

Oatleigh Care Ltd

Oatleigh Care Ltd

Inspection report

212, Anerley Road

London

SE20 8TJ

Tel: 020 8778 8545

Website: www.jawagroup.co.uk

Date of inspection visit: 21 and 22 October 2014

Date of publication: 27/02/2015

Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

This inspection took place on the 21 and 22 October 2014 and was unannounced. A previous inspection took place on 4 December 2013 and at that time the service was meeting all the regulations inspected.

Oatleigh is registered to provide accommodation and personal and nursing care for 42 people. Some people at the service have a diagnosis of dementia. It is one of three locations at the same address owned by the provider. Some services and facilities such as activities are shared between the locations as a community. There was a registered manager in place who was also one of the directors of the provider company. A registered manager

is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

Although the provider is registered with the Care Quality Commission to provide nursing care as part of the regulated activity, accommodation for persons that require nursing or personal care, nursing care is not

Summary of findings

currently being provided and therefore we have not inspected or rated nursing provision at this inspection. The current report therefore sets out our judgement and rating for accommodation for personal care.

People told us they thought the service was well run and organised. However, we found shortfalls with the recording and administration of medicines, and some aspects of people's care records were not always up to date or detailed enough to guide staff. There were deficiencies with the system for assessing and monitoring the quality of the service. Audits did not always identify problems and, for some areas where shortfalls were identified, action had not been taken to ensure people's welfare and safety. You can see the action we have asked the provider to take at the end of the full version of this report.

People told us they felt safe and well cared for and they enjoyed the facilities at the premises. They said there were enough staff to provide care at all times. The premises were well maintained and clean. We observed good relationships between staff and people at the service as well as with their relatives. We noted staff took their time to interact with people in a meaningful way and treat people with dignity and respect. We observed

that staff understood people's needs. There was a wide range of activities available which people could choose to join in with. People were also encouraged to maintain links with the community where appropriate.

People told us they enjoyed the food and had plenty of choice. People's nutrition and hydration were monitored and they were referred to relevant health professionals when needed. Information was provided to people at 'Relatives and Residents Meetings' and through a monthly newsletter. A complaint's procedure was in place and people confirmed they knew what to do if they had any concerns.

Risks to people had been identified and people had a plan for their care which they were involved in. Staff were trained to carry out their roles and said they felt well supported. CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). The service was reviewing whether any applications needed to be made in response to the recent Supreme Court judgement in relation to DoLS and was in contact with the local authority about what action it should take. Staff followed requirements in respect of the Mental Capacity Act 2005.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service required some improvement to be consistently safe. People told us they felt safe. Staff were aware of how to safeguard people from abuse. Assessments were carried out of risks to people and there were plans in place to manage these risks.

People received their medicines when prescribed but we found some errors with the recording and administration.

There were appropriate recruitment procedures in place and sufficient staffing levels to meet people's needs. The premises were secure and well maintained. Equipment was routinely serviced through maintenance contracts.

Requires Improvement



Is the service effective?

The service was effective. Staff were suitably trained and supported to meet people's individual needs. The provider met requirements under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People's nutrition and hydration needs were monitored, risks were identified and appropriate actions taken to reduce the risk.

Staff worked with a range of health and social care professionals to identify and meet people's needs. Professional advice was recorded in people's records and included in their care plan

Good



Is the service caring?

The service was caring. People spoke warmly of the staff and told us they knew them well and were caring and supportive. Staff knew people's needs well and supported them at their pace.

People told us they were involved in making decisions about their care and support needs and this was confirmed in records we looked at. Staff were kind, caring and respected people's privacy and dignity sensitively.

Good



Is the service responsive?

The service was not always responsive. Care plans were drawn up in consultation with people or their relatives when appropriate. They outlined people's care and support needs. However, there were shortfalls with the records. They were not always sufficiently detailed to act as an accurate guide to staff. Staff were aware of people's support needs, their interests and preferences in order to provide a personalised service.

People felt they could approach staff about any issues and they would be dealt with. A complaints procedure was in place.

Requires Improvement



Summary of findings

Is the service well-led?

Aspects of the service were not well led. Audits were undertaken to monitor the quality of care but they did not always identify problems or record actions taken to address the shortfalls identified. Accidents and incidents were not analysed for learning purposes and to reduce risk. We found shortfalls with the administration of medicines and details of care plans that had not been identified through audits. Potential risks to people were therefore not always identified.

People and staff told us the service was well run. The provider sought the views of people at the service, their relatives and staff to consider areas to improve.

Requires Improvement



Oatleigh Care Ltd

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

This inspection took place on 21 and 22 October 2014 and was unannounced. The inspection team comprised of an inspector and a specialist advisor in nursing.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also spoke with the local authority commissioning and safeguarding teams about their views of the service.

Over the two days we spoke with six people using the service, three relatives, the deputy manager, eight care staff, a cook and an activities organiser. We also spoke with the registered manager and another manager for the service. Not everyone at the service was able to communicate their views to us so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked around the building. We looked at seven care records of people who used the service and eight staff recruitment and training records. We also looked at records related to the management of the service such as service and maintenance audits.

After the inspection we asked the provider to send us some further information, such as some of their policies. We also spoke with four more relatives of people who used the service.

Is the service safe?

Our findings

People told us they felt safe at the service. One person told us, “I feel perfectly safe here. Staff respond quickly when I press the call bell.” Another person commented, “Of course I am safe. The staff have a beautiful manner here.” Relatives we spoke with felt people were safe and were all positive about the care provided.

Staff knew how to recognise signs of potential abuse and the relevant reporting procedures. They were also aware of the home’s whistleblowing policy and who they could contact to raise whistleblowing concerns. We saw from staff records that they attended regular refresher training on safeguarding adults so that their knowledge was up to date. The service had raised an appropriate safeguarding alert with the local authority since our last inspection and worked in cooperation with the local authority regarding safeguarding investigations.

We looked at the medicine administration on one floor. All medicines were stored securely and at the correct temperatures to remain fit for use. Medicines were prescribed appropriately and reviewed regularly by the GP. There was a homely remedies policy in place.

However some improvements were required to the managing of medicines. We checked 11 Medicines Administration Records (MAR’s). These showed that people had mostly received their medicines on time and as prescribed, although we found one dose of an antibiotic had been signed for as given when it had not been. Staff were unable to explain the reason for this. Allergies were usually shown on people’s MAR’s, although we found one MAR where someone’s allergies were not recorded so these may not be clearly visible to a GP or pharmacist.

In addition, guidance from the Royal Pharmaceutical Society was not always followed. The antibiotics had not been correctly signed in the right place by two staff in line with their guidance to confirm that the medicines being introduced were correct. Body maps were available, but we found in two cases they did not always identify where the prescribed cream should be applied. There was therefore a risk that staff may not always apply them to the correct place.

We found the quantities of some medicines in stock had not been recorded on people’s medicines records which meant staff could not carry out an accurate stock count to

check for correct administration. Therefore any errors in the administration of medicines would not be readily identified. Three medicines had not been administered as shown on the MAR. Staff told us this was because they were as required (PRN) medicines but this information was missing from the MAR. We could see that the medicines had only been administered as PRN but this instruction was not on the MAR. People were not protected from the risks associated with the unsafe management of medicines.

Possible hazards to people were identified and guidance provided on how staff should support them to manage the risk of harm. Moving and handling risk assessments were in place and completed with instructions on how to support the person concerned. Where people were at risk of developing a pressure ulcer we saw monthly risk assessments were completed. Body maps were used where required to assess and monitor people’s skin integrity. Falls risk assessments were also carried out and guidance in place to reduce the risk of falls for people.

Staff told us how they would manage behaviour that challenged others. Staff said they would not use restraint at all but would use other techniques to support people. These included giving people space and speaking to them in a calm manner or distracting them. These techniques helped to ensure that people’s safety and dignity were respected. However, on one occasion we saw that someone may not have been sufficiently supported to transfer from sitting to standing by the equipment in use. We brought this to the attention of the manager who ensured a new moving and handling risk assessment was completed to add further guidance for staff when someone’s support needs with mobility varied.

There were systems in place to deal with emergencies. The provider had carried out a Fire Safety Risk assessment to ensure the premises conformed to fire safety standards. There was a business contingency plan in place which gave guidance on a range of emergencies. Staff told us they had received training and knew what to do in either a medical emergency or a fire. They were able to describe what to do in each situation. They told us they had regular fire drills which included practice with fire evacuation equipment. We saw that people had personal emergency evacuation plans in place to guide staff and the emergency services. However, we did not see these in the records in two of the bedrooms we checked and the manager told us these were

Is the service safe?

only held electronically. We were therefore not assured they would always be available in an emergency. Following the inspection the manager told us copies of these plans were available in another office.

People and their relatives told us there were enough staff to meet people's needs. One person said, "Staff always come quickly when I ring my bell day or night." We observed that people's needs were attended to promptly during the inspection. The manager told us staffing levels were based on the needs of people at the service. The manager told us that agency staff were never used because they had a bank of staff that could be called upon at short notice to cover staff sickness. They felt this ensured greater consistency with people's care. We saw from the staff roster that this was the case. Staff told us they thought there were

enough of them on duty to meet people's needs without having to rush anyone. Effective recruitment procedures were in place and we saw that the necessary police, identity and character checks were carried out prior to offers of employment.

We found the premises were well maintained and clean. We saw from the maintenance log that any areas identified in need of repair or maintenance were actioned. Regular checks were carried out on people's rooms and the communal areas for any maintenance issues. These reduced possible risks to people from the environment and equipment at the service. We saw equipment such as hoists and wheelchairs had been regularly checked as well as the lift, fire safety equipment, electrical equipment, boiler and nurse call system.

Is the service effective?

Our findings

People and their relatives told us they thought staff understood their roles and were knowledgeable about how to provide care. One person told us, “The staff know what they are doing here.” Staff told us that they received training across a range of areas relevant to their work such as manual handling, dementia awareness and first aid and this was regularly refreshed. One staff member said, “We get lots of training here.” All staff were supported to gain further qualifications such as the Diploma in Health and Social care. The service had recently gained accreditation with Investors in People, an organisation that offers accreditation levels in people management.

Staff said they felt well supported in their work through regular supervision and an annual appraisal system to monitor their development. We spoke with one staff member who had started work in the last few months. They told us they had completed an induction period of shadowing, training and getting to know people at the service and their needs well. They told us, “It was really important to understand the people I am caring for first before delivering care.” The training matrix showed that staff training across areas the provider considered essential was up to date. This was confirmed in the sample of staff records we looked at. Staff were therefore provided with sufficient training and support to carry out their work.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). We found the provider to be meeting the requirements of DoLS. There had been no applications for DoLS but the manager was able to explain the process of applying for authorisation and showed an understanding of what circumstances might lead to the need to apply. He was aware of the recent Supreme Court judgment that had redefined the circumstances of DoLS and had been in discussion with the local authority on any implications for people at the service.

Staff we spoke with were aware of the importance that people made decisions about their care where they had capacity to do so. They told us they received training on the Mental Capacity Act 2005. Staff files we looked at confirmed this. Assessments of people’s capacity to make decisions

were carried out and best interests meetings held where needed regarding specific decisions about people’s care. For example, one relative told us they had been involved in a meeting with the GP and the staff to discuss and review their family member’s medicines. Capacity assessments and consent to specific aspects of care were kept in people’s care records and reviewed. For some people Do Not Attempt Resuscitation (DNAR) forms were in place which were signed by people or their relatives if appropriate and by the GP.

People told us they enjoyed the food and they had plenty to eat and drink. One person told us, “The food is good here. I enjoy it. There is always a choice.” Another person said, “The food is very nice here.” We saw drinks being offered throughout the day. The chef was familiar with people’s individual requirements. They told us that when someone was admitted, a dietary record was completed which gave information about their medical requirements or allergies as well as some likes and dislikes. We saw from people’s care plans that people’s weight was regularly monitored and risk assessments completed to identify if people were at risk of malnutrition. Fortified drinks and food were available where appropriate. Food and fluid charts were maintained where risk was identified and this was monitored. Referrals were also made to the dietician where needed so that people’s additional needs in this area could be met.

We carried out observations of mealtimes and saw that people were being supported sensitively to eat where this was appropriate. Staff interacted with people and encouraged them to eat at their own pace. Some people were prompted to eat as independently as possible.

People and their relatives told us they had access to health professionals, the optician and the dentist when required. The manager told us the GP visited twice a week and additional visits were made if necessary. We spoke with the GP who was at the service during our inspection. They told us they carried out regular medicine reviews and the service worked closely with them and followed any guidance given. The staff we spoke with understood people’s health care needs and knew if there were concerns they should monitor, for example if someone was diabetic.

Is the service caring?

Our findings

People told us that staff were prompt to answer call bells and were polite and sensitive to their needs. Another person said, "It is lovely here. I am very well looked after." Relatives we spoke with told us staff made them feel welcome and were patient and helpful. One relative told us, "I don't think we could be happier. The staff are very gentle and patient here beyond belief." Another said, "I think it is great, I love the ethos of the place. The staff are very caring and we are kept well informed."

We observed staff were calm and confident in carrying out their roles. They noticed if someone was distressed and gave reassurance and comfort. A relative told us, "The staff are excellent at calming (their family member) down with gentle handling and understanding." Another relative said, "I have found staff to be caring and professional, taking a keen interest in my father's wellbeing." A third commented about the "...extremely calm atmosphere. I have never had any concern. Any points raised have been responded to quickly and incidents reported to me in a timely fashion". People were supported with their care at their own pace and were not observed to be rushed. Staff were available in the communal areas throughout the inspection to provide support to people when needed. We saw that people had a life history document in their bedrooms which gave detailed individual information about people's past experiences and interests and served as a communication aid to staff.

People we saw throughout the day looked physically well cared for and relatives told us this was always the case when they visited. People told us they chose where they sat and what activities they engaged in throughout the day. They told us they could get up and go to bed when they wished. We observed staff asked people if they wished to join the morning or afternoon activities and supported them according to their choice. Staff told us that they worked closely with the local hospice to provide end of life care and we heard from a relative that this had been a positive experience for them.

Regular resident meetings were held jointly for the three services at the site. The manager told us they thought this encouraged more discussion than smaller separate meetings. We could see from the minutes that people were asked for their views on aspects of their care such as activities and quality of care provided. A monthly newsletter was printed and made available at the service and emailed to relatives. This contained updates of information such as a new phone system, news about events that had been held and forthcoming events at the service to which relatives were invited. People's suggestions were also invited. People were provided with information about the service and opportunities to express their views.

People or their relatives where appropriate were involved in planning their care and staff were mindful of supporting people to maintain their independence. A person told us, "One hundred per cent of the time they ask would I like help with something they don't just do it." Relatives we spoke with told us they were invited to reviews of the care plans and we saw that these were usually signed either by the person themselves or a relative to confirm their agreement with the plan. One relative said, "I have been able to discuss with staff my [family member's] care plan in a relaxed and comfortable environment not feeling rushed or pressured."

People told us that staff treated them respectfully and were mindful of their dignity. One person told us, "The staff always knock on my door and say would you like any help." Our observations confirmed this to be the case. We observed that people were called by their preferred names and that staff were discreet when they supported people with personal care. Staff told us how they tried to promote people's independence with their care as far as possible. They described how they respected people's dignity by trying to give them as much independence as they could safely when they were in the bath, toilet or shower. Staff said they treated everyone as an individual and worked as a team to ensure their needs were met.

Is the service responsive?

Our findings

People and their relatives said they were involved in planning for their care. One person told us, “They did ask me about what I needed help with and the staff do know what to do.” A relative told us, “We went through my mother’s preferences in detail before she came.” People we spoke with confirmed that their care needs were reviewed. Where appropriate, relatives confirmed they were invited to review their relative’s care plan on a regular basis. One relative described how staff had made a birthday cake that incorporated their relative’s favourite things.

We spoke with staff about people’s needs and it was clear from their responses that they knew people well. They could tell us people’s preferences and support needs clearly and in detail. They were aware of people’s preferences including gender preferences for care and we observed staff expressed interest in people’s previous histories. We saw that pre-admission assessments of people’s needs had been carried out to ensure the service could meet their needs. Assessments covered a range of needs such as communication, night time care, mobility and communication.

We looked at the care plans which were held both electronically and on paper. All care staff had access to both sets of records. While the electronic records were up to date, these plans were not always available in printed records in line with what the manager told us were his guidelines so that an up to date copy of the plan was readily available if there was a computer problem. The manager told us he would ensure this was completed so that there was an up to date record should there be any problems with the IT system.

Pre-employment checks were made on the level of care workers ability to speak and write English. The manager told us that staff employed from abroad attended a range of courses to improve their English and IT skills.

Most care plans we looked at contained guidance about people’s needs, included people’s preferences and were reviewed regularly. However, parts of one care plan were not always written in a sensitive way and used terms such as absconding for someone wandering purposefully. End of life care plans were not always detailed, for example there was not always guidance about people’s wishes in respect of pain relief, or personalised to people’s individual wishes.

Most end of life care plans contained a phrase “Resuscitation plans and inspections are transparent to staff.” Staff could not explain this to us what this meant for people when we asked. The manager told us that it was difficult to raise these issues with people and their relatives and they were trying to pick an appropriate time to ensure that people’s decisions and wishes were respected. As a consequence there was a risk that people’s specific wishes in these circumstances may not be followed.

Four people’s care plans did not always contain sufficient detailed guidance about people’s range of needs and how staff could meet these needs, or records were not clearly written for staff to follow. For example, one care plan for personal care said that someone could become agitated when they were confused but did not guide staff on how to support the person to calm down. When we spoke with staff they were able to describe how they did this but there was no record to guide a new member of staff or someone who was less familiar with the person.

The deficiencies we found with aspects of people’s records were a breach of Regulation 20 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We discussed our findings with the manager who told us they used handover meetings to ensure staff were aware of how to meet people’s needs. The manager said they would now carry out a full audit and review of the care plans to ensure the records were clear and contained sufficient detail for staff. This would include an eating and drinking care and support plan and the use of appropriate language throughout.

People told us there were plenty of things to keep them occupied if they chose. There was a programme of activities seven days a week coordinated by two activities coordinators in conjunction with the other homes at the community. This included outside entertainers and musicians visits, and quieter activities. We observed that people were invited to join the activities if they wished to. Other people preferred to engage in individual activities and we saw they were supported by staff, for example to do a jigsaw or to sit quietly and watch TV. People were encouraged to access the local community where possible such as the park, day centre and a church coffee morning. There was an onsite restaurant in the community for the three locations that was open on Sundays for people to book a meal with their relatives or friends if they chose.

Is the service responsive?

People's spiritual needs were recognised and there were visits to the service from representatives of different religions. People's individual needs were therefore recognised and respected.

People's concerns were responded to and addressed. People and their relatives told us they knew how to complain and would do so if they needed to but it had not been necessary. One person told us, "I know I can just tell a

member of staff and they will sort it out." A relative said, "I would go straight to the manager. But we have not needed to do this." There was a complaints procedure in place which had been recently reviewed. The manager told us this was given to people within the service user guide. One complaint had been received which we saw was recorded and a response in progress.

Is the service well-led?

Our findings

Quality assurance systems were in place to monitor the quality of the service but they were not always effective at identifying potential risks to people. Internal medicines audits undertaken did not identify what had been audited in any detail and there were no actions recorded as needed. We found inaccurate MAR records, which the audits failed to identify. They also failed to identify any problems with stock records or that staff did not always follow relevant guidance in relation to entering medicines on the MAR's.

There was a monthly health and safety audit carried out on a regular basis and infection control audits were carried out six monthly. The manager was unable to locate the infection control audits on the day of the inspection but following the inspection they sent us the audit completed in April 2014. The infection control audit had been carried out across three sites managed by the provider and was not specific to Oatleigh. The audit contained inaccurate information about the storage of oxygen cylinders and cleaning of treatment trollies. These pieces of equipment were not used at the service. This error on the audit had not been identified and therefore we were concerned the audit may not be accurate and potential risks to people would not be identified

Actions were not always recorded to address the issues identified in audits that were carried out. For example, a recent test on portable electronic items had found some failed items but while we were shown separate evidence of action in respect of one item the actions taken in respect of all these problems had not been recorded on this report. We could not tell if all the problems had been addressed.

The manager told us that he carried out night time spot checks on staff but these were not recorded. There was no evidence of how frequently these were carried out and whether any issues identified were addressed.

There was no evidence the provider carried out audits on care plans to identify any gaps in details of the guidance for staff on how to provide support and treatment. There was a risk people could therefore receive inappropriate care.

Policies were not always up to date so that staff did not always have correct information to refer to. Following the inspection we asked the provider to send us some policies for the service. These included the safeguarding policy and

complaints policy. We saw these policies had been very recently updated. However, the safeguarding policy did not refer to the Pan London Multi-agency Policy and Procedures for Safeguarding Adults or guidance from the local authority. It also referred to an organisation that no longer existed for police checks. This meant staff did not have an accurate up to date guide to refer to.

Accident and Incident forms were completed by staff following an incident and we saw that the actions they had taken such as obtaining medical help had been recorded. The manager told us they did not record an analysis of accidents and incidents. This meant that patterns and trends were not identified to make improvements and address any concerns. For example, we saw that five incidents regarding skin tear and mobility were recorded for one person since August 2014. There was no evidence that this had been identified as a trend and actions taken to reduce the number of incidents. The manager said that accident and trends were discussed at handover meetings. However, we were not shown any evidence of a discussion regarding these incidents or any changes made to the care plan as a result.

Aspects of the quality of the service were not effectively monitored and risks or potential risks to people at the service were therefore not always identified.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Although the provider is registered with the Care Quality Commission to provide nursing care as part of the regulated activity, accommodation for persons that require nursing or personal care, nursing care is not currently being provided and therefore we have not inspected or rated nursing provision at this inspection.

People told us they felt the service was well run. Relatives said they thought the service was organised and they were always made welcome. However our findings were that aspects of the management of the service required some improvement. One relative told us, "I think it is pretty well run." They felt they could go to staff with any issues if they needed to and they would be addressed. Another relative told us the office manager had been "consistently understanding about (my family member's) needs and personal choices". A third person commented that management and staff "have been approachable and in my opinion very professional".

Is the service well-led?

Staff told us that they felt the service was run in a person centred way so that everyone's individual needs were met. They understood their roles and that there was plenty of support particularly from the deputy manager. Monthly staff meetings were held for all staff and minutes we saw detailed that staff were provided with information on service developments. The manager had a visible presence on the day of the inspection and demonstrated they had knowledge of people's individual needs.

People were asked for their views about the service. An annual survey was carried out of people who used the service, relatives and staff and the results of survey were published on the provider's website. We saw that all the comments recorded in the survey report were positive about the service. One said, "The care staff are just that. They are always helpful." The survey also showed where the service had responded to requests such as for a fan in the hot weather. The manager told us he would act on any negative comments if they received them

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 did not take formal enforcement action at this stage. 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 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers</p> <p>The registered person did not protect service users, and others, against the risk of inappropriate or unsafe care by means of the effective operation of systems designed to regularly assess and monitor the quality of the service and identify, assess and manage risks relating to the health, welfare and safety of service users and others, and, where necessary make changes to the treatment and care provided in order to reflect information relating to the analysis of incidents that resulted in, or had the potential to result in, harm to a service user.</p> <p>Regulation 10 (1) (a)(b)(2)(c)(i)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records</p> <p>The registered person did not ensure service users were protected from the risks of unsafe or inappropriate care as accurate records in respect of each service user were not always maintained.</p> <p>Regulation 20 (1)(a)</p>