

Chances Gloucestershire Community Child Care Kings Den

Inspection report

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30 June 2022

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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Kings Den is a residential care home providing accommodation for persons who require nursing or personal care for up to four people. The service provides support to adults with learning disabilities or autistic spectrum disorder. At the time of our inspection there were four people using the service supported in one adapted building. People had access to all communal areas including shared bathrooms, lounge, dining area, kitchen and an enclosed rear garden.

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

People, their representatives and staff consistently spoke positively about the leadership in the home and the quality of care people received.

We found some improvements were needed to ensure safe recruitment practices were followed and to ensure audits were fully effective in identifying and addressing quality and safety concerns in the area of staff recruitment.

We found some improvements were needed to ensure medicines were managed safely, people's risk were assessed and mitigated in areas such as epilepsy management and management of anxious behaviours and that the service stored care records for people which were up to date and relevant to current people's needs and that care records were available for staff which reflected people's current support needs.

The service did not always have infection control processes and systems in place to reduce the risk of people contracting COVID-19 and audits were not fully effective in identifying and addressing quality and safety concerns in the area of infection prevention control.

We found improvements were needed to ensure that effective systems were in place to monitor the quality of the service in order to pick up areas of improvements such as the ones which we have identified.

We did not find that these shortfalls had impacted on people's care and the provider and manager had started taking action during our inspection to ensure improvements were being made.

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

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 and/or autistic people.

The service was able to demonstrate how they were the underpinning principles of Right support, right care, right culture.

Right support: The provider had developed a model of care and an environment that maximised people's choice, control and independence.

Right care: People's care was planned and delivered with their individualised needs in mind. People were involved in planning their care. We saw examples of how people's care promoted their dignity, privacy and human rights.

Right culture: We saw how the vision, values, attitudes and behaviours of the management and care staff supported people to be confident and empowered in living in the community.

People received care and support from a consistent staffing team who knew them well. Staff spoke positively about the support they received and how this promoted person centred care.

Staff understood people's needs and how to assist them to protect them from avoidable harm.

People were supported by staff who had been trained and supported to meet their needs. People and their representatives spoke positively about the caring nature of staff.

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

Rating at last inspection

This service was registered with us on 16 April 2021 and this is the first inspection.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 29 and 30 June 2022. This was a planned inspection based on the service being newly registered.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breach in relation to regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Please see the action we have told the provider to take at the end of this report.

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.

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Kings Den

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Kings Den 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. Kings Den 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post. A new manager started their employment the week of our inspection and were being inducted into the service. Plans were in place for the manager to register with CQC.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information we had received about the service. This included notifications about important events at the service and feedback shared directly with CQC. We used all this information to plan our inspection.

During the inspection

We observed staff interacting with people and looked at the premises. We spoke with four members of staff including the provider, the manager and two care staff. We observed the four people who use the service. We also spoke to three people living at the service and three professionals. We reviewed three people's care records and records related to medicines. We looked at two staff files in relation to recruitment. We also looked at records relating to the management of the service, including audits and safety checks were reviewed.

After the inspection

We reviewed the evidence sent by the provider electronically. This included the service's staff training data, policies and procedures, records related to people's risk management and the services improvement plan.

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 requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

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

- The provider had systems in place to identify and mitigate people's risks, however, these had not always been robustly followed.
- Risk management plans for people living with epilepsy did not provide detailed information about the actions staff should take if people were to become unwell, however epilepsy care plans were in place which provided staff with this information. Not all staff were able to describe the actions they should take if they were required to support a person experiencing a seizure, however the service had a longstanding team who knew people well. This put people at risk of not receiving the appropriate care. The provider took immediate action to ensure all staff were familiar with epilepsy care plans.
- Risk management plans were not in place for one person who was supported to work towards independence with administration of medicines, to assess the risk associated with the medicine procedure the person had in place. This put the person at risk of not taking their medicines appropriately.
- Positive behaviour plans were not always in place or updated to guide staff on how to support people if they became distressed or anxious. Incidents where people had been distressed were recorded however these had not been reviewed by the managers to ensure staff were intervening appropriately when new behaviours were displayed. This meant staff did not always have access to current information on how to support people. This put people at risk of not receiving the appropriate care.

Risks relating to the health safety and welfare of people had not been robustly assessed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the time of the inspection, the service had started a service improvement plan which identified areas of improvement such as reviews of risk assessments and support plans. Following our feedback during the inspection, the provider added actions to the service improvement plan to make improvements in the areas we highlighted.

- Staff we spoke with gave examples and describe how they would support people safely when they displayed anxious behaviour.
- Staff were aware of people's risks and the support they needed to remain safe. We observed staff supporting people in their environment safely.
- Feedback from professionals was positive. One social worker told us the service updated support as

needed and managed risk well for the person they were overseeing.

- Environmental risks to people were managed safely. Risk assessments and safety checks had been carried out to reduce the risk of fire and legionella.
- Fire evacuation drills were undertaken to ensure staff knew how to respond to protect people in the event of an emergency. People had personal evacuation plans in place.

Staffing and recruitment

- Safe procedures were not followed when new staff were recruited to ensure they were safe to provide care to people. The required pre-employment checks had not always been undertaken. Reference checks from staff's previous social care employers were not always sought to gather assurances about staff conduct. Applicant's health status was not always sought to gather assurance about their fitness to undertake their role and whether any adjustments might be needed.
- Interview records were not always in place to support the registered manager's decisions to employ staff and employment records did not always show that recruiting managers had explored the previous employment histories of staff and their suitability to work at the home. There were gaps in some employment histories.
- Records did not show how the manager and provider had assessed the risk to people when they were unable to obtain references or complete checks on an applicant's employment history. This meant additional safeguards were not in place to ensure staff were of good character.

We found no evidence that people had been harmed, however, safe recruitment practices had not always been followed. This placed people at risk of harm. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Medicines were not always stored safely. The service did not always record when medicines such as creams were open. The service monitored storage temperatures; however, these were not being recorded.
- Medicines administration records (MAR) were in place, however the service did not consistently use the same format to record administration. This put people at risk of not receiving all their medicines.
- Where people were prescribed medicines on an 'as required' basis individual protocols were not in place to guide staff with appropriate administration. This put people at risk of not receiving their "as required" medicines as prescribed.

We found no evidence that people had been harmed however, proper and safe use of medicines had not always been followed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our feedback during the inspection, the provider added actions to the service improvement plan to make improvements in the area we highlighted in relation to medicines.

- Appropriate arrangements were in place for obtaining medicines. The home received people's medicines from the pharmacy each month. When the home received the medicines, they were checked, and the amount of stock documented to ensure accuracy.
- People we spoke to were aware of the medicines they were taking and were being supported to work towards developing skills to administer their own medicines.
- Staff were trained in the safe administration of medicines and had their competency assessed.

Preventing and controlling infection

- Staff did not wear face masks in accordance with national Covid-19 guidance related to the use of PPE. The service's infection prevention control audits did not highlight our findings. The service had a risk assessment in place in relation to this, however this was not in line with Covid-19 guidance where deviation from government guidance was taking place.

We found no evidence that people had been harmed however, Covid- 19 government guidance in relation to infection prevention control was not always followed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- 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 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 have also signposted the provider to resources to develop their approach.

- People were supported to see their families, friends and representatives in accordance with their preferences and in line with government guidance.
- The provider took immediate action to review their infection prevention and control policy in accordance with national Covid-19 guidance. Following our feedback during the inspection, the responsible individual added actions to the service improvement plan to act in the area we highlighted in relation to infection and prevention control audits.

Systems and processes to safeguard people from the risk of abuse

- The provider had policies and procedures in place to respond and safeguard people from abuse.
- People were protected from the risk of abuse by staff who had the knowledge and understanding of the provider's safeguarding policies and procedures. Staff described the arrangements for reporting any concerns relating to people using the service and were confident to do this.
- People and their representatives told us they feel safe living at Kings Den.

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 for this newly registered service. This key question has been rated good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs, and choices had been assessed and delivered in line with standards, guidance and the law. The service worked within the principles of Right support, right care, right culture, for example, by routinely involving people (and their representatives) in reviews of their care and support needs with health and social care professionals.
- People's rights were protected as their views were sought and acted upon. The service at Kings Den was developed following the wishes of one person currently living there.
- People were supported in a way that aimed to increase their skills and independence. One person's advocate told us that about the positive impact Kings Den has been having on them and that they are supported with activities, relationships and education.

Staff support: induction, training, skills and experience

- People using the service were supported by staff who had received training relevant to their role and the people they supported.
- Staff were supported in their role through induction, training and supervision. Training which required renewing had been identified and booked by the provider.
- One person's advocate told us that the person they were supporting had complex needs and that staff were aware of the person's needs and changed the way they supported the person according to those needs.

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

- People were supported to eat and drink in accordance with their preferences and choices.
- People were supported to be fully involved in designing their own menu and did their own food shopping for the home independently.
- People talked to us about their involvement in choosing what they would like to eat and drink, shopping and creating their menu.
- People were taking part in cooking the meals for the home, either independently or with support from staff. We observed one person cooking the evening meal for everyone.
- One person talked to us about how they follow a healthy and balanced diet in order to maintain a healthy weight.

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

- The service's design and decoration had been decided involving the people who live there. The house had been adapted to offer a homely environment and people's bedrooms were furnished and decorated according to people's wishes, taste and needs.

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

- People were registered with a local GP practice and were supported to make appointments and access a wide range of health care professionals.
- One person talked to us about a recent appointment they organised and attended independently.
- People's oral care needs had been assessed and information related to this was included in their care documentation.
- A person's social worker told us that they were very happy with the provider as they were very responsive and worked well with the local authority.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People who were currently supported by Kings Den had the mental capacity to agree and be involved in decisions about their care.
- We checked and were satisfied with the responsible individual's understanding of the MCA and the provider's systems when obtaining consent from people who may lack mental capacity to specific decisions about their care.
- Staff were aware of principles of the MCA and knew where to find information related to people's decision-making abilities and preferences.

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 for this newly registered service. This key question has been rated good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- We observed people being treated with kindness and respect.
- Staff knew people very well and understood the things they liked and made them happy. One staff described to us how they interacted with one person when they were being anxious, by giving them time and space and exploring with them what was going on.

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

- People told us they were involved in planning their care and support.
- People's care records included information about people's preferences and how they like to be supported and their daily living routines.
- One professional we spoke with commented on the caring nature of staff at Kings Den.

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted and they had goals identified in their support plans in various areas of their care, such as working towards independence skills within the community and preparing meals.
- A person's advocate told us the person they support is encouraged to do as much as they want and can. Another professional told us the person they support has freedom, independence and a lot of opportunities.
- We observed people being supported by staff to plan their holiday. People were encouraged to take decisions according to their wishes, given choice and encouraged to carry out certain aspect of the planning independently.
- Staff gave us example of how they would support people in a way which promoted their dignity, privacy and encouraged independence.
- The service ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR) to keep people's personal information private. GDPR is a legal framework that sets guidelines for the selection and processing of personal information of individuals. Records were stored safely which maintained people's confidentiality.

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 good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The provider gave us background information, including details about the vision behind the service offered to people at Kings Den. The property was initially purchased to expand the provider's children service accommodation. However, on a visit to the provider's service next door, one of the people currently living at Kings Den, who previously lived at one of the other homes of the provider, stated they would like to live there. The person consulted with two other people who they lived with at the time and all decided they would like to move to Kings Den together.
- The service was developed by working with the local authority and involving advocates for the people who wished to move there.
- People were fully involved in designing the house, choosing the paint and painting the house. One person told us they were involved in choosing the carpet for the home.
- People's bedrooms were personalised to suit their needs and preferences. We observed people being consulted about purchasing a bike storage facility for the garden.

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. It also says that people should get the support they need in relation to communication.

- People's communication needs were identified and assessed. The care documentation included information about preferred ways people liked to communicate. For example, for one person who uses picture cards for communication, the care plan explained how to use these to support effective communication.
- People's care documentation was available for them in easy read format.

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

- People told us they were supported to engage in activities of their choice, according to their wishes and preferences. People gave us examples of activities they had engaged in such as a trip to Harry Potter studios, visits to local farm and attending weekly music workshops.
- Some of the people living at Kings Den were independent in accessing the community, had paid employment and attended full time education. People were proud of their achievements and talked to us about future career and education plans and how they were being supported to achieve this.

- The service gave us an example on how they supported on person maintain and develop their relationship. The person talked to us about the support they received, their goals for the future and the support they had been receiving to work towards this.
- We observed people being supported in a person-centred way to plan their upcoming holiday. Staff were observed to give people choice and control in organising this.
- People were supported to develop independence skills. One person told us that they wanted to be independent and that they were getting the support from staff with this "step by step" as this was what worked for them.
- One person's social worker told us that the person they supported gets opportunities to be involved in activities.

Improving care quality in response to complaints or concerns

- The service had not received any complaints. Staff told us they were confident in raising concerns should they need to and were aware about how to raise any issues.
- People were aware about how to raise concerns should they need to and they were confident to do so. One person's social worker told us the person would feel confident to voice any concerns.

End of life care and support

- The service did not support anyone at end of life at the time of our inspection. Policies and procedures would support people's needs at the end of their life, if needed.
- One person told us they had recently been supported by staff to complete an end of life plan.

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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 service did not have a registered manager in place; however a new manager started their employment the week of our inspection and were being inducted into the service. The service's improvement plan highlighted the action for the new manager to commence their registration with CQC as soon as possible to ensure the provider met their registration requirements.
- Until the appointment of the new manager, the service had been overseen by the provider and a senior staff member with previous managerial experience.
- The provider did not have a system of audits to monitor the quality of the service, therefore they had not identified the issues we found during the inspection such as recruitment records, people's risk management plans and people's behaviour support plans.
- Medicines were being counted after each administration; however audits were not undertaken to ensure people were receiving their medicines as prescribed.
- The provider's infection control audits had been completed but had not been adjusted to reflect the additional risk management required to reduce the risk of the transmission of the COVID-19 virus. They therefore did not identify the concerns we found in relation to the use of PPE in accordance with government guidance. This meant the provider could not be assured that the control measures which had been put in place to help prevent the spread of coronavirus were being risk assessed according to government guidance.
- Quality monitoring of people's care documentation had not always identified shortfalls in relation to availability of current care documentation or the presence of out of date information in people's care folders.

Systems were either not in place or robust enough to demonstrate people's safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our feedback during the inspection, the responsible individual added actions to the service improvement plan to make improvements in the area we highlighted in relation to good governance.
- The service had started a service improvement plan which identified areas of improvement such as reviews of risk assessments and support plans.

- The provider told us that they were in the process of implementing an electronic care planning system which will include electronic medication administration records and has a built in system of auditing.
- The provider was carrying out walk around visits of the home to ensure tasks are completed. Health and safety checks of the environment in the home were being carried out daily as well as checks of the cleanliness of the home.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service was provided in line with Right support, right care, right culture to ensure positive outcomes for people. One person told us that Kings Den was "The best place for me". One person's advocate told us the person was in the best place they could be and that they were very happy the person lived there.
- The service was committed to achieving good outcomes for people. One staff member told us that the vision of the service for them meant: "giving people the best care, encourage independence and listen to them. They told us the best part of their role was: "being with the people, helping them be the best they can possibly be, watch them develop and move forward."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were engaged through house meetings and discussions with staff. The provider gave us an example of how people were involved in staff recruitment by designing questions for the candidates.
- We observed people being involved in decision making in relation to their environment.
- The service held staff meetings, carried out handover meetings and had a communication book in place for staff to ensure effective communication.
- Staff felt supported by the provider. One staff member told us they: "feel valued"

Working in partnership with others; Continuous learning and improving care

- The provider worked openly and in partnership with others.
- Health and social care professionals were positive about the interactions they had with the service. One social worker told us that the service advocated very well for the person and this was very refreshing. They praised the service for their communication.
- The management team were passionate about wanting to talk about the support they offer to people. Our inspection feedback was immediately incorporated in the service improvement plan and some aspects were acted upon during inspection.

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 relating to the health safety and welfare of people had not been robustly assessed Proper and safe use of medicines had not always been followed. Covid- 19 government guidance in relation to infection prevention control was not always followed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Current care records were not always in place to inform staff of people's needs and risks. Systems were either not in place or robust enough to demonstrate people's safety was effectively managed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Safe recruitment practices had not always been followed.