

Saint John of God Hospitaller Services Bradford Supported Living

Inspection report

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Date of inspection visit: 29 April 2015
Date of publication: 06/10/2015

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?

Requires improvement



Is the service well-led?

Inadequate



Overall summary

On 29 April 2015 we inspected Bradford Supported Living. This was an unannounced inspection.

Although there was a registered manager, they had not worked for the provider since August 2013. They had not correctly notified us that they had left their position and filled out an application to cancel. 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.

Bradford Supported Living provides personal care and support to adults with learning disabilities who live in their own homes. The service operates across five private houses in the Bradford area where people are encouraged to live as independently as possible.

We visited the provider's office on 29 April and 7 May 2015 and spoke with people who used the service and their families on 15, 18 May 2015 and 1 and 5 June 2015.

The provider had a safeguarding policy in place and we found staff members were knowledgeable about safeguarding and were knowledgeable about warning

Summary of findings

signs to look out for and how they would respond to a concern. Staff had received safeguarding training, and posters with contact numbers were visible in the office and in bathrooms in people's homes.

Staffing levels were at a minimum. There was not enough permanent staff to fill all the shifts on rotas, so additional shifts were covered through overtime, staff from other homes and agency staff. This was not ideal as people did not receive consistent care from regular faces. However staff told us that they believed this had not impacted on the care and treatment being provided to people.

There was a recruitment policy in place. We looked at staff's files and saw staff had followed the correct procedure having had an interview, ID check, two references and criminal records check. However we found two members of staff had activity on the criminal records check. One of the two staff had not disclosed the activity at interview.

We saw people had any risks assessed and recorded as part of their care plan. Risk assessments were person centred and contained information about how to reduce the risk and they gave an overall risk rating. This made it clear to see which risks raised more concern. However some risk assessments we looked at had not been reviewed in over 12 months. This showed us risk was not being assessed against people's most up to date needs and were not regularly reviewed.

We found staff had not been supported appropriately. We looked at staff's files and found no supervision records for three people. Other staff's supervision records were not consistent. We asked the service improvement manager how often supervisions with staff should be. They told us staff should receive one to one support at least twice a year. Staff told us supervision meetings did not happen as often as they should and this had led to some staff feeling unsupported.

We asked to see recent audits conducted on the Bradford Supported Living services. The service improvement manager could only give us two audits that had taken place. One audit was conducted on each location in March 2015 and the other was completed on 10

September 2014. The service improvement manager told us there had been previous audits but as they were new in post, they had not accessed these. On one audit we identified some gaps and some errors. This showed us the audit process was not effective.

We observed care and treatment being delivered in people's homes. We saw staff were respectful and treated people with dignity. Some people had high support needs and their preferred method of communication was not verbal we found staff were familiar with the communication methods of different people.

We spoke with family members about the care their relative received. Relatives told us they were happy over all with the care and welfare provided. Some family members had recognised that times in the past were not so good but things had improved. Family members now felt communication with staff was good and they felt involved in the care planning process.

The service did not have a complaints system in place to record recent compliments and complaints. The manager and service improvement manager told us there should be a method to record complaints and they had a policy for it but could not show us any records. This meant there was no process to record complaints in order to learn and make improvements as required.

People we spoke with told us they enjoyed living in their homes. People said they liked the staff now and had a laugh with them. People felt safe in their own homes and felt they had control. People told us they were fully involved in their care plans and they told staff what they liked to do. People also commented on the food. They said they do their own menu plans and go shopping themselves. Different houses agreed the best way to plan and buy food with other house mates. We observed over lunch time and saw staff encouraging healthy food for one person's lunch.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of the Health and Social Care Act 2008 (Registration) Regulations 2009. You can see what action we asked the provider to take at the back of the report.

Summary of findings

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.

We found recruitment had not risk assessed staff with a criminal background and employed staff with an undisclosed background.

Some risk assessments were over 12 months old and did not reflect people's present care needs and risks associated with them.

Medication was ordered and administered for people. Records were completed after each administration.

Requires improvement



Is the service effective?

The service was not always effective.

Some staff had no supervisions records. Other staff told us supervisions and appraisals are lacking due to no permanent manager.

People told us they enjoyed their food. Menus were created in a way that suited each person.

Staff told us they received different training courses. We looked at the training matrix for the provider and saw mandatory training completed by the majority of staff.

Requires improvement



Is the service caring?

The service was caring.

People told us they were involved in the planning of their care.

Family's told us there was no restrictions on when they visited their relative.

Staff had a good knowledge of people. They told us specific information about individuals. We saw staff working with people in line with their care plans.

Good



Is the service responsive?

The service was not always responsive.

Care plans did not hold the most recent information on people. We found plans referred to a staff member that left the company 18 months ago.

People had told us they access the community when they want. We looked at daily notes for people and saw people had various activities often.

The provider had a policy on complaints. However no process to record recent complaints was available so complaints could not be responded too.

Requires improvement



Is the service well-led?

The service was not well-led.

Inadequate



Summary of findings

The service had a named registered manager; however this person left the organisation in August 2013.

The service did not have a regular audit system in place to identify shortfalls and look for lessons learnt.

People their relatives and staff told us that management had been absent and there was a lack of leadership in the homes.

Bradford Supported Living

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.

We visited the offices on 29 April and 7 May 2015 and spoke with people who used the service and their families on 15, 18 May 2015 and 1 and 5 June 2015. The inspection was unannounced.

The inspection team included two inspectors.

On this occasion we did not ask the provider to complete 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. Before the inspection, we reviewed all the information held about the provider.

As part of the inspection we spoke with the new manager and new service improvement manager. We spoke with a further eight members of staff. We talked with three people that used the service, four relatives and one advocate. We looked at five people's care records and five staff members' files. We also completed observations and two Short Observational Frameworks for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

Prior to our investigation we received information of concern regarding safeguarding issues involving staff members at one of the five properties at the service. This had led to a large scale investigation that was on going and no determination had yet been made as to the findings of the safeguarding investigation. The local Adult Protection Unit had received allegations of incidents and the provider had liaised with them. We saw the office had safeguarding information displayed on notice boards and an up to date policy last reviewed in April 2013 for staff to access. There was a poster that indicated how they recognised abuse and who should be contacted. Contact phone numbers were accessible for staff in the office. However staff were often based in the supported living houses. A senior member of staff told us further posters were in toilets in the supported living premises. Some of the relatives told us they felt their family members were safe and they did not have concerns. People that used the service told us they felt safe in their own homes. Four staff members we spoke with told us they had received safeguarding training and told us about how they recognised signs of abuse and how they would act. This showed us staff were aware of what to look out for and how to deal with safeguarding concerns.

We looked at staffing levels in the service. We spoke with seven staff, four of whom told us there was sufficient staff but if a person left their home to go out into the community or staff rang in sick, shifts were not always covered, leaving the properties short staffed. Other staff members told us they had no concerns with staffing levels but felt additional staff created more opportunities. One staff member said, "We would benefit from more bank workers to fill gaps on the rota." A service improvement manager for the provider had completed an audit in March 2015 where they recorded, that one staff member supported three people while another person went out into the community. They felt due to the high support needs of the people this was unsafe and decided to stay until further staff arrived. We looked at staffing rotas for the four weeks prior to our visit. The rota's showed that shifts had been covered with the use of overtime and agency. The overall feeling was there was insufficient permanent staff who knew people, and gaps were filled by staff working overtime from other

services or agency staff that were not familiar with the people in the service. However people and staff told us the level of care was not affected by the lack of continuity of familiar staff.

The provider had a recruitment policy in place. We saw and staff told us they had completed an application form, attended an interview and provided at least two references. Before staff were allowed to work alone, they completed a two week period where they shadowed a more experienced member of the team. During our inspection we spoke with a new member of staff who confirmed they were in their shadowing period. We observed another staff member directing them confirming this process took place. Staff also had a Criminal Records Bureau (CRB) check or a Disclosure and Barring Service (DBS) records check to identify any criminal activity. However we found one staff member who was recruited in 2002 had not declared a conviction which was indicated on their CRB. We asked the manager and service improvement manager on the day of inspection for a risk assessment but this could not be provided. Another member of staff had declared a minor driving conviction on their application form in 2007 which subsequently did not show on their DBS form. We asked the manager and service improvement manager for a risk assessment but again this could not be produced. This showed us precautions were not put in place to protect people from the increased risk of employing someone with a history of a prosecution, arrest or caution.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at care plans and risks were identified and associated risk assessments put in place to help staff deliver safe care. We saw risk assessments for different people covering areas of potential risk linked to them. Areas of risk included communication, behaviour, manual handling, personal hygiene, financial, nutrition and eating and drinking. Each assessment included the activity that caused the risk, the person at risk, the hazard, a risk rating and the control measures. Risk assessments were easy to understand and person centred to each person. However, a communication risk assessment for one person was last reviewed February 2014 and may not have reflected the person's current risks. Another person's assessment for behaviour was last assessed 3 April 2014 and a third assessment for manual handling was last reviewed 14

Is the service safe?

January 2014. Without regular review there was an increased chance that risk assessments might not keep people safe due to risks not being reviewed to reflect people's current needs.

People who used the service had their medicines in their homes. We looked at four people's medication profiles. We saw people choose to have their medicines supplied in blister packs. We looked at the Medication Administration Records (MAR) for four people. The records showed no gaps in recording which indicated people had received their medicines as prescribed. "When required" (PRN) medicines was recorded when administered. We saw one person had PRN pain relief. Staff had recorded the reason for administration and the dosage administered. As PRN

medicines were in a separate box, staff had completed a stock check daily to account for all medicines. Each PRN medicine had a protocol in place for staff to follow. Where medicines indicated a variable dose, for example take one or two tablets. The protocol did not state when staff should administer one tablet and when to administer two tablets therefore the protocol was not fit for purpose. This meant staff did not have sufficient guidance to be confident they were administering the correct levels of PRN medicines to meet people's needs. People's medication profiles listed their current medicines. However, when we checked this against their most recent MAR, we found the list of medicines did not match.

Is the service effective?

Our findings

Prior to our inspection we received information of concern regarding the practice of some staff employed at the service that had led to a large scale investigation. We found staff were not sufficiently supported. We looked at six staff members' files who had been employed by the service for over 12 months. We could see no evidence that supervisions or reviews of practice had taken place for four of those staff and the other two staff had only had up to two a year though this was in line with the provider's policy. Supervision meetings are important as they support staff to carry out their roles effectively, plan for their future professional and personal development and give them the opportunity to discuss areas of concern. We asked the manager of the service about the lack of supervision and they told us they were new in post and had not had a chance to investigate why no supervision had taken place; however they had started booking in supervisions for staff where expectations for practice would be agreed. The manager acknowledged appropriate and effective support for staff had not been in place.

The service completed an audit in September 2014 that identified all staff were to have had a supervision by the end of January 2015; this date was then changed to 30 April 2015. We had our first day of inspection on 29 April 2015 and found two out of six staff had received supervisions. We spoke with seven staff members, six of whom told us that supervisions had not taken place as often as they should. One staff member stated they had, "Not had regular supervisions for a long time." The seventh staff member told us they felt supported but their supervisions were about every five months. We saw no annual appraisals had taken place for staff. Annual appraisals are used to review the past 12 months of work and to set goals for the future for staff to become more efficient and effective in their roles. This showed us effective support was not in place for staff. One staff member told us, "I haven't had an appraisal since I started" and another said, "Not had an appraisal."

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were happy with the amount of training they received. Staff told us, "I like the training as it keeps me up to date with skills and knowledge" and "I've had the training to do my job." We looked at the training matrix for the supported

living staff. We saw additional courses had been booked for staff to attend health and safety, safeguarding and safer people handling training in 2015. Mandatory training courses for the majority of staff had been attended within the past 12 months.

We reviewed the providers approach to meeting the requirements of Mental Capacity Act 2005 (MCA). We found people's care records logged the activities they said they wanted to do. We saw evidence of people going out into the community. People we spoke with told us they had their own keys to their home. We did not observe and did not see reference to people being deprived of their liberty on the days of inspection. We asked seven staff what they did to make sure people consented to any care and treatment they provided. They were able to demonstrate a basic understanding of their responsibilities under the MCA. Staff told us they always assumed capacity and people were allowed to make unwise choices where they had the capacity to do so. Staff said they had received recent training in MCA and DoLS.

We observed care and treatment being delivered. We saw staff offering choice and encouragement with decisions. Staff members allowed people time to make their own decisions and prompted them in the right direction while respecting choices that the person had made. For example, we saw staff encourage one person to get a coat as they were leaving their home and it was cold outside.

People told us they enjoyed the food in their homes. Each of the five properties followed the same principle of creating a menu plan to then go shopping. Staff told us they reminded and educated people about nutrition but people still had their 'treats'. For example staff told us one person liked food brought in by their family members and another person enjoyed a takeaway once a week. We observed one person being supported by a member staff to make their packed lunch as they left for an activity shortly after. We saw the person selecting food for their pack lunch with directions from staff about what was healthy. Staff also reminded this person how well they had done with their weight management. We looked at a menu for two houses and saw a selection of foods that would aid a balanced diet.

We spoke with four family members of people that used the service. Overall comments about the service was positive. Some of the comments relatives said were, "My relative is well looked after", "Gets on very well with the

Is the service effective?

staff”, “Wonderful care” and “Staff team are very good and pull together for the common good.” However family members had identified the high turnover of staff and comments suggested this had affected the delivery of effective care and treatment. Such comments included, “There trying to get extra staff at the moment”, “Lots of staff changes”, “ Lots of agency staff being used” and, “High turnover over of manager which is concerning.” This showed us effective care could not always be delivered because consistent, knowledgeable staff were not always available.

Care files showed how professionals worked together for the benefit of people who use the service. For example, GPs

and podiatrist attended the home to see people to review their ongoing health care needs. We saw in people’s daily records that referrals and involvement with psychiatry, dietician and the Speech and Language Therapist (SALT) had been made. One person’s care record was created with input from a dietician. One relative we spoke with confirmed staff worked well with health professionals and their family member received appropriate support to access healthcare services. This showed us the people were supported to access healthcare services and they received ongoing health support.

Is the service caring?

Our findings

We observed positive interactions between staff and people. Staff were respectful, for example they addressed people by their preferred names. Staff respected people's privacy by knocking on people's doors before entering. We noted personal care was carried out in people's bedrooms or bathroom with the door closed to ensure people's privacy and dignity was maintained. We saw discreet interactions between staff and people during lunch and in the corridors, where staff spoke quietly to protect people's privacy. When we discussed with staff how they cared for people, we found they were well informed about preserving people's privacy and dignity and treating people with respect. Staff felt the home provided good quality care.

All of the people we spoke with told us staff treated them with privacy and dignity in line with their wishes. One person told us, "I like it here for all sorts of reasons, they respect me" and, "I'm happy here and I trust the staff." People had their own rooms in shared houses so everyone had their own space they could use for privacy if they wished.

We asked staff about people that used the service. They were able to tell us personal preferences of people and how they supported that individual in line with their care plan and training. We asked specific information about people and staff responded with an answer that matched information in their care plans. We spoke with three people that used the service. They told us staff had knowledge about them and they knew their likes and dislikes. One person told us, "We have a laugh, staff know me well." Each person had a named key worker. The keyworker was a member of staff that knew one person more so than the others. This was so the keyworker could support the person to medical appointments, organised activities and have a greater understanding of this person.

Some people that used the service were not able to communicate verbally. People had 'communication passports' in place. The communication passport stated the person's preferred method of communicating and gave directions to staff of how best to communicate. For example it included information about hand gestures, finger pointing and noises made. We saw one member of

staff ask a person if they would like to listen to music, the person indicated through body language they would and the staff member explained they would support them to do this. We saw another member of staff sharing useful tips on communicating with someone. For example, "Give them a bit more time to respond." Staff members made eye contact with people when talking to them and lowered their height to be at eye level when communicating. This showed us staff communicated with people in a way that best suited the person. Family members told us the home had good communication lines with them and staff informed them what was happening in their relative's lives. Family's members told us the level of communication was good for them.

We saw staff committed time to spend with people. For example we saw one staff member sat next to people as they ate their lunch and chatted to them. Another member of staff was speaking to a person sat on a sofa about their hobbies and interest and what they would like to do next and a further staff member was sat at the dining table looking at old photos. This showed us that staff had a clear knowledge of people and spent time to get to know them more.

People who used the service, and where appropriate their relatives or representatives, had been involved in the care planning process. People's needs had been assessed and care plans were in place. People received care, and support when they needed it.

Care plans showed people discussed their care needs with staff. Where they were unable to do so their relatives were encouraged to review the care provided. For example one relative told us, "I have been invited to my relative's next review meeting in June" and another family member confirmed they were involved in the care planning process. Care plans were written in a personalised way including people's personal preferences. People's needs were discussed daily within the staff team during handover which took place.

People told us they had regular visits from their relatives and there weren't restrictions on visiting the property if their family member wished. People were also supported to visit their relatives at their home. One family member told us, "They always visit me on one day a week" and another relative said, "They come home on a weekend."

Is the service responsive?

Our findings

We looked at the care records for five people. We started our inspection in the office for Bradford Supported Living before speaking with people and visiting their homes. We found the care plan files in the office did not always match those records in people's homes. For example one person's file that we looked at in their home had a document called 'Get to know me'. This document was not repeated in the file in the office. Other care plans had different review dates written on compared to those stored in the office. This meant the provider could not be assured staff were accessing the current information for people requiring support.

People had their needs assessed before coming to the service. The needs assessment fed information into the care plan. The manager told us care plans were to have a full review once a year, with updates when someone's needs changed. However, we saw one person's care plan listed a manager that had not worked for the organisation for over 18 months. Another person's care plan included a staff member's name that left over one year prior to this inspection. One person's care plan listed dates the plan had been reviewed. The most recent change of information was 11 June 2014. This meant for ten months this person's care plan had not been changed, updated or reviewed. Another person's care plan had most recently been reviewed on 5 May 2014. We asked the manager who said they were aware of the update required on all care plans and acknowledged that staff going to support people would not have the most recent information to support them. People may not receive personalised care that was responsive to their needs.

This was a breach of Regulation 17(2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care plans were written in a person centred way. Plans included information about people's likes and dislikes and their personal preferences. For example, one person's plan indicated when meal planning, to show them a cook book and wait for a reaction on a recipe. People's care plans contained a Person Centred Plan (PCP) section. This section included the person's life history, their goals and the best way to communicate with them to achieve their goals. Plans were created in different sections. For example

all people had a health section, cultural section, consent section and safeguarding section. Some people had a 'Get to know me' document which used pictures and descriptive text to accurately show what this person liked. However this document did not always have a date on it so it was difficult to see if this information was new or reflected this person's current needs.

We asked people about their activities and what they did during the week. People told us they got to go out a lot and they enjoyed going out. For example one person told us, "I'm going out soon to see friends. Another person told us, "I'm planning my holiday abroad" and, "I go out to do my own shopping." In daily logs we saw some people went out to colleges and others had regularly been out for lunch or a walk in the park. Staff told us people went out regularly and had active. One audit completed by the service improvement manager identified people were out of their home during the visit.

Staff told us the views of the people that used the service were listened to. People had 'tenants meetings' in their homes to discuss changes to be made and likes and dislikes. We looked at the last meeting minutes from one property 16 February 2015 and 29 April 2015. Areas of discussion included care plan reviews, menus and raised issues about patio doors. We saw some sections of some care plans had been reviewed and menus had been created with people.

We asked the manager of the service and the service improvement manager for a record of complaints reviewed by the service and actions taken. The service had a complaints file in place for complaints received during 2013 to 2014. However no file was present for 2014 to 2015. The manager and service improvement manager acknowledged no file was present and no file had been created to capture complaints and learn lessons from any action taken. One relative we spoke with told us they had regular contact with acting managers and service improvement managers to raise their concerns including requesting certain staff were not to work with their family member. Although the relative said the concerns were addressed, we were unable to view this complaint or recent complaints check if they were handled correctly due to this omission.

This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service well-led?

Our findings

Prior to our visit we had been notified of information of concern which had led to the involvement of the local authority safeguarding team. We found a number of allegations had been made and each one had been investigated with an outcome. However, we found three staff members had a repeated history of suspension, disciplinary and concerns dating back to 2003. Many of the allegations made stemmed from one supported living property. Staff we spoke with told us this home had been a, “Dumping ground” for bad staff and it had, “A toxic atmosphere.” Although in each individual case investigations had been carried out, there had been no over-arching investigation into why so many allegations had been made relating to one property. This lack of assessment and monitoring of concerns had led to people receiving continued poor care over a period of time; however, this had been addressed by the time of our visit.

We found inadequate systems in place to ensure the delivery of high quality care. We found concerns with a number of aspects of service delivery including absence of support and supervision for staff, ineffective audit records and out of date care plans. These issues had been identified prior to our visit but no action had been taken. We spoke with the manager and service improvement manager and asked for copies of previous audits completed. We were given one audit for each of the supported living properties and one overall audit. Further audits were unable to be located.

The audits covered a number of areas such as safety, care plans and the environment. One audit we looked at dated 10 September 2014 had not identified the need to evidence review dates on care plans or checked if information was still relevant. Other areas identified included team meetings to be held weekly and staff appraisals were listed as ‘on-going’. Team meetings differed in each of the supported living houses but no consistent time frames had been adhered to. This audit was incomplete but identified a ‘robust systems of audit’ in place. This demonstrated an absence of effective quality assurance systems. As part of a robust quality assurance system the manager and provider should actively identify improvements on a regular basis and put plans in place to achieve these.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service did have a registered manager. However, this registered manager had not been employed by the organisation since August 2013. Therefore the service did not have a legally responsible individual to meet the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. On our first day of inspection we met the manager for the service. They were new in post and told us they would register with the CQC as a registered manager. The registered manager had failed to apply to de-register with the Commission. The provider had also failed to notify us of the absence of the registered manager.

This was a breach of Regulation 15 of the Health and Social Care Act (Registration) Regulations 2009.

Relatives of people that used the service told us there has been a high turnover of management staff. One relative said, “There’s a high turnover of management staff which is concerning.” Another person said, “Lots of changes in management as well.” The service improvement manager informed us that after the manager who was named on the registration left the provider over 18 months ago, there was a substantial gap before another manager was appointed. During this gap a registered manager from another service was brought in to support on a temporary basis, but their priority and time was committed to their own registered service. We were told during our four days of inspection, the newly appointed service improvement manager who was present on the first day of inspection had since left the organisation. Inconsistent management arrangements created an environment where the culture and practice could not be consistently influenced due to the lack of effective management and leadership.

The manager told us they gained informal feedback from people when they spoke with them.

Records of recent compliments and complaints were not available and the provider did not have a system in place to record and analyse feedback, in order to drive forward improvements to the service. In addition there was not a process in place for stakeholders, for example visiting health care professionals to feedback their views of the quality of the service. The provider acknowledged the importance of this and said surveys could be sent to stakeholders in the future.

Is the service well-led?

Staff we spoke with gave us positive comments and said the service is getting better. However, the overall feeling was that the service had not been well led. Staff told us the lack of senior management had left staff without direction and support.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Personal care

Regulation

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

The provider had no format to record, acknowledge and learn from complaints.

Regulated activity

Personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Systems and processes were not in place to effectively assess, monitor and improve the quality and safety of services.

Regulated activity

Personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Staff were not effectively supported to complete their duties.

Regulated activity

Personal care

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The provider did not follow a robust recruitment process.

Regulated activity

Personal care

Regulation

Regulation 15 CQC (Registration) Regulations 2009 Notifications – notice of changes

The provider had not had not informed the CQC of the change of registered manager.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity

Personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Systems and processes were not in place to effectively assess, monitor and improve the quality and safety of services.

Regulated activity

Personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The provider had not supported staff as is necessary to enable them to carry out the duties they are employed to perform.

Regulated activity

Personal care

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The provider did not follow a robust recruitment process.