manager who told us that they did not consider the incidents as safeguarding as the person in question had a behaviour of making allegations. However, there were no incident reports to show other similar allegations made or a risk assessment in place regarding this behaviour. There had not been previous safeguarding alerts raised or investigations carried out to establish this. After our inspection, the registered manager sent us a confirmation that they had now raised an alert to the local safeguarding team. W People were at risk of abuse as concerns of abuse were not raised appropriately with the local authority safeguarding team; concerns were not formally investigated and actions had not been taken to address concerns.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a policy and procedure for safeguarding adults from abuse and whistleblowing. All staff told us and records confirmed that they had completed safeguarding training. Staff knew the different types of abuse, signs to recognise abuse and how to report their concerns in line with their procedure. Staff also knew how to whistle blow if they had concerns.

The service did not always learn from incidents or when things go wrong. During our conversation with the registered manager about a recent incident, they told us about several other similar incidents that had occurred relating to a person's behaviour. When we asked to see the incident reports, they told us they had not recorded them as incidents. Some incidents had been recorded. We saw an incident report completed by a member of staff following an incident which took place 10 days before our visit but the registered manager had not reviewed it or noted any actions taken. The incident related to an allegation of abuse. Incidents were not analysed to establish any trends or patterns This limited the actions that could be put in place to minimise the chance of them happening again.

This was a breach of regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Risks to people were not always assessed and managed to ensure their health and safety. One person's care plan noted they mobilised with a rollator frame indoors and a wheelchair outdoors. The registered manager had not assessed the risks associated with the person's mobility and there was no management plan to

guide staff on how to safely support this person with their mobility. Another person's care plan noted they were unable to weight bear and mobilise due to a medical condition which affected their mobility. The person used a specialist wheelchair and relied on staff for all transfers, mobility and repositioning. The registered manager had not ensured that there was a risk assessment completed to identify any moving and handling risks. There was also no risk management plan available at the time of our visit to provide instructions to staff on how to support this person with safe transfers. We also noted that this person's skin integrity could be at risk due to being immobile and the fact they could not reposition themselves independently. There was no risk assessment completed or management plan developed to minimise the likelihood of this risk and give staff guidance regarding how to manage it to promote the person's well-being.

We raised our concerns with the registered manager and they told us the person who used a wheelchair and was unable to weight bear had moved into the service 10 days before our visit and they had been busy settling the person in. After our inspection the registered manager sent us the moving and handling risk assessment and mobility risk assessment for the two people we referred to in our report.

These issues were a further breach of regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

People told us there were always staff available during the day and night to support them if needed. One person said, "Staff come quickly when I call for help. There are always staff here and I think there are enough. They have time to chat with me." Another person mentioned, "There are staff around. When I call sometimes they come quickly and some other times they are busy and come when they are free." Staff we spoke with expressed no concern with the number of them on duty to support people. One member of staff said, "I feel staffing is enough. Most of the people are capable. Staffing has never been an issue. The manager is always willing to call for extra cover if needed." The rota showed that all shifts were covered. The registered manager and deputy manager were part of the rota and provided hands-on support to people. The registered manager told us they determined staffing levels based on occupancy and people's needs. Staff told us and the rota showed that staff did extra shifts to cover staffing shortfall. The staff rota showed that night shifts were covered by two staff members. One staff member doing a waking night and the other member of staff on sleep-in to support in emergency.

The service recruited staff following safe recruitment guidelines. Recruitment records showed that before staff started working with people they underwent robust checks which included vetting by the Disclosure and Barring Service (DBS) for any criminal records. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services. Satisfactory references were obtained, right to work in the UK and proof of address were also confirmed. This vetting process enabled the provider to make safer recruitment decisions to protect people.

People's medicines were managed and administered safely. The service had a medicine management procedure in place. Staff were trained on the safe management of medicines. Staff understood their procedure for the receiving, storing, administering and disposing of medicines. There was a protocol in place for the administering and management of as and when (PRN medicines) and staff followed these. We saw that medicine administration records (MARs) were correctly and clearly completed. Medicines audits also took place to identify any discrepancies and records showed medicines were accounted for. Medicines were stored securely and safely.

The service had adequate systems to reduce the risk of infection. Staff had received training in infection control and food hygiene. They knew to use personal protective equipment (PPE) where required, such as gloves. Staff encouraged people to maintain good hygiene. The service was clean and free from any unpleasant odours.

The service maintained a safe environment for people. There was a fire risk assessment available and it highlighted measures to reduce the risk of fire. For example, ensuring fire doors were not obstructed and we noted that these were complied with. We saw valid gas safety, water, portable appliance tests and electrical safety certificates. Staff conducted regular health and safety checks such as weekly fire alarm tests to ensure equipment was in good working order. Staff also practiced fire evacuation procedures regularly. Each person a personal emergency evacuation plan in place.

## Is the service effective?

### Our findings

The service completed an assessment of people's care before they moved into the home. The registered manager carried out initial assessment to establish people's needs. Assessments covered people's physical, mental health conditions, skin integrity, nutrition, falls, mobility, personal care, and social needs. As part of the assessment people were given a chance to visit the service so they could decide if it was suitable for them. We saw that the service used scoring tools such as the Waterlow assessment tool to assess people's needs with regarding to maintaining their skin integrity. The service also followed the Care Programme Approach (CPA) to assess and support people with their mental health needs. CPA is the programme of support offered to people who needed support with their mental health needs. It examines what support people needed, goals that they wanted to achieve and how to meet these.

People told us staff were knowledgeable and knew how to support them. One person said, "The staff are well trained. If they were not well trained they wouldn't have known to call the ambulance as quickly as they did when I was not well. Something bad would have happened." Another person mentioned, "They [staff] know their job. They look after me alright."

Staff had the training to do their jobs effectively. Staff told us and records showed that new staff received an induction when they first started. Staff had training in fire safety, safeguarding, food hygiene, infection control, first aid, moving and handling, health and safety, Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff told us they felt confident in carrying out their roles and meeting people's needs. One staff member told us, "I have done all relevant care training. I have also done training to work with people here such as mental health awareness and I feel confident working with people with mental health needs." Staff we spoke with showed they understood the needs of people and how to appropriately support them.

Staff were supported and supervised in their roles. All staff we spoke with told us they felt supported by the registered manager, and senior staff. One staff member said, "I feel well supported. I am always given opportunity to attend training." Another staff member told us, "The registered manager gives us support to deal with issues we can't handle ourselves. She is on call for support 24 hours a day. We also have supervision meetings." Records seen confirmed that all staff were receiving regular supervision and an annual appraisal of their work performance with their line manager.

The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager and staff understood their responsibilities to ensure people consented to their care and support before they were given. A member of staff told us, "You don't assume that someone has no capacity to make decisions until someone takes a decision that might put them in danger. You arrange for a best interest decision to be made in such instance."

People's freedom was not restricted unlawfully. We saw people leave the service and return as they wished. The registered manager knew to make application to the local authority for DoLS authorisations where required. There was no one on DoLS at the time of our visit.

People's nutritional and hydration needs were met. People told us the food on offer at the service was nice. One person said, "Dinner was nice, it's always nice. They ask you what you want in the meeting and they write the menu." Another person mentioned, "I enjoy the food here. If you don't like something they will offer you a sandwich as an alternative." Staff knew people's nutritional needs and preferences and ensured these were followed. For example, people who a required soft diet received it. People could help themselves to snacks and drinks as they wished. People were supported to cook for themselves.

Staff liaised with other services to people's care and support were met. The registered manager told us they ensured people had their personal information sheet when they go to hospital or other services. This sheet contained important information about the person's physical health, medication, GP and next of kin details.

People had access to healthcare services to maintain good health. People were supported to attend health appointments. Record showed that healthcare professionals such as GPs, district nurses and community psychiatrist nurses (CPNs) were involved in maintaining people's physical and mental health.

The environment was suitable for people. There were facilities such as a communal lounge, kitchen and outside garden for people to use and relax. People had their individual rooms which were personalised to their preferences. The decoration throughout the service was adequate.

## Is the service caring?

### Our findings

People told us staff were kind to them. One person told us, "They [staff] are respectful. They are helpful." Another person said, "The staff respect me a lot. They speak to me nicely and are kind to me. They chat with me and I like it." Staff addressed people by their preferred names. Staff and people interacted in an open and respectful manner.

People and their relatives were involved in planning their care. Care records held information about people's histories and background including education, family, and lifestyle choices. People told us they were involved in developing their support plans. One person said, "They [staff] discuss my care plan with me. They call us into the office and discuss the care plan. I know the care I get and I agree." Care records demonstrated that people had been asked for their views on how they should be supported. People's relatives were also involved in planning their care and their views were listened to. If people wished to have an independent advocate to represent their views, staff arranged for this. We saw that an advocate had been involved in planning a person's move to the home. Staff also supported people at meetings to put their views across.

Staff knew how people's lifestyle choices affected their mental and physical health and their activities of daily living. Staff showed understanding towards people's situations and supported them accordingly. Staff provided information and support to people through regular one-to-one key working sessions to provide emotional support to people where needed. Staff provided people with the information and advice to enable them to make the right decisions about their lives.

Staff knew how to communicate with people appropriately. Care records detailed people's communication needs and staff spoke to people bearing in mind people's needs. For example, one person's care plan read, "I use facial expressions, body language and vocalisation as my main means of communication. I am able to indicate what I want by stretching towards an object/activity." The staff followed the instructions in the person's care plan.

People told us staff maintained their dignity and privacy. One person said, "They [staff] treat me with respect. They always knock and wait for an answer before they come in." We observed staff knock on people's doors and waited for a response before entering. Staff told us that they carried out personal care tasks behind closed doors and they respected people's personal space. For example, if people preferred to stay in their rooms they allowed them.

People's independence was promoted. Staff encouraged people to be involved in performing domestic and personal care tasks themselves. People were encouraged to do their laundry and cook for themselves wherever possible.

## Is the service responsive?

### Our findings

People's needs in relation to their cultural, religious, and sexuality were not identified and planned for. The four care plans we looked at did not reflect people's needs in these areas. We saw a risk assessment completed for one person to address their inappropriate sexual behaviours expressed in the past. However, there was no care plan in place to explore it as a need and what support was needed to meet it. We spoke to the registered manager about this and they told us the person was not interested in discussing the topic but there was no record to show any discussion or support has been given to the person in this area. In another case, we found that a person's care plan had not indicated their religious belief and the support they needed to maintain this. During our discussion with a person they told us about their religious beliefs and they told us they loved attending church regularly. They mentioned that they currently attended church with their friend. The person's care plan had not mentioned this or what support this person would require from staff should their friend not be able to support them. The registered manager and staff however knew that this person regularly attended church. They told us this person was independent and would be able to attend church on their own if their friend was unavailable but if not, staff would provide the person the support they needed.

We raised this as a concern to the registered manager and provider. After our visit, the registered manager sent us the sexuality care plan for two people.

We saw care plans which covered areas such as people's physical and mental health, social inclusion, communication, personal care and behaviour. Care plans also stated people's likes, dislikes, interests and goals. Care plans were reviewed regularly or when their needs changed. Care coordinators were involved in the review of people's care under the care programme approach (CPA). CPA reviews took place bi-annually or when required with people's consultants and care coordinators.

People took part in various activities to socialise and relax. Each person had an individualised activity plan which staff supported them to follow. Activities included attending social clubs, day trips to places of interests; and classes and using community centres. We saw staff engaged people in cards, puzzles, games, and other indoor activities. One person told us about the various activities took part in the community. They were also engaged in an employment which they enjoyed.

People were supported to maintain relationships which mattered to them. People told us they were in regular contact with their relatives and friends. They said staff supported them to make phone calls to their loved ones. People could visit and spend time with their family. The service also welcomed people's relatives and friends to visit people at the service.

From April 2016 all organisations that provide NHS care or adult social care are legally required to meet the requirements of the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information they can easily read or understand to support them to communicate effectively. Information about the service was available to people using large text where they had poor eyesight, and in an easy read format where appropriate. The

registered manager told us that they could produce information in different formats such as large prints, easy read or in pictorial format if people required this to make information more accessible to them

The service had a complaint procedure in place and people told us they knew how to raise their concerns and complaints about the service. People felt their concerns would be taken seriously and addressed. There had not been any complaints since our last inspection in 2016. The registered manager knew to acknowledge, investigate and respond to any complaint in line with the organisation's procedure.

The registered manager told us they would work closely with other services to deliver end of life care if needed. No one required end of life care at the time of our visit.

## Is the service well-led?

### Our findings

At our last inspection in April 2016, we found that the service did not have a business continuity plan in place to address unforeseeable emergencies. At this inspection, the registered manager had put a business continuity plan in place. We however found that the management of the service needed improvement as we found a number of failings in the service that had not been identified through quality monitoring systems. The service was not always planned and delivered to meet people's needs effectively and safely. The registered manager had not followed the safeguarding procedure in addressing allegations of abuse as required in line with the London Multi-Agency Adult Safeguarding Policy and Procedures as a safeguarding alert was not raised to the local authority's safeguarding team immediately following concerns received. Risks to people were not carefully assessed and planned to reduce the likelihood of harm occurring to them and lessons were not learned from incidents and accidents. We found that people's care and support was not personalised to their individual needs as care plans did not address people's cultural, religious and sexual needs.

These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The service had a registered manager in post who had managed the service for many years. They displayed the rating of their last inspection in the service. The registered manager had a deputy manager who supported them in the running of the service. The registered manager and deputy manager were regularly part of the staffing rota covering shifts and providing care and support to people.

People told us they were satisfied with the service. One person said, "The manager is alright. She listens to us." Another person mentioned, "The manager is nice to us. She helps us out if she is not too busy." The service held regular meetings with people to consult with them about the running of the service. People were consulted about the food provided and their opinions used to devise the menu. People also had house rules agreed as during residents' meetings which they said helped them live together happily.

The service gathered feedback from relatives and professionals about the quality of care provided through satisfaction questionnaires. Relatives and professionals commended the service and staff for their commitment to supporting people achieve their goals. One professional stated on their feedback form, "Staff at Homeleigh are prompt to alert us of any concerns regarding people and quick to alert us of any signs of relapse which certainly avoided any admissions to hospital." A relative also stated in their feedback form, "[Loved one] has completed another year at Homeleigh successfully and has avoided relapse for the 5th year since moving to Homeleigh. I have no doubt that that this would not be the case if staff were not highly competent and committed and prepared to go the extra mile for people."

Staff told us they received the support and leadership they needed. One staff member commented, "The registered manager always gives us the leadership and support to do things properly. She always makes comments like 'if I can do it why can't you.' She leads by example and shows us how to do the job properly." Another staff member said, "The manager is professional in the way she does her job. She motivates us to be

professionals too. She is also understanding, accessible and approachable." The registered manager held regular meetings with staff to discuss issues about the service. Staff told us they found the meetings helpful as it enables them address issues; and get the support and direction they needed. One staff member said, "Team meetings are good. We discuss issues and concerns about people or in the team. We get direction and support too from the manager how to do things better." We observed an open and positive relationship between the registered manager, people and staff. Staff could ask the registered manager for support and guidance where they required this.

The service worked closely with the local authority and other professionals. The service had a recent monitoring visit from the local authority commissioning team. There were no actions highlighted from the visit. We saw liaison with mental health professionals on how to improve care and support provided to people.

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  Risks to people were not identified and management plans were not in place to improve people's health, safety and well-being. Lessons were not learned from incidents and accidents.
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  People were not safeguarded against the risk of abuse as the provider had not raised safeguarding alerts as required.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The registered manager had not ensured the quality of the service. The quality of the service was not effectively assessed and monitored.