

Temple Manor Care Limited

Temple Manor Care Home

Inspection report

Temple Hirst
Selby
North Yorkshire
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

This inspection was unannounced and took place on 2 February 2016. The last inspection took place on 2 April 2015 and the service was meeting all of the regulations we assessed and was awarded a rating of Good in every domain.

The service provides residential care for up to 19 older people and people living with dementia. The service has a homely feel, bedrooms are spacious and there are communal lounges for people to spend their time. The service has a secure garden which people can access via patio doors in the main lounge.

Temple Manor Care Home had a registered manager. 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 time of our inspection there were 16 people living there.

Although people and their families told us the service was clean there were some areas where we were concerned about cleanliness and the risk of infections being acquired and spread. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although people told us they received a good standard of care we saw some gaps in care records which meant people were at risk of receiving care which was not planned or based on their current needs. We saw some out of date information in care plans. Some other associated care records were not up to date and the audits the service used had not identified these issues and so they had not been rectified. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The registered manager had failed to make statutory notifications which are required by law. They had not notified the CQC of two safeguarding incidents and a serious injury which a person who was using the service sustained. This was a breach of Regulation 18 Notification of Other Incidents of the Health and Social Care Act (2008) Registration Regulations (2009). We are investigating this matter further.

People told us they were safe and well cared for and this view was shared by the relatives we spoke with. The service had sufficient staff to meet people's needs and staff had the time to ensure people were provided with a good standard of care.

Medicines were managed safely and people received their medicines from staff who were well trained. The service had safe systems to store, order and dispose of medicines.

People told us the food was good, they were given choices and had a varied menu. The chef knew people's

individual likes and dislikes. Care staff understood the importance of people having enough to drink and we saw people being regularly encouraged to drink and eat throughout our visit.

The service was working within the principles of the Mental Capacity Act and staff routinely sought consent from people and supported them to make their own choices.

People had access to routine health care professionals and where they needed more specialised support this was sought.

All of the care staff we spoke with told us they enjoyed supporting people and this was clear in their interactions with people, which were kind and warm. We heard examples of care staff going that extra mile to make sure people were well supported and were happy.

Care staff told us they felt well supported by the registered manager and provider and had access to training and supervision. Staff morale was good.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

Some communal bathrooms were not clean and meant people were at risk of acquiring infections.

Staff and the manager were aware of the types of abuse and what to do if they suspected abuse. However the manager had failed to notify CQC of safeguarding incidents within the service. Staff knew about risks to people and how to monitor these but the care records associated with this needed to be improved.

People told us they felt safe and their relatives shared this view and gave positive feedback about the care provided.

Medicines were managed safely. The service had sufficient staff to meet people's needs and they had been recruited safely.

Is the service effective?

Good 

The service was effective.

The service was consistently applying the principles of the Mental Capacity Act 2005. Consent was sought from people who used the service, and where people were unable to make their own decisions we saw appropriate best interest decisions were recorded.

Staff had access to regular and planned supervision, and they told us they felt well supported by the manager and the provider. Staff had access to training to support them to deliver effective care.

The service ensured people received support from health and social care professionals as required. People told us the food was good.

Is the service caring?

Good 

The service was caring.

People told us they were well cared for. Care staff were kind and

compassionate and had a positive rapport with people who used the service.

People's dignity and privacy was respected and people were supported to be as independent as was possible.

Care staff understood the importance of supporting people's families and friends to feel welcome at the service.

Is the service responsive?

The service was not consistently responsive.

There were gaps in care plan records and the systems the service used to review people's care needed to be improved. We have made a recommendation about this.

The environment and activities available did not support people living with dementia to be occupied and stimulated. We have made a recommendation about this.

People told us they were well cared for and care staff knew people and their care needs and preferences well.

The service had not received any complaints in the last 12 months. People and their relatives told us the registered manager was approachable. However, the complaints policy was not on display in the service.

Requires Improvement 

Is the service well-led?

The service was not consistently well-led.

There were gaps in records and audits should have identified these were not effective. Other audits across the service had not identified issues we had found in terms of infection control.

People and their relatives described the registered manager and the provider as being approachable and the staff team felt well supported. Staff morale was good and staff enjoyed supporting people.

Requires Improvement 

Temple Manor Care Home

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 was planned to check 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 2 February 2016 and was unannounced. The inspection was carried out by one inspector and a specialist professional advisor with specialist knowledge of the care of older people and dementia care.

Before the inspection we reviewed all of the information we held about the service. We contacted the local authority commissioning team and social work team and they provided feedback about the service. We also contacted Healthwatch, however they did not provide us with any feedback. Healthwatch represents the views of local people in how their health and social care services are provided. We reviewed all of the notifications we had received about the service since our last inspection.

During the inspection we spoke with five people who used the service and three visiting relatives. We reviewed seven care plans and associated records. We spoke with the Director (nominated individual), registered manager, three senior care staff and two members of care staff, the cleaner and the chef.

We completed a tour of the building and we looked at three staff files; which contained employment and training records. We looked at documents and records that related to people's care and support, and the management of the home, such as training records, audits, policies and procedures.

Is the service safe?

Our findings

People told us they felt safe, "I'm well looked after and safe." Relatives confirmed this view. Comments included, "My [relative] is safe. The care is fantastic I would recommend it to anyone" and "If you had to be in a care home this is one of the best."

Relatives we spoke with said the service "was clean and always smelt pleasant." People's bedrooms, individual bathrooms and communal lounges were clean. Despite this feedback we were concerned about the cleanliness and infection control procedures in place in some communal bathrooms in the service.

The service employed cleaning staff to work three days a week from 9am until 4pm, at all other times this was the responsibility of the care staff. None of the care staff we spoke with expressed concern about this and felt they had time to support people and keep the service clean. They said overnight care staff completed the majority of the domestic and cleaning tasks, and a member of night staff told us this was manageable.

We were told by the registered manager the communal shower room was not used, however, there was a toilet in this room and we were directed to use this by care staff. The toilet had a frame to enable people who used the service to use it safely. The toilet frame was stained. The shower room had a strong smell of urine and we could see the cat litter tray was stored in here and needed to be emptied. We pointed this out to the registered manager and they agreed this was not an appropriate place to house the cat litter tray. The toilet frame was cleaned by a member of senior care staff.

In one communal bathroom we could see the bath had been recently used, the cold water tap had what looked like black mould around the base of the tap. We found the same issue in another communal bathroom. This meant there was a risk of germs harbouring and did not protect people from the potential spread of infection.

On the window sill in one of the bathrooms we saw a collection of 'communal' toiletries. The registered manager told us, "They have people's names on them." However, we did not find this to be the case. This suggested people were sharing toiletries. This did not ensure people's choices and individual preferences were being met.

We found a cleaning cupboard with a bolt on the door, this contained cleaning products which could be hazardous to people. Although the door was bolted it could be opened easily and meant people could be at risk of accessing cleaning products. In addition to this the laundry was not locked and we were concerned people could access this and were at risk of injuring themselves.

These issues put people who used the service, staff and other people at risk of acquiring or transferring infections. This was a breach of Regulation 12(2) (h) Safe Care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In all of the bathrooms we saw a supply of soap, paper towels and hand towels along with plastic aprons and gloves. We saw staff wore personal protective equipment (PPE) when providing personal care. This meant care staff took the appropriate action to prevent the spread of infection. However, the risks in the environment remained.

The service had individual risk assessments in place for people such as moving and handling assessments which provided staff with guidance about the support people needed to keep them safe. However, two members of staff told us one person was having difficulty eating and drinking and they were concerned about their safety with swallowing. We saw staff provided this person with the support they needed to keep them safe, they were assisted to eat and drink and had a softer diet. However, when we checked their care plan we did not see a risk assessment in relation to this. We spoke to the registered manager who agreed to put a risk assessment in place as a priority. We also asked them to contact the person's doctor and request a referral to a speech and language therapist. Following the inspection the registered manager confirmed with us they had taken this action.

This person had recently had some seizures and the service had worked closely with the doctor to develop a plan to ensure the person was safe, again all of the staff we spoke with could describe the action required to keep the person safe but there was no risk assessment or risk management plan in place to direct staff. The service had a small staff team who knew people well and were able to identify risks and took the appropriate action to manage these risks. However, the records of this were not sufficient and did not ensure care staff had a suitable risk management plan in place to keep the person safe. This was a breach of Regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff demonstrated a good understanding of how to safeguard people who used the service, they were aware of the types of abuse and how to report concerns. Staff told us they would ensure any immediate action was taken to keep the person safe and then they would share the concerns with the registered manager. The service had a safeguarding policy, which offered guidance to staff. All of the staff we spoke with told us they had received safeguarding training and training records we saw confirmed this.

Medicines were stored safely and securely. Two people were taking controlled drugs, these are drugs which are liable to misuse and as such have stricter guidelines for storage, administration and disposal. The Medication Administration Records (MARs) we looked at were well completed and medicines were signed for, which indicated people were receiving their medicines as prescribed. Any refusals or errors were documented but this was not a regular occurrence

We observed people being given medicines by the senior member of staff, these were given patiently and safely. The member of staff ensured the person had taken their medicines before they completed the MAR. This demonstrated the member of staff was following the service's medicines policy which was in line with good practice guidance.

Some people who used the service needed 'as required' medicines and there were care plans in place to direct staff in relation to this. One person had been prescribed medicines to help manage any distress they may experience. A member of staff said to us, "We use this medicine as a last resort. We don't like to use the medicine to calm [name] down." They told us other techniques to support the person usually worked. We checked the administration of this medicine and could see it had only been given once in the 4 months. This demonstrated the service had effective strategies in place to support the person to maintain their well-being without the use of medicines.

There were daily records of temperature checks in the medicines room and the medicines fridge. These were within the recommended range and this meant people's medicines were stored in line with the instructions from the pharmacy.

Accidents and incidents had been recorded. These were reviewed every month by the registered manager and we could see action had been taken to reduce the risks for people. For example where people had fallen they had been seen by a doctor and equipment such as falls sensor mats had been provided.

Environmental risk assessments were in place and each person had a Personal Emergency Evacuation Plan (PEEP) to protect them in the event of fire. We saw fire safety checks had been undertaken on a regular basis to ensure the fire equipment and safety systems were effective.

The service had sufficient staff to meet people's needs. We observed staff had time to spend with people, none of the interaction was rushed. One member of staff we spoke with said, "There are enough staff, but if we were ever concerned we would talk to [registered manager]. I'm confident we would be listened to and concerns would be resolved." A relative told us, "There always seems to be enough staff available and they are always smiling and approachable." Another relative said, "I often visit and see staff sat in lounge chatting and laughing with the residents." This reflected what we observed during our inspection visit. We reviewed the staff rota for the last four weeks and saw this reflected what the registered manager told us about the staffing levels.

The service had effective recruitment and selection processes in place. We looked at three staff files and saw completed application forms and appropriate checks had been undertaken before staff began work; each had two references recorded and checks through the Disclosure and Barring Service (DBS). The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with people who needed personal care.

Is the service effective?

Our findings

People told us that the staff were very knowledgeable about their relatives care needs and that they had no doubt about their needs being met. One relative said, "The staff know him well. He has lived here for five years and has always been well looked after. The staff know him and he knows them. He is very settled and his eyes light up when the staff talk to him."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

The staff we spoke with understood the principles of the legislation. They were able to explain to us how they supported people to make their own decisions on a day to day basis and they understood the need for DoLS. The registered manager had applied to the local authority for seven DoLS authorisations. At the time of our inspection these applications were awaiting assessment by North Yorkshire County Council.

Staff routinely sought consent from people who used the service and offered people choices. The assessments in relation to people's ability to consent to care were detailed. Where people were assessed as being unable to consent to a particular aspect of their care there was a clear best interest decision recorded and we saw people and their relatives along with relevant health and social care professionals were consulted. The need to keep people safe was balanced with their right to freedom. One person liked a daily walk and staff supported them to do this safely.

People told us the food served at the service was good. One person described their home made profiteroles as, "Divine." Another person said, "I cannot fault the food, I am never hungry and I have never come across anything I don't like. I can have a drink in my room whenever I want." Another person told us, "The food is good, let's put it another way I eat all my food."

We observed lunch and saw people enjoyed their meal and dessert. The majority of people ate in the dining area but some people chose to eat in the lounge and others in their bedroom, we saw people's preferences as to where they ate were respected. Two people required assistance to eat their meals and we observed a member of staff sat beside each person during the meal time and supported them in a kind and patient manner.

People were given regular drinks and snacks throughout the day. We observed care staff checking with people their drinks were still warm enough to enjoy and asking people whether they wanted a top up. Staff

told us about the importance of encouraging people to have a good fluid intake to reduce the risks of urinary tract infections which can cause people to be more confused and feel unwell.

People were offered a choice of meals, they were asked each day and the chef was aware of people's preferences and ensured these were catered for. There was a chalk board in the dining area however this had not been completed on the day of our visit. A member of staff told us the menu for the day was usually recorded here, and that staff told people what the options were. We saw some people were provided with alternatives which they enjoyed.

We spoke with the chef who was aware of people's likes and dislikes as well as their dietary requirements. They showed us the cleaning audits they kept and we saw records of fridge temperatures and food stored correctly.

Care plans showed that people had been seen by a range of health care professionals including doctors, dentists, hospital consultants and district nurses. We saw from the records that staff contacted health care professionals to resolve issues, including the Community Mental Health Team if necessary. Care plans contained clear records of visits by health and social care professionals.

Is the service caring?

Our findings

All of the feedback we received from people and their relatives about the care provided was positive. One person who used the service said, "The [staff] are very helpful, I couldn't be better looked after." Another person said, "We're very well looked after."

Throughout our inspection the care team showed compassion and warmth to all of the people they supported. Care staff had time to spend with people and we saw lots of interaction between people who lived at the service and staff. This included general conversations with people, encouragement to have a drink. Care staff also responded to people's need for physical contact and provided comfort to people by a touch on their arm or a hug.

One person who lived at the service had a dog, it was clear to us there was a strong bond between the person and their dog. Care staff spoke to us about how important the dog was to the person and they helped them to ensure she was well looked after. We noted at different times during the day the dog was a talking point for staff and people who lived at the service, the service had also adopted a stray cat and people appeared fond of the animals.

People's privacy and dignity were respected. We saw one person needed support with their personal care, the member of staff provided this in a dignified and respectful manner. They discreetly supported the person to return to their bedroom so that the care could be provided in privacy. We saw staff knock on people's bedroom doors and wait for permission before they entered.

All of the care staff we spoke with told us they would be happy for their relative to live at this service, should they need this type of care. Care staff spoke with warmth and kindness about the people they supported, and they knew people well.

Visitors were welcome to visit anytime they wanted to. One relative told us, "I can come whenever I like, and [name] has lots of other visitors too and we're always made to feel welcome." We spoke with a member of staff who explained how they always ensured visitors were made welcome and to feel part of the home, they said, "As soon as a visitor arrives we put the kettle on, this is their loved one's family home and that's what you do in your own home when you have visitors." They told us that part of their role involved looking after people's families as well as people. They demonstrated an awareness of how difficult it was for relatives to accept their loved one could no longer live with them and were patient and kind to help people accept this.

One person enjoyed going to visit the local pub, this was important to them because it was something they had done for a long time and they knew a lot of people who socialised there. We saw in the person's care plan that they were no longer safe to visit the pub on their own and needed support. A member of staff said, "The owner, [name] takes [name] to the pub on a regular basis, they took him the other Saturday night. I think this shows how much they care about people because they gave up their own time on what is their own family night." This demonstrated the service recognised the importance of maintaining people's links with their local community.

We heard about an example of one member of staff going that extra mile to support people. They had come into work on their day off to take people out, this showed they genuinely cared about the people they supported and wanted them to live happy lives.

Is the service responsive?

Our findings

The registered manager completed a pre admission assessment before people could move in. This included information about the person's current needs and how the decision had been reached that the person needed to be supported in 24 hour care. It meant the service considered whether they could support the person before they agreed they could move in.

Care staff knew people well. This was clear from observing interactions and the feedback we received from people about the care they received was overwhelmingly positive. Care staff could tell us about people's lives and their individual preferences. However, for some people there were gaps in their care plan records.

One person who had come for a temporary stay at the service had been there for eight days. Although there was a pre admission assessment which the registered manager had completed with the person during a pre visit to the service there was no plan of care. The person was able to make their needs known to staff, however the lack of care plan meant the provider could not be assured the person's care was meeting their needs or that it was in line with their wishes and preferences. This person told us they wanted to return home and we asked the registered manager what the plans were. They said, "[Name] is here for four weeks following a fall." They accepted that the person had made it clear they did not wish to remain at the service but were unable to tell us what they had done to address this. We suggested the registered manager discussed this with the person and considered with them whether they would like a referral to the local authority to look at what support could be provided at home. The registered manager agreed to take this action.

Another person's care plan had not been updated since October 2015 despite staff and the registered manager telling us their needs had changed and they needed more support. Despite this the team of care staff was small and well established and they knew people well. This meant the risks associated with the lack of up to date records were reduced.

We saw reviews took place every month however the information related to this stated, 'No changed to care plan.' We discussed with the registered manager the need for reviews to be meaningful and to involve the person and their relatives or representatives. Each person had a key worker and they were responsible for reviewing care plans.

We recommend the service review the systems they have in place to ensure care plans are reviewed and that care is planned in a person centred way.

People were not consistently provided with meaningful activity or stimulation which was based on their individual needs. On the day of our inspection no structured activity took place. There was an activity board which referred to a visiting hairdresser, chair exercises and singers and staff had time to spend with people on a one to one basis. However, the environment did not provide people with dementia with an opportunity to be stimulated. For example the corridors were painted neutral colours and had some paintings but we saw one person spent the majority of their time walking along the corridor and there was nothing to catch

their eye and stimulate them. The service had some dementia friendly signage but this was minimal.

We recommend the service considers National Institute for Health and Care Excellence (NICE) good practice guidelines to ensure they are providing a suitable environment and stimulation for people living with dementia.

The registered manager told us there had been no complaints made in the last 12 months. They explained they offered an open door policy and encouraged people and their relatives to share any concerns with them as soon as possible so they could work together to resolve them. Relatives we spoke with confirmed the registered manager was approachable and no one shared concerns with us. However, the service did not have their complaints policy on display, this meant information about how to make a complaint was not readily available to people and their relatives. We pointed this out to the registered manager as they had told us it was on display in the reception area. They agreed to replace this.

Is the service well-led?

Our findings

Services registered with the Care Quality Commission (CQC) have a legal responsibility to notify the commission of any safeguarding incidents within the service. The last safeguarding notification made by the service was in September 2012, by the previous registered manager. We spoke with the registered manager about this as before the inspection we had been made aware, by the local authority, that the service had made two safeguarding alerts about incidents which had recently occurred at the service. The registered manager provided us with a detailed account of the incidents and it was evident they had taken the appropriate action to reduce the risk of harm to the individuals involved. However, the registered manager was unaware of their legal responsibility to notify the CQC and said, "I didn't realise I had to submit these, I thought the local authority would inform you." At the request of the inspector they had since submitted these retrospectively. In addition to this we were not notified about a serious injury a person who used the service sustained. We are investigating this matter further. This was a breach of Regulation 18 Notification of Other Incidents of the Health and Social Care Act (2008) Registration Regulations (2009).

The registered manager told us they completed a number of routine audits in order to assure themselves they were delivering a good service. These included; care plans, medicines, infection control audits and night spot checks. Unfortunately we were not able to review the care plan audits as we were told by the registered manager these had been archived in the loft due to limited storage space.

During our inspection we saw some gaps in care plans and associated records. For example one person's care plan had not been reviewed or updated since October 2015, care staff and the registered manager told us this person's needs had changed. We saw gaps in the records of weight monitoring for some people, some people's weights were last recorded in October 2015.

We were told by the registered manager these issues would have been picked up in December's care plan audit. However, they could not provide this information because the audit had been archived. We questioned the effectiveness of the audit system as there was a lack of follow up and the care plan and associated records we reviewed remained out of date at the time of our inspection.

We looked at the following audits: kitchen, fire risk assessment and infection control. Each one contained a list of ticks to say there were no issues. This led us to question the effectiveness of the audits in place at the service. This was because they had not identified the issues we had found in relation to infection control and the gaps in some of the care planning records.

We asked the provider about their role within the service, they told us they did not undertake any direct management or formal audits. However, they said they spent a lot of time at the service and observed care staff and their interactions with people. They told us their main role related to financial management and they were also responsible for maintenance within the service.

This was a breach of Regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated

Despite our concerns relatives told us they had confidence in the registered manager, and the provider who also spent a significant amount of time at the service. One relative said, "The [registered] manager is approachable and around a lot." Another relative said, "The [registered] manager is always here, and will always say to me 'It doesn't smell does it' because he wants to make sure it's homely."

Prior to the inspection the CQC had received some whistleblowing concerns. These related to the culture and the management approach within the service. The provider investigated this matter thoroughly at the time they were raised and provided the CQC with a detailed investigation report. None of the staff team we spoke with as part of the inspection raised any concerns. They all said how supportive both the registered manager and the provider were.

All of the staff we spoke with told us the registered manager and the provider were approachable and they expressed confidence in their abilities to resolve issues. Comments included, "I love working here, I'm supported and can talk to [name of registered manager] or [name of provider] anytime. I've never had to raise any concerns but I know they would listen to me and take it seriously because they care about people [who live here]." Staff morale was good and there was a relaxed atmosphere within the service.

The service had up to date policies and procedures in the following key areas; safeguarding, the MCA and whistleblowing. The whistleblowing policy provided staff with guidance about how to raise concerns and who to contact, such as the local authority or the CQC if these were not taken seriously. We could see the whistleblowing policy had been discussed at a recent team meeting. This demonstrated the service understood its responsibility to support staff to raise concerns should they have any.

We asked the registered manager about the strengths of the service and they said, "The care side of things, it's the staff who make the care home and we have a good staff team who are here for the right reasons." They told us one of the areas they wanted to develop within the service was to make it more dementia friendly.

When we arrived at the service we saw a sign on the entrance way inviting families to come to 'residents and relatives' meetings which were held each month. The registered manager explained these had not taken place recently, and they were confident people and their relatives would approach them directly with any feedback or concerns. This reflected what relatives told us about their experience of the management team.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Communal bathrooms were not clean and there were areas where germs could harbour. This meant people there was a risk of infections being acquired or transferred.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Care records were did not contain accurate and up to date information. The audits completed within the service were not robust and meant issues we identified had not been highlighted and rectified.</p>