

# Babbacombe Care Limited

# Hadleigh Court

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

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

This inspection took place on the 4 and 5 December 2018. The first day of the inspection was unannounced, and started at 6:55 am to allow us to meet with the night staff, be present at the staff handover and see how duties were allocated for the day.

Hadleigh Court is a 'care home' without nursing, operated by Babbacombe Care Limited. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

People living at Hadleigh Court were older people, many living with long term health conditions or dementia. The service accommodated up to 31 people in one adapted building, with a lift to access the rooms on the first floor.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection of the service on 12 July 2016 the service was rated as 'good' in all areas. On this inspection we have rated the service as good overall. The key question for well led has been rated as requires improvement. This was because we identified a number of people's records and care plans had not been updated, or were not comprehensive enough to guide staff on how to support people consistently. We did not find people had suffered harm as a result, and staff knew people well. However, this could have left people at risk.

Assessments were in place to support people with other risks, for example with pressure damage, choking risks, poor nutrition, falls and moving and positioning. We saw staff understood how to support people in ways that made use of known information about the person's history and choices. Staff knew people well, and we saw evidence of compassionate, caring and supportive relationships in place.

There were enough safely recruited staff on duty to meet people's needs. Staff and people told us they felt they had the skills and knowledge to support people effectively and had access to senior staff for advice and support. Training plans were in place and an external training advisor visited the service every month to assist with updating staff training and management systems, policies and procedures. Systems were in place to learn from accidents or incidents and for staff supervision.

People received their medicines as prescribed. People were protected from abuse. Staff understood what constituted abuse and were aware of how to report concerns about people's wellbeing. Where people were at risk from poor nutrition or hydration this was monitored, and the service had built supportive

relationships with visiting professionals such as district nurses, community mental health teams and podiatrists.

People's rights with regard to the Mental Capacity Act 2005 were well understood. Where Deprivation of liberty authorisations (DoLS) had been granted, conditions of the DoLS were well understood. This meant people's rights were being supported. We did not identify any areas of discrimination.

Hadleigh Court is a long-established care home, set in a residential area of Torquay, close to local shops and facilities. The registered manager told us they were working on developing the building and workmen were painting and refreshing décor during the inspection. Work had been undertaken on communal areas, flooring and furnishings in people's bedrooms and the garden in the last year, but some areas were still looking tired. We have recommended the registered persons seek and follow best practice guidance on the adaptation of the premises to meet the needs of people living with dementia.

During the inspection we identified concerns over the laundry room, and systems for the safe management of laundry. We have made a recommendation about this.

Activities had been updated to better meet people's needs. This had included a member of staff being appointed 'activities champion'. They told us about how they had provided some more person-centred activities. The home also had a minibus which was used to take people out regularly.

Visitors were able to visit the service at any time, and complaints procedure were well understood. People told us the registered manager was approachable and responsive. Staff told us they worked well as a team and the service was continually improving and well organised. They told us the registered manager was approachable and kind and they enjoyed working at the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<p><b>Is the service safe?</b></p> <p>The service remained safe.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service effective?</b></p> <p>The service remained effective.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service caring?</b></p> <p>The service remained caring.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service responsive?</b></p> <p>The service remained responsive.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service well-led?</b></p> <p>The service was not always well led.</p> <p>Care plans were not all up to date or a comprehensive reflection of people's current needs.</p> <p>Quality assurance systems helped ensure people received good care in a safe environment. People's views about their care were listened to.</p> <p>The registered manager updated themselves on good practice regularly.</p> <p>Staff understood their roles and were developing new areas of interest.</p>	<p><b>Requires Improvement</b> ●</p>

# Hadleigh Court

## 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 checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 4 and 5 December 2018 and the first visit was unannounced. The inspection started at 6.55 am to allow us to meet with the night staff team, be present at the staff handover and see how duties were allocated for the day. On the first day the inspection team consisted of one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the second day the adult social care inspector visited on their own.

Prior to the inspection we reviewed the information we held about the service and the notifications we had received. A notification is information about important events, which the service is required by law to send us. The registered manager had completed a PIR or provider information return. This form asked the registered manager to give us some key information about the service, what the service did well and improvements they planned to make.

During the inspection we spoke with or spent time with nine people who lived at the service. We met with the registered manager, five visitors or relatives, two visiting healthcare professionals, the service's training provider and eight members of staff. We also spoke with the local authority Quality Improvement Team who had previously supported the service.

Most people living at the service were living with dementia or mental health needs. We spent time speaking with people and observing their care. We also spent several periods of time carrying out a short observational framework for inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who could not communicate verbally with us in any detail about their care.

We looked at the care records for five people with a range of needs and sampled other records. These

records included care and support plans, risk assessments, health records, medicine profiles and daily notes. We looked at records relating to the service and the running of the service. These records included policies and procedures as well as records relating to the management of medicines, accidents, staff training, moving and positioning, nutrition and fluid support, food, complaints and health and safety checks on the building. We looked at three staff files, which included information about their recruitment and training records. We viewed a number of audits and documents the service used to manage the quality and safety of the service.

# Is the service safe?

## Our findings

On our last inspection in July 2016, we rated this key question as good. On this inspection we found this had been sustained.

People told us they felt safe at the service. One person told us "I like it here and I feel very safe".

Risks to people were managed safely. However, people's records were not always accurate or up to date. This has been reported on further in well led.

Policies, procedures and audits were in place to ensure proper management of the risks associated with infections. However, we identified a lack of safe systems in place for the management of laundry. The laundry was cluttered, and there was no clear separation between soiled or dirty items awaiting laundering and clean items waiting to be returned to people's rooms. This could have led to a risk of cross infection. Two relatives told us they had problems with items of clothing going missing or finding their relation wearing someone else's clothes. In addition, some of the towels we saw were of a poor quality, and were in use, even though new towels were available. The registered manager told us they would ensure an upstairs room would be used to relocate the clean laundry waiting return to people's rooms and they would dispose of the older towels that needed replacing. New towels and pillows had been purchased in the month prior to the inspection as part of ongoing renovations and the registered manager told us these would be used in future.

We recommend the registered persons seeks and implement guidance on the safe management of laundry systems.

People were being safeguarded from abuse. The service had policies and procedures available to identify what constituted abuse and how to raise concerns about people's welfare. Staff told us they were clear about the need to raise concerns about any potential abuse, and told us how they would escalate these through the organisation or outside if no action was taken. Staff had received safeguarding training. Safeguarding concerns had been raised with the local authority about or by the service since the last inspection, which had included incidents between people living at the service.

Risk assessments and support plans were in place, such as for pressure damage to skin, falls, choking, moving and positioning and poor nutrition. Food and fluid records were completed where risks of poor nutrition or hydration had been identified, and there was regular management oversight to ensure people received sufficient food and fluids each day. We saw where there were concerns over people's skin integrity the service acted quickly to ensure people's needs could be met. We spoke with a visiting healthcare professional who had been to assess a person. They told us although this person had developed some tissue damage to their skin, in their opinion this had not been avoidable due to the person's overall poor health.

Where people showed distressed or anxious behaviours associated with their dementia staff understood

how to support them. In the morning we saw a staff member having what looked like a dance in the entrance area with a male resident. The person had been agitated and was trying to go towards the front door, shouting. The staff member supported them to relax through this engagement and they went and sat in the dining area. Another staff member told us they had received training in de-escalation principles and used a traffic light analogy of 'green, amber and red' warning to highlight appropriate action to take. They told us this person had been 'very challenging' when first admitted but they'd made great advances with their support. They told us, "We don't use PRN ('as required' medication) -there's been a huge improvement in the (period of time) he's been here."

Risks to people from the environment had been identified, and actions taken to address them. There were regular audits of the environment, fire precautions and other safety arrangements such as water temperature regulation. People had individual personal evacuation plans available for use in an emergency. Staff told us there was always a senior staff member available to them on call for advice or support.

The registered manager had a clear system in place for reporting, auditing and analysing incidents and accidents. This meant the service could learn from them and take actions to prevent repeated incidents of harm. The registered manager was undertaking a course on falls prevention which they hoped to disseminate to the wider staff group. There had been a significant number of falls at the service over the last year. These had all been reported to the local authority falls team for advice and review. This helped ensure preventative measures could be put into place to prevent a re-occurrence.

People were given their medicines in a safe way. However, we found the service had systems in place which meant they counted and recorded each medicine in stock in the trolley on every administration. This meant the morning medicines round was not finished until around 10:30-11am. Measures were in place to ensure people did not receive their next dose at too small an interval, but this did mean people may not receive medicines meant to be taken at 8am until later. The registered manager told us they would be reviewing their medicines procedures with the supplying pharmacist to consider whether a monitored dosage or blister pack system would reduce this time. There were suitable arrangements for ordering, receiving, storing and disposal of medicines, including medicines requiring extra security. Stocks of these medicines held balanced with records. Storage temperatures in the cupboard and trolley were monitored to make sure that medicines would be safe and effective. A member of staff had recently been asked if they would be the new medicines lead at the service. They told us they were looking forward to learning more about systems and best practice.

There were sufficient staff on duty to meet people's needs. On the morning of the inspection there were seven care staff, the registered manager, cook, handyperson/driver, cleaners and a laundry person on duty. Staff had been assigned duties for the day at the morning handover, which helped ensure nothing was forgotten. Most residents and visitors commented that there was 'always a sense of enough staff around'. One relative told us they thought there were not always enough staff because people were complex and very different people who each needed different support for their dementia.

Systems were in place to ensure staff were safely recruited. This included taking up references and disclosure and barring service (police) checks. Where concerns were identified the service explored and investigated them, for example gaps in employment history or issues in previous employment.



# Is the service effective?

## Our findings

At the last inspection in July 2016 we had rated this key question as good. On this inspection we found this had been sustained, however we have made a good practice recommendation.

Most of the people living at Hadleigh Court were living with dementia. There had been some environmental adaptation of the premises to support people living with dementia orientate themselves and make sense of their environment. Since the last inspection the registered manager told us they had been upgrading bedrooms and communal areas, and painting was being undertaken in corridors at the time of the inspection. The registered manager told us they had chosen patterns and colours that would help people with dementia identify places they would want to go. Some signage was available to help people orientate themselves and people's rooms had signs on the doors indicating whose bedroom it was. Staff told us about how some people could use these to identify their own rooms. Some areas of the home had an odour problem first thing in the morning, but this was reduced as cleaning staff carried out their work during the day.

Since the last inspection and following consultation, the service had removed the television from the lounge area because they had found no-one watched it. During the course of the inspection we found people listening to music or singing and being involved in entertainments and activities. However, the communal space was a large room, with some partial divisions. This was also used as an office base for staff, and a through route to get to service areas. This meant the areas were very busy and there was no separate quiet space for people needing a lower stimulus environment. Two radios were playing different music in different areas of the room, which meant the area could be distracting. The registered manager had tried to provide some space for a hairdressing salon, which was being used by the service's hairdresser at the time of the inspection.

We recommend the provider seeks and follows best practice guidance on the adaptation of the premises to meet the needs of people living with dementia.

People and visitors told us staff had the skills and experience they needed to support them. We saw staff supporting people to move using equipment confidently. At lunchtime a person needed help to get up and go to the toilet. Two carers were helping them into a wheelchair. We saw staff talking and encouraging them all the time giving gentle instructions and guidance. This helped ensure the person felt secure and minimised any distress.

We were given a copy of the service's training matrix. This showed staff were substantially up to date with training. We spoke with the service's training provider who could show us they had a programme in place to address the ongoing training needs of the staff group in a timely way, including newly appointed staff. Staff training was being delivered every month at the service by the external training provider. In addition, staff attended programmes run by the local care trust and distance/online learning programmes. Staff told us they felt they had received sufficient training to do their job and could ask for support and guidance at any time. Inexperienced staff completed the Care Certificate, which is a series of standards for staff working in

care. The service had a system for identifying where staff needed additional skills and the overall training needs for the service, including core skills and mandatory training. Staff received individual supervision and there were regular staff meetings and updates on changes. A staff member told us they received moving and positioning training updates every 6 weeks, and were kept up to date with best practice.

Prior to admission to the service people received a pre-admission assessment. The registered manager told us this would usually include visiting the person and meeting with carers to gather as much information as possible about the person and their needs, however this was not always possible. The service also attempted to gather information from professionals supporting their care.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Applications had been made to appropriately deprive people of their liberty where necessary, and other legal applications were awaiting processing by the local authority. Decisions made in people's best interests were being recorded, for example for the administration of covert medicines or admission to the service when the person could not consent to this.

People had access to community medical support services. We saw evidence in people's files of visits from podiatrists, community nurses, GPs and other healthcare professionals. We met with two visiting healthcare professionals at the service. They told us the service referred people appropriately for advice and support and followed advice they were given about people's care. We heard during the inspection of how one person's eyesight had been improved due to glasses. The person's relative who was present said this was the first time they had seen the person smile in a long time, as they saw the people around them clearly. The person had been recently admitted to the service. The registered manager told us they ensured people received a full healthcare review when they arrived.

Most people said they liked the food although there wasn't a daily choice. One person said "Yes, I like the food" and another that "Food is good here". One person was having a plate of sandwiches rather than the cooked meal by their choice. A relative told us their relation was eating very well and had put on weight in the time they had been at the service. However, the lunchtime experience was a sometimes chaotic. On the first day of the inspection we saw staff supporting people to eat were also monitoring others, and were only just getting to residents on time before they spilled their food or pushed it away. Another person was pushing their main course away and when we asked the staff member they said, "That's because she's got her eyes on dessert...she likes sweet things". The staff member managed to encourage them to eat more of their main course first. However, the trolley moved off to the lounge area and when all the desserts were finished nothing was taken to this particular person. When we asked the staff member about this they said "Oh, hasn't she had one yet"...and went to the kitchen and made up another plate of pears with rice pudding. On the second day the mealtime experience was calmer with people being supported at a slower pace.

Information was available about special dietary needs and textures to help people with difficulties in

swallowing. We saw staff supporting and advising one person who was requesting large amounts of salt on their food. The member of staff managed to maintain a balance between supporting the person's wishes and helping support their health. The service had supported people by putting in place snack boxes where people could select fruit, biscuits or snacks for themselves throughout the day if they wished.

# Is the service caring?

## Our findings

At the last inspection in July 2016 we had rated this key question as good. We found this had been sustained.

We identified some instances of a lack of confidentiality of information. Staff had a desk area in the main lounge. This area was used for computer access to update records and ensure records were available to staff during the shift. At times we saw people's records left out in this area, or staff discussing people's needs while other people were present. We did not see anyone looking at the records inappropriately, but this could have been a breach of confidentiality. We also discussed with the registered manager the service's social media accounts and reviewed some of the data on them. The registered manager confirmed they would close these accounts, which although securely maintained, were not being used in accordance with the services own social media policy. Otherwise we saw people's privacy was respected. We saw staff speaking quietly with people to ask if they wanted support. We saw staff knocking on people's rooms before entering.

The relationship between people and staff was seen to be friendly and caring. We saw staff supporting people with kindness and compassion. People told us "They're good to me here, very nice. . .they know your name" and a relative said "They're really good here. They look after him." Staff could tell us about people's personalities, likes and dislikes. One staff member told us "It's about knowing people. Learning their ways."

People were encouraged to remain independent as far as possible and were given support to do so. For example, we saw one person was being given their meal to eat. The staff member gave them the option of having a teaspoon or dessert spoon to help them eat. The person said, "It's my favourite as well" and ate their meal without further support. After they had finished staff came and cleaned their hands and table. Another person being supported to eat had their face stroked by the staff member to return the person's attention to the meal.

Staff told us about how they respected people's wishes and celebrated their individuality. For example, one person's plan said they regularly had a 'day in bed'. On the first day of the inspection we saw this happening. Staff regularly checked on the person to ensure they were alright. On the second day they were up and seated in the lounge. We heard staff saying how nice it was that they were up and joining in activities, and how nice they looked. The person smiled.

People were able to give feedback about the service and the registered manager told us their "door was always open". We saw them interacting with relatives and other supporters along with staff. Staff were able to tell us about how people who did not share their wishes verbally expressed pleasure. One staff member told us about how much they valued their role at Hadleigh Court. They told us it was fulfilling and allowed them opportunities to be caring and compassionate towards people that previous workplaces had not.

The registered manager told us the service was open to people of all faiths or none, and they would not discriminate against people protected under the characteristics of the Equality Act. This is legislation that

protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender. We did not identify any concerns over discriminatory practices.

# Is the service responsive?

## Our findings

At the last inspection in July 2016 we had rated this key question as good. On this inspection we have again rated this key question as good.

Each person living at Hadleigh Court had a plan of care, which was kept on the service's computer system and in a paper copy. We found some plans had inconsistencies. For example, one person's plan contained information about them having a urinary catheter in place, despite this having been removed earlier in the year. In other parts of the plan this had been updated. Care staff told us they did not always rely on the care plans to help them understand people's care needs, and newer staff told us they learned how people's care needed to be delivered by working alongside other staff, and talking to people.

Visitors and people where possible were involved in the drawing up and reviewing of their care plans. Staff could tell us about aspects of people's life history and how they used this to engage and support them. For example, a member of staff told us how they had used information about the person's employment history to plan an activity they would enjoy. Another staff member told us about a person who at times became distressed and anxious when their family had visited. They were planning to discuss this with the person's relations on their next visit to see how this could be reduced.

Staff demonstrated an understanding of the importance of recognising people's life history and personality within their behaviour and wishes, and in supporting them to remain independent. This included a recognition of people's social, cultural and religious needs. Staff could tell us about people they had supported to get up that morning, and could tell us about their strengths and positive features of their personality, qualities and retained skills. They expressed pleasure in small successes people had made during the day.

No-one living at the service was receiving end of life care, but some people were very frail, needing total care and it was acknowledged their health was deteriorating. We spoke with the newly appointed staff member champion for end of life care. They could tell us about their plans to take up training and develop documentation for the better recording of people's end of life care wishes.

All providers of NHS and publicly funded adult social care must follow the Accessible Information Standard. The Accessible Information Standard applies to people who have information or communication needs relating to a disability, impairment or sensory loss. We looked at how the home shared information with people to support their rights and help them with decisions and choices. The registered manager told us they had not identified any additional ways in which people needed support to understand information about the service or their care. People's care plans included information on how their communication needs could be supported, including those people living with dementia.

Since the last inspection there had been changes to the way the service supported people with activities. A member of staff had been appointed as activities champion. They were enthusiastic about their role and were supporting activities during the inspection. Specialist sensory items for people with dementia such as

dolls and gloves were available, and a staff member told us about how they wanted to set up a sensory wall area. People went out frequently on a trip in the service's minibus. There was attention to people's particular interests and hobbies in that one resident who loved gardening spent their time when possible out in the garden. During the inspection, a carer took them out in the car as part of an agreed activity, to visit plant nurseries. We saw them return with a tray of cyclamen and some primroses that they'd bought that afternoon.

Feedback from people about activities was positive. One relative told us, "It's always lively here. Before when my mum was ill you go into these places and they're all just sitting there doing nothing, but here it's alive!"

The service had a complaints procedure that ensured complaints were listened to and acted upon. People and visitors told us they would feel able to raise any concerns or issues with the services staff or management. The registered manager kept a register and audit of concerns raised, their investigation and response.

## Is the service well-led?

### Our findings

At the last inspection of the service in January 2017 we had rated this key question as good. On this inspection we have again rated this as requires improvement.

On this inspection we found some records had not been fully completed or updated to reflect changing risks. Some people's care plans demonstrated inconsistencies, a lack of detail or had not been updated to reflect changes in the person's condition. For example, we found one plan had not been updated when the person's mobility needs had changed, and they needed to be supported to move with a hoist. There was no detailed information on how this support was to be given, and parts of their care plan still stated they walked independently with a frame. Another person's plan did not contain sufficient detail to ensure staff had guidance on how to support a person's health condition. The plan stated "(name of person) has a (name of health condition) which staff are able to manage in house. Any concerns the D/N team will be contacted." There was no detail in the person's care plan of how this condition should be supported, or any risks associated with the condition. On 2/12/18 the handover book reported the condition had re-occurred. There was no information on what action had been taken either by staff or the district nursing service about this concern. This could have put the person at risk.

We did not find that people had suffered poor care outcomes as a result, and staff could tell us verbally what actions they would take to meet the person's needs. However, the failure to ensure care and support plans were an accurate, complete and contemporaneous record in respect of each person, is a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager took steps to assign a staff member to make sure the care plans were consistent and included the correct information to support people and reduce risks while we were at the service.

Hadleigh Court had a clear management structure, with a registered manager in post. The registered manager told us they aimed for a service where people felt positive about coming to work and that their door 'is always open'. Members of the management team had all completed their level 5 diplomas in Health and Social Care, which is a management level qualification. The nominated individual from the provider organisation was in regular contact with the service.

The service had recently made some internal staffing changes and nominated staff members to become 'champions' in particular areas of practice. Those we spoke with told us how much they were enjoying this developmental role, and looking forward to undertaking more specific training. Staff told us they worked well as a team. A staff member told us, "We're really on the way up now. It's more organised, there's a good staff team. It's working out well" and another said "The place is really well run by management. I work a fixed rota which helps you have a life outside of work as well." People and visitors told us the registered manager was approachable and kind.

Regular audits were being carried out by the service. These included medicines management, the environment and infection control. Where any issues were identified the service had clear action plans in



place with dates set for completion. For example, a recent action plan had been completed to support a person diagnosed with shingles and ensure appropriate control of any infection risks. Reminders were set, for example to ensure reviews were booked with local GP surgeries annually. Policies and procedures were updated and reviewed to ensure they were current.

People and their relatives/supporters could have a say about the operation of the service both through regular meetings and the completion of questionnaires, last analysed in May 2018. Action plans were then drawn up for any changes needed. From the last audit this had included changes to flooring in people's bedrooms and some décor which had been completed. Staff meetings were held and minutes kept so decisions could be followed.

The registered manager told us they updated themselves by using the internet, attending local forums and regular courses, for example a falls prevention distance learning course. They told us they had a 'passion for learning' new things which they could then cascade through the staff group. The organisation was registered for training with the local healthcare trust, where staff could also update themselves with good practice guidance. The registered manager told us they worked alongside visiting professionals to learn and update themselves wherever they could.

The service had ensured notifications had appropriately been sent to the Care Quality Commission as required by law. These are records of incidents at the service, which the service is required to tell us about.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered persons had not ensured an accurate, complete and contemporaneous record had been maintained in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.</p>