Oakleigh Healthcare (Dudley) Limited

# Oakleigh Lodge

## Inspection Report

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## Contents

# Summary of findings

## Overall summary

Oakleigh Lodge provides residential and respite care and support for up to 15 people who have a learning disability, mental health condition or brain injury. Ten people were using the service at the time of our inspection. One of the ten people was staying at Oakleigh Lodge for a short period of respite care. There was a registered manager in post at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider.

We found that improvements were needed to ensure people received their care safely. Risks to people's health and wellbeing were not always adequately assessed, recorded or reviewed. Accurate and up to date information about people's risks was not always available for the staff to follow. The staff could not consistently evidence that incidents involving safety were analysed and managed effectively to prevent further incidents from occurring. Care was not always planned for or delivered in a manner that met people's individual and complex care needs, and professional advice was not always followed. This meant that people were at risk of receiving care in an unsafe and inconsistent manner. You can see what action we told the provider to take at the back of this report.

Some people who used the service did not have the ability to make decisions about some parts of their care and support. The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) set out the requirements that ensure where appropriate decisions are made in people's best interests when they are unable to do this for themselves. Staff told us they had received training in the Act but most of the staff we spoke with were unable to demonstrate their understanding of the DoLS. This meant that staff could not always be responsive to the needs of people who were unable to make decisions for themselves and there was a risk that people could be deprived of their liberty without the appropriate safeguards being in place. You can see what action we told the provider to take at the back of this report.

People could access support from GPs and nurses if they became unwell. However the staff could not always demonstrate that concerns about people's health and wellbeing had been identified and handed over to the relevant health care professionals in a timely manner. This meant that improvements were needed to ensure people received the right care and support at the right time.

Peoples care preferences were sought and the staff understood and met these preferences. Staff received regular training about how to provide care and support. However the provider needs to review the training needs of the staff to ensure they have the knowledge and skills to meet people's individual and complex needs.

People who used the service and their relatives' views and opinions of the care were sought. Appropriate action was taken by the registered manager in response to any concerns raised through feedback. The registered manager was beginning to make some improvements in the way information was presented to people who used the service. However, we found that further improvements were required to ensure information about how to complain or escalate concerns about the care was accessible in formats that met people's individual communication styles.

The registered manager had systems in place that ensured there were enough staff on duty to meet people's individual preferences. Staff told us they were well supported by the registered manager.

Effective systems were not in place to enable the registered manager or provider to assess and monitor the safety and effectiveness of the care. The concerns with the care we identified at this inspection had not been identified by the registered manager or provider.

# Summary of findings

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

We always ask the following five questions of services.

**Are services safe?**

Some of the risks posed to people's health and wellbeing had not been reviewed or updated to reflect people's current needs. This meant that accurate information to guide staff on how to keep people safe was not always available and people were at risk of receiving unsafe or inconsistent care.

Staff had an awareness of the Mental Capacity Act 2005 which meant they could support people to make choices and decisions. However, however, we found that most of the staff we spoke with did not understand their role to protect people's right to go where they wanted, when they wanted. We found an incident where staff had not recognised they had potentially deprived someone of their liberty. This meant the Deprivation of Liberty Safeguards were not being consistently followed.

Incidents were reported and investigated, but we saw no evidence to demonstrate that incidents were monitored to identify themes and trends. This meant themes and patterns could not be identified and prevented.

Staff had received training that enabled them to identify and report incidents of abuse. People received care in a safe environment because the environment and equipment within the home were regularly checked and maintained.

**Are services effective?**

People had access to GP's and nurses if they were unwell. However, we found that advice from health professionals was not always sought promptly when warning signs about people's health and wellbeing presented. Improvements were needed so people could be assured that they received the right care and support at the right time.

People's care preferences and choices were sought and met because staff involved people and their relatives in the planning of care. Involvement from advocates was requested if a person was unable to express their wishes and views. Information was readily available to inform staff about people's preferences and staff demonstrated that they understood this information.

People received care and support from staff who had received training. However, improvements in training were needed to ensure that the staff had the knowledge and skills to meet people's complex and individual needs.

# Summary of findings

**Are services caring?**

Staff demonstrated they understood people's care preferences. However the staff could not always evidence that they met people's care needs in accordance with their care plans.

People and their families told us they were happy with the care. We saw that care was provided in a positive manner. People were treated with dignity and respect and individuals could access private areas within the home environment as required. We saw that independence was promoted within the home and people were supported to continually improve their skills.

Systems were in place to hand over important information about the care and support people needed if they required care and treatment from other providers or services.

**Are services responsive to people's needs?**

Information was not always available to people in a format that met their communication styles. Improvements were required to ensure people could access information about their care and support.

Staff understood people's needs and preferences and we saw that people's individual needs and preferences were met. People were supported to make choices and decisions about their care. The relevant legal legislation guidance was followed to support people to make decisions when they were unable to do this alone.

The registered manager sought feedback about the care from people and their relatives. Feedback relating to concerns and complaints was appropriately acted upon.

**Are services well-led?**

Effective systems were not in place to enable to quality of care to be consistently assessed and monitored. The registered manager and provider had not identified the problems with the assessment and delivery of care that we found during our inspection.

Staff were well supported and procedures were in place to ensure that the numbers of staff enabled people's preferences to be met.

Feedback about the service from the staff was sought and acted upon to improve staff satisfaction.

The registered manager had recently signed up to the Social Care Commitment which is a promise employers and employees make to ensure social care values are put into practice.

# Summary of findings

## What people who use the service and those that matter to them say

On the day of our inspection 10 people were using the service. Some of the people were unable to verbally express their views about their care with us due to their medical condition. Four people chose to speak with us. They told us they were happy with the care they received. One person said, "I am happy living here". Another person said, "We have some beautiful kind staff".

We also spoke with the relatives of two people who used the service. They also told us they were happy with the care provided. One relative said, "(My relative) seems very happy there. I've got no concerns about the care". Another relative said, "We are very happy with the care. It's much better than the last home (My relative) was in". We looked at six relatives' feedback from a recent survey that had been completed by an external body to the home. All six relatives rated the overall standard of the home as excellent and five relatives also rated the care and support as excellent. Comments included, '(My relative) receives excellent care' and, 'The residents always get the best'.

People and their relatives told us they were treated with dignity and respect. One relative said, "They treat people with dignity and respect all the time". Another relative said, "They always tell (My relative) what they're doing and what's happening".

People and their relatives told us the staff promoted their freedom to make choices and participate in tasks and activities that were based on people's individual preferences. One person said, "I get to make my own choices".

# Oakleigh Lodge

**Detailed findings**

## Background to this inspection

We inspected Oakleigh Lodge on 22 April 2014. This was an unannounced inspection which meant the staff and provider did not know we would be visiting.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements of the Health and Social Care Act 2008.

The inspection was led by an inspector for adult social care and an expert by experience who had personal experience of caring for people with a learning disability.

Before we inspected the service we checked the information we held about the service and the provider. We saw that no concerns had been raised and the service met the Regulations we inspected against at their last inspection on 25 April 2013.

During our inspection we observed how the staff interacted with the people who used the service. We also observed how people were supported at meal times and during individual tasks and activities.

We spoke with five people who used the service, but only four of the people who used the service verbally communicated their thoughts about their care to us. We also spoke with the relatives of two people who used the service, the registered manager and five other members of care staff.

We looked at three people's care records to see if their records were accurate and up to date. We looked at records relating to the management of the home. These included audits, health and safety checks and minutes of meetings. We also looked at satisfaction surveys that had been completed since our last inspection. This included a survey completed by Carehome.co.uk in January 2014.

Following our inspection we shared our concerns about the safety and welfare of two people who used the service with the local authority safeguarding team.

# Are services safe?

## Our findings

Care was not always assessed, planned or delivered in a manner that ensured the welfare and safety of people who used the service.

Care records showed that a visiting healthcare professional had recommended that one person ate their food in a seated position to reduce their risk of choking. Comprehensive instructions were available to the staff that guided them on how to best position the person in their chair so they could swallow safely. The staff we spoke with told us that this person had eaten most of their meals in bed during the previous14 day period. They told us this was due to a deterioration in their health. There was no risk assessment or management plan in place to advice staff in how to best position this person in bed to reduce their risk of choking. Care records showed that the person had coughed and choked on at least 20 occasions whilst eating during this period. This meant there had been a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We did see that some risks had been assessed and planned for. These assessments and plans were different for each individual as they reflected each individual's specific risks. However, we found that these assessments were not always reviewed or updated to reflect changes in risk. We looked at the care records of three people who used the service. Up to date risk assessments that reflected people's current risks were not present in all three care records.

For example, we saw that two people had been identified as at risk of choking. One person's risk assessment and plan stated their food needed to be cut up, however at the time of the inspection the staff told us that this person required their food to be pureed rather than cut up. Another person's risk assessment and plan stated their drinks needed to be thickened, but at the time of our inspection this person was no longer drinking fluids orally because their swallow had deteriorated. Although the staff we spoke with were aware of people's current risks, information detailing how people's risks should be managed was not recorded correctly and people were therefore at risk of receiving unsafe or inconsistent care. This meant there had been a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The registered manager notified us of reportable incidents as required under the Health and Social Care Act 2008. We saw that incidents were reported and investigated, but we saw no evidence that incidents were monitored to identify themes and patterns. For example we saw that one person had fallen three times in a five week period. There was no evidence to demonstrate that this had been identified as a theme and there was no record that the frequency of the falls had been discussed with an appropriate health care professional to identify if any intervention was required to reduce the risk of falling. This meant there had been a breach of Regulation 10 of the Health and Social Care Act 2008. Risks relating to the health, safety and welfare of people who used the service were not always appropriately assessed and managed.

Some people who used the service did not have the ability to make decisions about some parts of their care and support. The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) set out the requirements that ensure where appropriate decisions are made in people's best interests when they are unable to do this for themselves. We spoke with five members of staff about the Mental Capacity Act 2005 and the DoLS. All five staff members showed a basic understanding of the Act, but only one staff member demonstrated an understanding of the DoLS. This meant that although staff had received training relating to the Act, they were not always able to demonstrate they could apply this training when they provided care and support.

During our inspection we were made aware of an incident where a person who used the service had been restricted to the confinements of their bedroom because staff held their bedroom door shut while the incident took place. Staff had recorded that the incident had been managed in this manner to protect the person who used the service and the staff from harm. There was no record to evidence that the person's capacity to make decisions about their care and support had been assessed at the time of the incident. The person's risk assessment recorded that restricting the person's movements to within their bedroom was the agreed plan of action if a further incident was to occur. However we saw no evidence to support this plan had been made with the involvement of the person who used the service or other professionals. We asked the registered manager if this had been considered as a deprivation of the person's liberty, but we were told it had not. This meant there had been a breach of Regulation 11of

# Are services safe?

the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Staff had not followed the requirements of the Mental Capacity Act 2005 and the DoLS in order to protect the rights of the person who used the service. Following our inspection we reported this potential deprivation of liberty to the local authority who are the supervisory body for DoLS.

People who used the service could be assured that staff had received training that enabled them to recognise and report abuse. Systems were in place that ensured the building and the equipment within it was in good condition and working order. These systems included regular checks of the home's gas appliances, water temperatures and moving and handling equipment such as hoists.

# Are services effective?

(for example, treatment is effective)

## Our findings

The staff could not always evidence that appropriate action was taken in response to warning signs about people's health and wellbeing. One person's ability to swallow was being monitored by the staff. We saw that during a 14 day period episodes of coughing or choking had been recorded by the staff on at least 20 occasions. Examples of care record entries included, 'coughed and choked a lot' and 'coughed badly'. Professional advice held within the person's care records stated that coughing and choking should be reported to a speech and language therapist. We saw no evidence that this had been reported to a speech and language therapist. We spoke with a speech and language therapist on the phone during our inspection who confirmed this. This meant the person could not be assured that they were receiving the right care and support at the right time.

Staff used assessment and monitoring tools such as fluid monitoring charts to identify changes in people's health and wellbeing. However, these tools were not always used effectively. We saw that a health care professional had recommended that one person received a set amount of fluids every day to reduce the risk of dehydration. We looked at the person's fluid monitoring chart that covered a 14 day period and saw the staff had not recorded the person's total fluid intake. We totalled up the person's fluid intake for the 14 day period and found that the care records did not show that the person had received their recommended level of fluids on two occasions. This meant that the person could not be assured they were adequately protected against the risk of dehydration.

We saw there was a system in place that ensured most people were weighed regularly. The staff demonstrated that they understood the action they needed to take if a person's weight had significantly changed. This monitoring system could be improved by ensuring plans are in place to monitor people's weight who were unable to be weighed within the home due to their health and the weighing equipment available.

The staff told us they received training to enable them to support the people who used the service. Feedback from a recent relatives' survey that had been completed by an external body to the home recorded, 'All the staff are trained to a high standard'. Records showed that the staff received regular essential training which included; safeguarding people, moving and handling, first aid and fire safety. Staff also told us that additional training was offered. One staff member said, "We set learning goals during supervision, I have just signed up to do some extra training in mental health". Another staff member said, "I am doing my level three in management because I want to run a care home in the future". A review of the staffs' training needs is required to ensure that staff have the knowledge and skills to meet people's specialist needs, including the monitoring of people's health and wellbeing.

Staff told us they involved people and their relatives in planning and reviewing their care. This enabled the staff to identify people's preferences. People who used the service were unable to confirm this, but a relative we spoke with said, "I'm always involved". We saw that improvements were being made to the care records to make them more user friendly for the people that used the service, as some pictorial care plans had started to be used. Further improvements could be made to this process by ensuring there is a written record to show that people had been involved with the planning of their care.

We saw that when required staff requested the support of advocates on behalf of the people who used the service. This ensured that people's views and wishes were sought and represented.

We saw that people's care records outlined their individual preferences. Information was recorded that enabled staff to provide care to meet people's individual needs. For example, we saw that one person's care plan recorded their preferred colour and flavour of toothpaste. We found that staff were aware of this information and the person's preferences had been met.

People who used the service had access to GP's and nurses. We saw that people were taken to see their GP when they became unwell. The staff worked with community nurses in a manner that ensured people's skin health was maintained and monitored. One community nurse told us, "The staff are following our treatment plan. It's a combined effort".

# Are services caring?

## Our findings

We observed staff interacting with people who used the service in a positive manner. For example we saw a member of staff promptly identify and respond to a person who had become agitated. The staff member went to sit with the person and chatted with them in a calming manner. The person responded positively to this and their agitation reduced.

We observed that staff treated people with dignity. For example we saw one member of staff support one person to wipe their mouth to remove food following lunch. We also saw staff supporting one person to change their clothing following their meal. The staff all complimented the person on how they looked when they returned to the room in their new clothing. The results of the recent survey completed with relatives showed that all relatives rated the service as excellent in regards to how the staff treated people with dignity.

People were encouraged to make day to day choices for themselves and the choices people made were respected. One person told us, "I get to make my own choices". We saw people were offered a choice of sandwich fillings at dinner and people were offered to participate in an art and craft session. We saw that staff respected people's individual decisions.

People's independence and community involvement was promoted. One person told us they were supported to attend college on a regular basis and the staff had recently supported them to attend a pop concert. We saw examples of the promotion of people's independence throughout our inspection. This included people being encouraged and supported to make their own drinks.

People's privacy was promoted. There were areas within the home that people could access for quiet time or privacy. We saw that people could spend time alone in their bedrooms if they wished and we saw that personal care was provided in private areas of the home.

People and their relatives told us they were happy with the care and support provided. One person said, "I am happy living here". Another person said, "We have some beautiful kind staff". The relative of one person said, "(My relative) seems very happy there. I've got no concerns about the care". We looked at six relative's feedback from a recent survey that had been completed by an external body to the home. All six relatives rated the overall standard of the home as excellent and five relatives also rated the care and support as excellent. Comments included, '(My relative) receives excellent care' and, 'The residents always get the best'.

There were systems in place to provide other professionals or providers with the information required to meet people's needs and preferences in the event that care or treatment needed to be given by staff from another service. The staff told us that in the event of a hospital admission, written information about people's communication styles and medicines would be shared.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

Some people who used the service were unable to make important decisions about their health and wellbeing. The staff told us about a recent best interest decision that had been made alongside a team of health and social care professionals for a person who was unable to make an important decision about their health. This demonstrated that on that occasion the staff had followed the requirements of the Mental Capacity Act 2005. However the staff could not demonstrate they had the knowledge or understanding to follow the Deprivation of Liberty Safeguards (DoLS) that are an additional requirement of the Act aimed to ensure that people are cared for in a manner that does not inappropriately restrict their freedom. This meant that staff could not always be responsive to the needs of people who were unable to make decisions for themselves and there was a risk that people could be deprived of their liberty without the appropriate safeguards being in place.

We saw there was a system in place that ensured complaints were investigated and responded to appropriately. We asked people and their relatives how they would complain about the care if they needed to. One person told us, "I would go to a senior or the manager. They would listen to you and do something about it". A relative said, "I would go straight to the manager and the owner if required. I could also go to you (CQC) if needed". People who used the service were aware they could tell staff if they were unhappy, but they were unaware of a formal complaints procedure, such as how to escalate their concerns if they we unhappy with the service's response. We asked the registered manager if the complaints procedure was available in an easy read format to help people to understand the procedure, but we were told it was not.

We saw that people who used the service were supported to express their views and be involved in making decisions about their care and the running of the home. One person told us they had been involved in the recruitment of staff. They said, "I get to pick the staff. I ask them questions and I listen to the way they talk to see if they are nice". We saw records of meetings where people who used the service had been asked about their views on activities, the environment and holidays. Records showed that two of these meetings had been held during the last eight months. Improvements could be made by making these meetings more frequent to ensure that people are continually involved in discussing their views about the home.

People who used the service were also supported to complete a satisfaction survey about their care. We saw that the survey was not available in an easy read format so we asked the registered manager how people completed the survey. The registered manager told us that staff sat with people to help them complete the survey but they were looking at making the survey pictorial based. The feedback from the survey was all positive, however there was no evidence to support that people understood the questions or their recorded feedback. This meant we could not be assured that this feedback was valid.

The views and opinions of people's relatives were also sought. Surveys were completed by the home and by an external body. We saw that people's feedback was acted upon. For example where concerns were raised the registered manager met with the person or the relative to discuss and agree action.

We saw that the staff had the knowledge required to meet people's care preferences. Staff told us in detail about people's preferences, likes and dislikes. This was because this information was recorded in people's care records.

People were able to maintain their relationships with their family and friends. People told us they could see or speak to their families and friends at any time. We saw examples of staff facilitating visits that enabled people to see their relatives on a regular basis. Where people did not have a family support network, the home acted appropriately to ensure people could access appropriate support. This included the use of advocates.

People were protected from the risks of social isolation. We saw that people were encouraged to participate in activities that reflected their individual preferences. On the day of our inspection we saw one person received a massage from a visiting professional and one person participated in a music lesson with a visiting tutor. Other people engaged in art and craft, television and computer based activities. Some people who used the service and the staff told us about their planned holiday to Blackpool. One staff member said, "People were given the choice to go or not go. People that are not going will go on day trips of their choosing".

# Are services responsive to people's needs?

## (for example, to feedback?)

We found that information was not always presented to people in a manner that reflected their communication needs and their ability to understand. For example people who used the service were unable to tell us what they were going to eat for lunch. Staff told us people had been consulted with about lunch but people had forgotten. We saw that a written menu was on the board, but staff told us that most people who used the service were unable to read. This meant that some people could not refer to information about the foods on offer because the information was not available in an appropriate format. We spoke to the registered manager about this who told us they were in the process of requesting a pictorial menu board. They said, "We have a pictorial activities board already and we are going to order something similar for food". This meant the registered manager had identified that improvements were required to ensure people could access and understand information about their care and support.

# Are services well-led?

## Our findings

We saw there were some systems in place to monitor the quality of the care provided, but these systems were not effective as the concerns we identified during our inspection had not been identified by the registered manager or provider. We saw that medication audits, satisfaction surveys and environmental checks were completed. These were evaluated and where required action plans were in place to drive improvements. However, the concerns we identified during our inspection such as; the assessment and management of risk, the quality of the information in the care records, the monitoring of people's health and wellbeing and the potential restriction of a person's liberty had not been identified by the registered manager or provider through their quality monitoring processes. This meant that the registered manager and provider did not have effective systems in place to assess and monitor the quality of care.

Staff told us they aimed to enable people's independence and wellbeing. One staff member said, "We make the home as comfy and happy as possible". Another staff member said, "We are here for the service users, to ensure their wellbeing and encourage them to do what they can do, so they can be their best". We saw that staff were made aware of the service's values and philosophy through their induction programme and training. The provider will need to review the staffs' training needs in response to the concerns raised from this inspection to ensure they are skilled to meet the individual and complex needs of the people who use the service.

There was a clear management structure at the home and a registered manager was in post. The staff, people who used the service and the relatives we spoke with knew who the manager and senior care workers were. All the staff we spoke with told us they felt supported and enjoyed their work. One staff member said, "I'm proud to work here".

Another staff member said, "If I need help (The registered manager) is always there". We saw that staff received regular supervision and staff meetings that ensured staff felt supported and were aware of changes within the home.

Staff understood their right to share any concerns about the care at the home. All the staff we spoke with were aware of the provider's whistleblowing policy and they told us they would confidently report any concerns in accordance with the policy.

The provider sought feedback from the staff through a staff survey. The registered manager showed us they had acted upon concerns raised through the survey in a prompt manner.

We saw that systems were in place that ensured the staffing numbers were sufficient to meet people's preferences. Staff, people we spoke with and staff rotas confirmed this. The registered manager told us that staffing numbers were flexible to enable people to attend appointments and participate in their preferred activities. They said, "There is always an additional member of staff on duty so staff are never working flat out. If the staff are stretched then that reflects on the service users".

We saw there was a system in place that ensured complaints were investigated and responded to appropriately.

We saw that the registered manager was beginning to introduce changes to care that were based upon best practice. For example, new care records were being introduced that contained pictorial prompts to help people to understand their support plans and be involved in the planning of their care.

The registered manager had recently signed the Social Care Commitment. The staff told us they were also in the process of signing up to this commitment. The Social Care Commitment is a voluntary agreement where employers promise to give their workers the development they need and staff promise to put social care values into practice in their daily work.

This section is primarily information for the provider

# Compliance actions

## Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Regulation 9(1)(a) and (1)(b)(i) and (1)(b)(ii)<br><br>9.-(1) The registered person must take proper steps to ensure that each service user is protected against the risks of receiving care or treatment that in inappropriate or unsafe, by means of –<br><br>(a) the carrying out of an assessment of the needs of the service user; and<br><br>(b) the planning and delivery of care and, where appropriate, treatment in such a way as to –<br><br>(i) meet the service user's individual needs,<br><br>(ii) ensure the welfare and safety of the service user<br><br>Care was not always assessed, planned or delivered in a manner that ensured the welfare and safety of people who used the service. |

| Regulated activity | Regulation |
|---|---|
| | The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Regulation 10(1)(b)<br><br>10(1) The registered person must protect service users, and others who may be at risk, against the risks of inappropriate or unsafe care and treatment, by means of the effective operation of systems designed to enable the registered person to –<br><br>(b) identify, assess and manage risks relating to the health, welfare and safety of the service users and others who may be at risk from the carrying on of the regulated activity.<br><br>Appropriate action was not always taken to ensure people's risks were identified, reviewed and managed. |

This section is primarily information for the provider

# Compliance actions

| Regulated activity | Regulation |
| --- | --- |
| | The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Regulation 11(2)(a)<br><br>11(2) Where any form of control or restraint is used in the carrying on of the regulated activity, the registered person must have suitable arrangements in place to protect service users against the risk of such control or restraint being –<br><br>(a) unlawful<br><br>Staff did not understand their responsibilities to ensure people's rights were consistently protected. |

| Regulated activity | Regulation |
| --- | --- |
| | The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Regulation 20(1)(a)<br><br>20(1) The registered person must ensure that service users are protected against the risks of unsafe or inappropriate care and treatment arising from a lack of proper information about them by means of the maintenance of –<br><br>(a) an accurate record in respect of each service user which shall include appropriate information and documents in relation to the care and treatment provided to each service user<br><br>Information detailing how people's risks should be managed was not recorded correctly and people were at risk of receiving unsafe or inconsistent care. |