

# Kent Old People's Housing Society Limited

## Bradstowe Lodge

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Inadequate** ●

# Summary of findings

## Overall summary

### About the service

Bradstowe Lodge is a residential care home providing accommodation for people requiring personal care to up to 27 people. The service provides support to older people in one large adapted building. At the time of our inspection there were 26 people using the service.

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

People told us they felt safe living at the service. However, the service had not improved since the last inspection, there was no effective system to monitor and improve the service. The audits completed had not identified shortfalls found at this inspection. Action had not been taken to act on the recommendations from the previous inspection including the inclusion of signs to help people find their way around the service.

Potential risks to people's health and welfare had not been consistently assessed. There was not always guidance for staff to keep people as safe as possible and mitigate the risk.

Each person had a care plan, however, they did not contain information about people's choices and preferences including their end of life preferences. People had met with staff before moving into the service to check their needs could be met. Assessments of people's needs had not been consistently completed using assessment tools in line with current good practice guidance.

Medicines were not managed safely. Medicine records were not always accurate, there was not always guidance for staff to administer medicines safely. People were asked for their feedback about the service, however, their suggestions were not always acted upon.

Staff had been recruited safely. There were enough staff to meet people's needs and they had received appropriate training to meet people's needs. The registered manager and staff understood their responsibilities to keep people safe from abuse and discrimination.

People were supported to eat a balanced diet. People were referred to health professionals when people's needs changed and were supported to attend healthcare appointments.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 22 July 2019). The provider completed

an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations. At our last inspection we recommended that signs were used within the service and care plans should meet current guidance. At this inspection we found these recommendations had not been met. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

#### Why we inspected

We inspected based on the last rating of the service.

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.

We carried out an unannounced comprehensive inspection of this service on 20 May 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, good governance and staff recruitment.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective, Responsive and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bradstowe Lodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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 breaches in relation to safe care and treatment and good governance at this inspection. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

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 not always effective.  
Details are in our effective findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.  
Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.  
Details are in our well-Led findings below.

**Inadequate** ●

# Bradstowe Lodge

## 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

Bradstowe Lodge 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. Bradstowe Lodge 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 a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 19 May 2022 and ended on 24 May 2022. We visited the location's service on 19

May 2022.

#### What we did before the inspection

We reviewed information we had received about the service since the last 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 used all this information to plan our inspection.

#### During the inspection

We spoke with four people and two relatives about their experience of the service. We observed staff interactions with people in the communal areas. We spoke with four members of staff including the registered manager, head of care, senior carer and carer. We spoke with one professional.

We reviewed a range of records. This included seven people's care plans and all the medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including checks and audits.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Requires Improvement. The rating for this key question has remained 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

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- At our last inspection, risk assessments did not have all the information staff needed to keep people safe. At this inspection, care plans had been transferred to an electronic system, but risk assessments still did not contain the guidance for staff to keep people safe. Some people were living with diabetes and were prescribed insulin to manage their blood sugar levels. There was no guidance in place for staff about what signs to look for if the person was unwell and what action to take.
- When people had a catheter, to drain urine from their bladder, there was no guidance for staff about how the person would present if they had an infection. There was very little guidance about how to support the person to care for the catheter. For example, the drainage bag needed to be changed weekly but there was no information about which day and what to do if the catheter stopped draining.
- Some people had been prescribed blood thinning medicines and were at risk of excessive bleeding and bruising. There was no guidance for staff about what signs to look for and what action to take if people had an accident putting them at risk of bleeding. When risk assessments had been completed, they were not always completed accurately. One person who was immobile and was moved by staff, their risk assessment showed them to be at high risk of falls. Other people who were mobile and at more risk of falls did not have falls risk assessments completed.
- Accidents and incidents were recorded. Some analysis had been completed including if people had fallen multiple times and what action had been taken. However, analysis since January 2022 showed there had been 35 falls, only nine of these had a reason such as person being unwell, and action taken. The rest were unwitnessed falls there was no analysis of the times or where the falls had taken place to identify patterns and trends.

The failure to manage risks to people's health and welfare was a continued breach of Regulation 12 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Previously, shower water temperatures had not been checked to make sure they were at safe levels. Water

temperatures in all areas of the service were now checked regularly including the showers. Checks were completed on the building and equipment used by staff to keep people safe including hoists and fire equipment.

### Using medicines safely

At our last inspection the provider had failed to manage medicines safely. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- Previously medicines had not been managed safely and this continued at this inspection. Some people were prescribed medicines on 'when required' basis including pain relief. There was not always accurate guidance for staff about how and when to give these medicines. For example, one person was prescribed two different pain relief medicines, both contained Paracetamol, which can be dangerous if too much is given. The guidance from the GP about how these two medicines should be given safely had not been recorded for staff to follow.
- Some medicine instructions had been handwritten on the medicines administration record (MAR). These instructions had not been signed by two staff to confirm they were correct. When one person had come into the service, their medicines from home were in a Dossett box compliance aid, where all the medicines were dispensed into one section for a certain time. Staff had not recorded each medicine separately on the MAR chart to confirm what medicine had been prescribed and when these had been given.
- There are some medicines that have specific administration and storage requirements, staff had not followed all these requirements consistently. These medicines required two staff to administer them and both staff must sign to confirm the administration. On six occasions this had not happened and only one staff had signed.
- Some people had requested to self-medicate their inhalers to manage their breathing conditions, this was happening. However, staff had not always completed an assessment to check people would be safe to self-medicate. There was not a process in place for staff to check people had taken the inhalers as prescribed.

The failure to ensure the safe management of medicines is a continued breach of Regulation 12 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- At the last inspection, medicines were being stored in a room where the temperature was higher than recommended. At this inspection, medicines were being stored at the recommended temperature for them to remain effective. Previously, when people were prescribed medicines to be administered by transdermal patch, the patches were being applied to the same area of skin. There were now records of where the patches had been positioned, showing patches were not placed on the same area of skin to reduce the risk of skin irritation.

### Staffing and recruitment

At our last inspection the provider had failed to operate effective recruitment procedures. This was a breach of regulation 19(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made since the last inspection and the provider was no longer in breach of regulation 19.



- Previously, staff had not been recruited safely, a full employment history had not been recorded. At this inspection, new staff had supplied a full employment history. Other checks had been completed including references from previous employers and Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to meet people's needs. People told us, there was always staff available to help them when they needed it. Relatives confirmed, staff were always available when to help them when taking their loved one out. Staff also told us there was enough staff and we observed call bells being answered swiftly.

#### Systems and processes to safeguard people from the risk of abuse

- At the last inspection, staff did not have access to the most recent local authority safeguarding policy. At this inspection, the latest revised version of the protocols was in place.
- Staff had received safeguarding training and were able to describe signs of abuse and what abuse meant. Staff understood their responsibility to report any concerns they may have to the registered manager. Staff were confident the registered manager would take the appropriate action to keep people safe. They were also aware of outside agencies such as the local safeguarding authority if they thought people were at risk.
- The registered manager had reported concerns to the local safeguarding authority as required and taken appropriate action.

#### Preventing and controlling infection

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

#### Visiting in care homes

Visitors were encouraged to visit people and spend time with them in their rooms. During the inspection, people were taken out by their relatives, to spend time at the seafront. The visitor book and relatives confirmed government guidance was followed and they were invited to visit as soon as possible.

# 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.

At our last inspection we rated this key question Requires Improvement. The rating for this key question has remained Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People met with the registered manager before moving into the service to complete an assessment of their needs. The assessment including all aspects of people's lives covered in the Equalities Act 2010. The information in the pre-admission assessments had not always been used as a basis for the person's care plan.
- People's needs had not been consistently assessed using recognised tools. Best practice guidance requires risks to people's health to be assessed using tools such as Malnutrition Universal Screening Tool (MUST) and Waterlow score to assess skin integrity. These tools had not been used consistently; some care plans included this information while others had not been completed.

The failure to consistently complete an assessment of the needs and preferences for people's care and treatment. This is a breach of regulation 17 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- At the last inspection, an area for improvement was identified in the layout and design of the service. The service did not have any accessible signage to identify communal rooms and signs to help people find their way around the service. At this inspection, there was no change, there continued to be no accessible signage. The registered manager told us, they did not have anyone living at the service living with dementia, so had decided not to change the signage. During the inspection, people were able to find their way around the service.

Staff support: induction, training, skills and experience

- People were supported by experienced staff who had received training to provide them with skills appropriate to their role. Staff received training online and face to face, when appropriate. The registered manager was the trainer for moving and handling and mental capacity, which was provided when new staff started.
- Staff told us they received an induction when starting work at the service. This included working with more experienced staff to learn about people's choices and preferences. Staff told us they were given time to feel confident before working by themselves. Staff member told us, "I was asked if I was happy or wanted more shadow shifts."
- Staff received regular supervision to discuss their practice and training needs. Staff told us they found the supervisions useful in developing their skills.

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

- People were supported to eat a balanced diet. People told us they were given a choice of meals and the food was very good. One person told us, "It is very good and always plenty of it."
- The timing of meals was an area people thought needed to be addressed. People had breakfast when they wanted it, for some this could be between 9am and 10am. However, lunch was served at noon, people told us they had asked for the time to be changed but this had not happened. One person told us, "I am not always hungry at lunch which is a shame."
- People's choices and preferences were catered for. When people required a special diet such as low sugar this was provided.

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

- People told us, staff contacted the GP or district nurse when they needed them. We observed the district nurse visiting people during the inspection.
- People had been referred to healthcare professionals when required. Some people had lost weight and they had been referred to the dietician. The staff had followed the guidance given.
- People were supported to attend the dentist and opticians. During the inspection, people were supported to see the chiropodist if they wanted to.

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's capacity had been assessed and DoLS applications had been made where appropriate. One person had been granted a DoLS and there were no conditions relating to the authorisation.
- People were supported to make their own decisions. Staff asked people what they wanted to do and go, they respected people's decisions.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question Requires Improvement. The rating for this key question has remained Requires Improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

At the last inspection we recommended care plans were reviewed to follow current best practice guidance to ensure people's needs are met.

- At this inspection, care plans contained limited information about people's choices and preferences. The information was inconsistent, some people's care plans contained information about their family and previous lives, others had no information.
- New staff told us they would look at people's care plans for guidance. However, people's care plans did not give staff guidance about how to support people in the way they preferred with their daily activities such as washing and dressing.
- Care plans did not always contain information about people's end of life wishes. When there was no information it was not recorded if people had been asked about their wishes.

The failure to have maintain an accurate and complete record for each person. This is a breach of regulation 17 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they were supported in the way they preferred and thought staff knew them well. Relatives told us, the staff knew their relatives very well and would anticipate their needs.

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

At the last inspection we recommended activities were reviewed to follow current best practice guidance to ensure people's needs are met

- People told us they were able to take part in activities. Although sometimes they thought there was not enough to do when the activities organiser was not available, and staff were busy. One person told us, "Staff do things, but it is not the same as having the activities person." There was an activity plan on display and people could choose what they took part in. People who spent time in their rooms were offered support to do activities they wanted, and this was recorded on their activities plan.
- Relatives told us they were able to visit when they wanted. People were supported to keep in touch by telephone when relatives could not visit. We observed people going out by their relatives for tea and walks along the seafront.

### 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 living at the service did not have specific communication needs and received information in the way they preferred. Information was available in large print and pictorial formats.

### Improving care quality in response to complaints or concerns

- People told us; they would speak to the registered manager if they had any everyday concerns. People were confident they would sort any little niggles they may have. One person told us, "I tell them if there is something wrong and it is sorted straight away."
- The provider had a complaints policy in place, and this was displayed in the reception area of the service. There had been no formal complaints in the last year. The registered manager understood their responsibility to investigate complaints and make improvements.

# 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.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

At our last inspection the provider had failed to effectively monitor the risks and improve the service. This was a breach of regulation 17(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

- At the last inspection, the systems in place had not been effective in identifying the shortfalls found at the inspection. At this inspection, there had been no improvement, there were continued breaches of regulation.
- At the last inspection the provider did not have an effective system in place to check the quality of the service and identify shortfalls. At this inspection there had been no change the system continued to be ineffective at monitoring and improving the service. The provider completed regular monitoring audits of the service. However, these were not in-depth and did not review all areas of the service. Comments from the monitoring visits include 'Certificates are in the office and (staff name) says they are all OK.' The audits had not included the provider reviewing audits completed by the registered manager to make sure any shortfalls identified had been rectified. The registered manager had overseen the completion of audits on the quality of the service, this included medicines, kitchen, maintenance and night checks. However, these audits had not included care plans and the shortfalls found at this inspection had not been identified. The registered manager completed monthly reports about the service for the provider and these were discussed at regular meetings. However, as the audits had not identified shortfalls the system in place had not been effective in improving the service.
- The provider and registered manager had not identified that people's records were not accurate. Care plans did not accurately reflect people's needs and people's end of life wishes had not been recorded. Risk assessments were not complete, and staff did not always have the guidance to keep people safe as possible. People's needs had not been consistently assessed following government guidance. Medicines had not been managed safely. These shortfalls had been found at the last inspection and at this inspection we found the provider had not addressed the issues.
- The registered manager was part of local groups and kept up to date with changes in government guidance. However, they had not continued to learn and improve the service to meet the regulations.

The failure to effectively monitor and improve the service was a continued breach of regulation 17 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. This is so we can check appropriate action had been taken. The registered manager had not consistently submitted notifications. When Deprivation of Liberty safeguards had been authorised notifications had not been submitted as required.

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

- People attended regular meetings to discuss their needs and ask for their suggestions about the service. However, people's requests were not always acted upon. In April 2021 people had requested the time of lunch was moved to 1pm as many found it too early at noon, as they did not finish breakfast until 9.30am. During the inspection, the time had not been changed and lunch was still being served at noon. The registered manager told us the issue had been raised with the provider but as it involved the contracted hours of staff, it could not be changed without the provider's approval. People told us they still wanted the time of lunch to be changed as it was too early.

The failure to act on feedback from people to improve the service was a breach of regulation 17 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People had made requests and suggestions about the choice of meals and the way the tables were positioned in the dining room; these had been put in place. People told us, they were kept informed of changes especially during the pandemic and the changes to visiting restrictions. People and relatives told us, the registered manager was approachable and spent time with them listening to any issues they may have. We observed people and relatives chatting with the registered manager and they appeared relaxed in their company.
- Staff attended regular meetings where they discussed their practice and the service. Staff were kept informed of any changes within the service. Staff were asked for their suggestions about the service and where possible these had been accepted. Staff told us the registered manager was very supportive and they were able to discuss any concerns they had with them.

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

- The culture within the service was not always person centred. The provider had not consistently put the needs of people first and empowered them to be involved in the service.
- People told us, staff supported them to be as independent as possible and put their needs first. We observed people being given the opportunity to make decisions about what they wanted to do. Staff respected these decisions and made sure people achieved the outcome they wanted.
- Relatives told us, staff were supportive of their relatives. One relative told us, "They make sure her room is clean and tidy just as she likes it. She is always in control of what happens during the day."
- People told us, they were happy, and staff supported them in the way they wanted. One person told us, "They help when needed but I am always making the decisions."

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; Working in partnership with others

- Relatives and staff told us there was an open and transparent culture within the service. Meeting minutes confirmed the registered manager had kept people and staff informed of any changes giving an explanation about what was happening. For example, when there were vacancies within the service and how this would

impact staffing.

- Relatives told us they were kept informed of any changes to their loved one's care or condition. One relative told us, "Whenever anything happens the registered manager always phones me and let me know."
- The registered manager worked with the local authority. One professional told us, "The registered manager is very open with us."



This section is primarily information for the provider

## Enforcement actions

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

| Regulated activity   | Regulation  |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>The failure to manage risks to people's health and welfare and manage medicines safely. |

### The enforcement action we took:

We imposed a positive condition on the provider's registration.

| Regulated activity   | Regulation  |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>The failure to effectively monitor and improve the service, failure to act on feedback from people to improve the service. The failure to consistently complete an assessment of the needs and preferences for people's care and treatment. The failure to have maintain an accurate and complete record for each person. |

### The enforcement action we took:

We imposed a positive condition on the provider's registration.