

West Villa Residential Home

West Villa Residential Home

Inspection report

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Date of inspection visit: 22 July 2014
Date of publication: 21/01/2015

Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2012 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 2012 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The inspection was unannounced. The last inspection was in August 2013 and there were no breaches in the regulations in the areas we looked at.

West Villa Residential Home provides accommodation and personal care for up to 32 older people, some of whom may also have mental health issues and dementia.

A registered manager was in place, who was also the provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Staff were kind and caring and attentive to people's needs. Relatives spoke positively about the quality of care for their family members. This was confirmed during our observations of people's care.

Summary of findings

People told us they enjoyed the food and we found the staff discussed all dietary needs with the chef, who prepared meals according to people's tastes and preferred quantities.

Assessments of people's needs and plans of their care were not always effective and individual risk assessments were not always fully in place or up to date.

Necessary safety checks of the lift had not consistently been carried out. Documentation relating to the running of the home, such as policies, procedures, risk assessments and maintenance records were not always in place or up to date.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and of the Health and Social Care Act 2008 (Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version of this report.

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 was not safe. Although people told us they felt safe living in the home, their individual risk assessments were not always accurate or up to date for staff to manage their care safely.

Risk assessments for the safe running of the service were not available for inspection and a safety certificate for the lift to show the lift was in good working order was not obtained from the maintenance contractor.

Staff did not have a satisfactory understanding of the Mental Capacity Act (MCA) or Deprivation of Liberty Safeguards (DoLS).

Requires Improvement



Is the service effective?

The service was not effective. People's care records were not always accurate or up to date for staff to manage their care effectively.

The staff did not take responsibility for the setting of pressure relieving mattresses and although there was liaison with the district nurse, staff lacked knowledge of how to ensure these were checked accurately for each person.

Requires Improvement



Is the service caring?

The service was caring. Staff were kind and attentive in their care of people and respected their privacy and dignity.

Staff showed people care and concern, encouraging them to express their own views and make daily decisions.

People said they felt valued and described staff as being more like friends and family to them.

Good



Is the service responsive?

The service was responsive. Staff understood people's preferences and their abilities.

People, relatives and a visiting health professional told us the service was responsive to people's needs.

People told us they felt confident to raise any issues with staff and managers and felt their concerns would be listened to.

Good



Is the service well-led?

The service was not consistently well-led. Although some systems were in place to monitor the quality of the provision, much of the documentation, such as policies and procedures, lacked organisation and up to date information for staff to provide care effectively.

Requires Improvement



Summary of findings

Accidents and incidents were not analysed to identify trends and enable staff to learn from mistakes made.

West Villa Residential Home

Detailed findings

Background to this inspection

We visited this home on 22 July 2014. The inspection team consisted of an inspector, a specialist professional advisor who was a qualified nurse and an Expert by Experience. An Expert by Experience is a person who has experience of using or caring for someone who uses this type of service.

We used a number of different methods to help us understand the experiences of people who use the service. We spoke with seven people who used the service, three relatives, four members of staff, the registered manager and a visiting professional. We spent time observing care and support for people. We looked at four people's care records and other documentation relating to the management of the home, such as policies and procedures, training records and staff files.

Before the inspection we reviewed information we held about the service. This included notifications sent to us by the provider. We had not received the provider information

return (PIR) as the provider said they had not received one. This is a document that should be completed by the provider with information about the performance of the service. We contacted the local authority safeguarding team, local healthwatch and commissioners to ask them for their views on the service and if they had any concerns.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

We saw in staff files there had been a health and safety concern relating to the lift being out of order and that staff had been seen to use unsafe moving and handling techniques. However, we found this had not been recorded as an incident or reported to the Care Quality Commission. We spoke with the registered manager about this and she told us this had not been documented effectively, but the matter had been dealt with by discussing this with staff and reinforcing safe practise.

We asked to see documentation to show the lift was in working order. We saw maintenance sheets to show the engineer had attended seven times since January 2014 and the most recent occasion was to 'release persons stuck'. The registered manager told us the person who had been stuck in the lift had been a member of staff, not a person living at the home. However, the registered manager was unable to locate an incident record showing what had happened or a Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) certificate of safety for the lift. We could see no evidence the engineer's recommendations had been acted upon and so we told the registered manager we would refer this matter to the Environmental Health Officer for them to look into further. The registered manager made arrangements for the lift to be inspected the day following our visit and forwarded us the certificate of safety.

We spoke with the registered manager to find out how the premises and equipment were maintained to ensure people's safety. She told us there was a maintenance staff member who had responsibility for ensuring premises and equipment were in good working order. We saw the 'handyman working rota' which listed jobs that needed doing and the frequency of these. We also saw equipment cleaning checklists to show items had been cleaned on a weekly basis. However, this was not up to date and the manager told us the maintenance staff had taken it home with them. We saw the recent Environmental Health inspection of the kitchen had downgraded the service from a maximum of five stars to three stars and the registered manager told us she was working on an action plan to raise standards in this area.

We saw specialist equipment, such as slings for use with lifting hoists. There was one small, medium and large sling and one sliding sheet and the registered manager told us

there was only one person who currently required this equipment. The registered manager told us these were multi-use and were stored centrally so they could be used with any person, should this be required. However, the home had an infection control policy devised by Wakefield Council in June 2013 which stated: "slings should be laundered in hottest wash cycle allowable and not shared between residents". It would therefore be necessary for further equipment to be obtained should another person in the home require such assistance.

The registered manager told us maintenance of the building was always ongoing. We noticed during our inspection there was a strong unpleasant odour in places. In two of the bathrooms the bath panels were noted as suffering from possible damp and showing signs of potential mould growth, which had been painted over. On the day of our inspection, there were boiler engineers dealing with a fault and this caused the hot water to be temporarily turned off in some areas. There was a continual beeping from a fault in the fire alarm panel which was distracting for staff and a nuisance for people living in the home. Handrails in the garden and in some of the toilet areas were unstable and wobbled to touch. We saw in the garden area the wood on the handrail was splitting in places and at risk of splintering. On the outside of the building we saw windows and door frames had flaking paint. The registered manager told us she was aware of the work that had to be done and there was a rolling programme in place for maintenance.

We asked to see risk assessments for the premises and found these were not available for inspection, although the manager said these were in place. We referred our safety concerns to the Environmental Health Officer for their attention following our inspection.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People told us they felt safe living at the home. One relative we spoke with said their family member was much safer being in the home than when they lived alone because staff understood their individual risks and helped them to live safely.

We saw in people's care files there were some personal risk assessments and staff we spoke with had an understanding of people's individual abilities and how to manage potential risks. Staff told us they knew people's individual

Is the service safe?

risks because these were documented in their care plans. However, not all risk assessments were in place; for example, one person who used bed rails did not have an assessment in place for these. For one person who was cared for mostly in bed we saw the bedroom door locked on self closure. Staff told us doors could be opened with a key from the outside or by the person in the room. However, when a person was confined to bed this meant a key would be needed and there was no risk assessment in place about what would happen in the event of an emergency.

We spoke with four staff who were able to say how they would safeguard people if they suspected abuse or neglect. Staff knew the signs to look out for and they understood the procedures to follow to report any concerns about people's well-being and safety. Staff had completed safeguarding training and the registered manager told us this was regularly refreshed to ensure staff had up to date knowledge.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is in place for people who are unable to make a decision for themselves. The legislation is designed to ensure any decisions are made in people's best interests. We found staff were not clear about the Mental Capacity Act or the assessment process, although we found some staff had recently attended a Deprivation of Liberty Safeguard (DoLS) update and they understood how this safeguard could protect a vulnerable person from harm.

For example, staff described the strategies they used to protect the rights of a person who was deprived of their liberty. We found people's care records were not clear when a DoLS was in place.

We saw there were sufficient staff who were able to attend to people's needs. In addition to care staff we saw support staff, such as the activities staff and the chef who interacted with people. The whiteboard in the dining room listed staff on duty at different times of the day. We spoke with the registered manager who told us in the event of staff absence, members of the team covered for each other to provide consistency for people living in the home and there was an on-call system for managers to be contacted at any time.

People told us they felt safe in the home. They said they thought there were enough staff on duty to meet their needs. People's comments included:- "I feel very safe", "I feel perfectly safe and have never had a problem" and "I feel safe with the other people who live here"

We looked at the recruitment procedures and found these were robust to ensure staff employed to work in the home were suitable. We found from discussion with staff and from staff files we looked at, new staff were vetted and enabled to shadow more experienced staff until they felt confident and able to work independently. The registered manager told us staff had a thorough induction with all mandatory training and a probationary period with regular reviews to ensure suitability.

We saw staff worked in a safe way, with respect for people's human rights and diversity. Where people appeared to be agitated or unsettled we saw staff quickly diverted their attention and brought calm to minor disagreements.

Is the service effective?

Our findings

People we spoke said the care and support was effective and said they thought staff had the right skills to do their job. One person said: “They seem to know what is good for me”, another said: “They know what my medicines are and always give them to me on time”. One person was not sure and said: “They come and talk to me about how I am, so I suppose they write it down somewhere”. One person said: “I have heart problems and staff give me all the time I need”.

We looked at the staff training matrix which showed staff were given opportunities to complete mandatory training as well as additional training relevant to people’s needs. The registered manager told us they preferred training to be interactive rather than e-learning so staff could engage in group activities and discuss what was being learned. They said this ensured training was effective and gave staff the opportunity to check their understanding with others.

As part of the preparation for inspection we spoke with the local authority commissioners, who told us they had recently reviewed staff training files and found some staff training was not up to date. We spoke with the registered manager about this and they said this was currently being actioned.

We looked at four staff files and found evidence of induction and recent training. We saw some of the staff training was certified by the registered manager and carried out in-house, although external training companies were also used. We looked at the staff training matrix but we saw this was complicated as it was colour coded using 11 colours and did not give a clear picture to managers of whose training was up to date at any given time.

We observed staff engaging with people in a number of situations and they adapted the support appropriately to the needs of the individual, showing they had the necessary skills to meet people’s needs effectively.

We saw mealtimes were pleasant and sociable occasions. People chose where they wanted to eat and they sat indoors and outdoors as the weather was warm. People told us they enjoyed the food. Comments included:- “The food is good”, “The food is all good”, “I don’t know about menus but I get asked what I want to eat all the time” and “The chef comes and asks us every day”

We saw staff supported people appropriately and staff were aware of their individual dietary needs. Where people needed adapted equipment or staff assistance this was provided and people were enabled to eat at their own pace.

Staff offered people choices of hot and cold drinks and snacks throughout the day and people told us they could make their own if they wished to. We saw the chef asked people what they would like for their lunch. We spoke with the chef who showed us how people’s dietary needs were listed for reference in the kitchen, along with each person’s preferred portion size. We looked at the menus and the chef showed us how these were rotated on a three-weekly basis. The day’s menu was written on the whiteboard in the dining room, although this was not clearly visible or accessible to everyone. Although we heard the chef explaining the choices to people, this was not always effective because some people could not hear or understand what was being said. For example, one person said they were hoping to have a Cornish pasty when the chef had offered corned beef hash.

We saw people were encouraged to drink plenty of extra fluids due to the warm weather and staff put water within people’s reach wherever they chose to sit, both indoors and outside. Staff spoke with people about maintaining their health in relation to sun safety and they discussed the use of skin protection and sitting in shaded areas of the garden. People told us they had access to sun protection cream and we saw they used this when they were outside.

We looked at four care plans. We saw people’s needs were assessed and the majority of recording demonstrated that care was planned appropriately and related to diagnosis/ health problems, personal care, mental state, sleep, social interests, mobility and dexterity, personal safety, dietary needs, weight, continence, sight/hearing and communication, religious and cultural needs, foot care, oral health, medication and resident specific care plans.

However, we found there were inconsistencies in care records, care planning and practise. For example, there was no bedrails risk assessment in place for one person who was using bedrails. One person’s records stated they were living with dementia whilst another person’s record specified the cause of their dementia. Notes in one person’s records showed they had a specific medical condition, yet this was not reflected in their care plan. We saw an assessment form by Wakefield Council in February

Is the service effective?

2014 which clearly stated one person's preferred name, yet we saw this was not used by staff when speaking with the person. One person's care plan stated they required a hoist and sliding sheets to be moved. There was nothing in the care plan to suggest the size of the hoist sling required or the use of the sliding sheet.

This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We found where people were at risk of developing pressure ulcers, the risk assessments for these, the Waterlow Scores, had inaccuracies and conflicted with the care plans. This was a Breach of Regulation 9, care and welfare of service users. Two people's Waterlow scores stated them to be a high risk whereas other information showed them to be very high risk. This was significant because the assessments showed the people were at high risk, when they were a very high risk of developing a pressure sore. We saw although people were regularly weighed, their body mass index (BMI) was not calculated which is a useful indicator to a 'healthy' weight.

The repositioning charts completed for one person identified as being at high risk of developing a pressure sore were confusing as there were no dates entered from 17 to the 21 July. It was unclear if the records referred to am or pm as 24 hour clock recording was not used. There was no indication the person's pressure areas were relieved at any points throughout the day. The care plan lacked clarity as to what care was required. This person also had a pressure relieving mattress and we saw this was set between soft and firm, but staff did not have a reference point for the setting. This meant staff were not informed or took any responsibility for ensuring equipment was set effectively at the appropriate level for people, which may

compromise the quality of their care. We asked the manager about this and she told us the district nurses were responsible for the setting of the pressure relieving mattresses and the checking every three months.

We saw people were referred to appropriate other professionals in order to maintain good health and receive suitable healthcare support. For example, people were referred to district nurses, therapists, chiropodists, GPs, opticians, physiotherapists, diabetic nurses and practice nurses.

People told us they had access to healthcare services when they needed them. One person said: "I get to see a GP regularly", and another said: "Dentist and Doctor come every couple of months".

There was no evidence of effective end of life care wishes documented in people's care plans. The policy was devised in 2008. This did not include up-to-date good practice guidelines, such as recommendations of the Gold Standards Framework, the six steps to success or the end of life register. According to the policy people's wishes regarding end of life were taken at the beginning of their stay/on admission. However, this was not carried out and the registered manager told us she did not like having these conversations with people as it was a delicate area for discussion.

We saw there was some signage to alert people to where the fire exits were but the bedrooms were not personalised and did not differentiate from one room to the other, which may have caused some confusion for people trying to locate their own room. There was no risk assessment in people's care plans to determine whether they could hold their own keys; some people told us they had a key to their room and others said they did not and it was not clear whether people had been involved in this decision.

Is the service caring?

Our findings

Relationships between staff and people were positive; staff were caring and kind in their interactions with people. Where people needed help we saw staff were patient, calm and supportive and respected people's individual dignity. Where people needed prompt assistance staff were promptly attentive.

People we spoke with said they felt staff cared about them and comments included:- "Yes, they care about us", "Staff always seem interested in us" and "They are more like family to me".

We saw people made their own decisions about what they did on a daily basis, although there was little evidence to show people had been involved in important decisions, such as their end of life wishes.

We saw the noticeboards displayed the home's philosophy of care, emphasising people's privacy, dignity, rights, independence, choice and fulfilment. People we spoke with gave us examples of how this philosophy of care was upheld. For example, all people said their privacy was respected by staff. People said their independence was promoted; "I try to do things for myself and staff try to help

me", another said: "I get dressed myself" and another said: "We go out in the garden and I can do things out there". People told us they could exercise choice in whether they spent time alone or with others, or whether they could choose their own time to eat meals. People told us they were encouraged to enjoy contact from their friends and family and they enjoyed visits or chats on the telephone.

We observed staff in a number of situations, such as when present in the lounges or when assisting people to the bathroom or the garden. We saw staff spoke with respect for people and treated them with dignity and they were very discreet when assisting people with personal care. We saw staff were consistently friendly, polite and caring, with people's health and well-being at heart. We saw one person needed a lot of reassurance and staff patiently accompanied them and engaged them in sensitive conversation.

We spoke with three relatives, who told us their family members were very well cared for. They gave praise for staff's caring approach and said they felt reassured their family members were happy in the home. One relative told us they had "peace of mind" because they knew staff were so caring. Another said: "I think the staff are wonderful; they have such a lovely, caring way".

Is the service responsive?

Our findings

We looked at care records and saw evidence people and their families where appropriate had been involved in discussions and reviews of care. We saw a resident's profile in each care record which detailed their life history, family and preferences. However, there were no dementia specific 'this is me' documents where people had dementia. We saw there were individual personal care plans which reflected people's interests. For example, one record showed someone liked music on in their bedroom. One person liked a big breakfast and very little the rest of the day. This was in evidence at meal time and a member of staff could relate this to us.

People told us when they rang their call bells staff responded quickly. One person said: "They come as quickly as they can. They are not staff, they are my friends really". People told us they had no cause to complain but said they would feel comfortable raising any concerns with staff or managers.

We spoke with a visiting district nurse who told us they felt the home was responsive to people's needs. They said staff were always willing to listen to ideas to improve people's care and they acted promptly on suggestions made, such as referrals to the dietitian or GP.

We saw there were some activities taking place throughout the day. For example, staff invited people to join in with some gentle dancing, board games and word games. In the garden we saw one person who said they were going to play croquet and we saw this had been set up by the activities staff. We saw a small library and people told us the books were changed regularly. We saw in one lounge, some people joined in with a word quiz. However, some

people did not have the opportunity to engage in meaningful activity. For example, we saw in the conservatory lounge area people with limited mobility were seated and two people told us they were bored. One person said: "There's nowt happening in this place". We heard a radio playing and found it was up to date pop music, which people told us was not to their taste.

Although we saw there were activities advertised on the notice board, we found these were not carried out on the day of our visit. We spoke with the activities staff who told us activities were changeable according to variables, responding to factors such as the weather and what people wanted to do. Some people told us they did not want to join in with any activities that were planned. For example, one person said: "They try and encourage me to do things, but I prefer not to", another said: "I don't have any hobbies, I just like to sleep" and another person said: "I'm too old for any hobbies".

The registered manager told us there were regular residents' and relatives' meetings and we saw minutes to show these had been carried out regularly to hear and respond to people's views. We saw where there were any concerns or comments this led to action being taken to make improvements to the service. Relatives we spoke with said they felt involved and included in how the home was run and how it could be improved to respond to people's needs. There was a clear complaints system in place and we saw any matters were recorded and responded to. People and their relatives we spoke with told us they knew how to make a complaint if they wished to. However, we saw in one area of the home there was a very old and out of date complaints procedure displayed, which made reference to the local authority registration and inspection unit, which ceased to exist in 2002.

Is the service well-led?

Our findings

We found that although there were some quality checks in place, these were not consistent or robust enough to ensure the service was delivered as effectively. For example, although we found most accidents and incidents were recorded, there was no analysis identified as to the cause or whether there were any emerging trends and patterns. We saw there were no audits of people's care records to identify when information was out of date, such as risk assessments.

We looked at policies and procedures for the running of the home and saw these were generic, and not specifically relevant to West Villa Residential Home. For example, there was a policy and procedure relating to the stair lift, yet there was no stair lift in place. These were dated 2008 and much of the information and terminology was out of date. For example, there was reference to a lifting and handling procedure, rather than a moving and handling procedure; police checks were referred to as Criminal Records Bureau (CRB) checks rather than Disclosure and Barring Service (DBS) checks. It was not clear in the whistleblowing procedure who staff should contact if they had any referrals to make although staff spoken with knew how to raise concerns. The care of the dying policy needed updating as this lacked detail as to what the person's wishes would be in the event of their end of life care. This could result in a person not being involved in the planning, decision making and management of their end of life care.

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

We found the statutory notification was not submitted in relation to the lift being out of order. The registered manager said they had omitted to do this, but submitted it promptly following the inspection.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We saw the registered manager was visible in the home and knew the people who lived there. People told us they

saw the registered manager and the care manager regularly and they said they felt the home was well managed. They described the managers as "good" and "here all the time". People told us managers asked them what they thought needed to be improved and how they could do it.

The three relatives we spoke with told us they had confidence in how the home was run and managed. One relative said the registered manager communicated well with them about their family member's needs and always kept them informed about any changes. Another relative said: "The manager is excellent".

The district nurse we spoke with told us they felt the home was run well and they did not have any concerns. Staff we spoke with were clear about their roles and responsibilities and said they thought the management team was very supportive and ran the home well. We found staff to be motivated and caring and saw systems in place to ensure they were supported to do their work. For example, staff told us there were supervision meetings and appraisals which identified action plans for staff development. We saw evidence of supervisions in the four staff files we looked at.

Staff told us they had regular staff meetings and discussed relevant matters about the running of the home and how to best meet people's care. We saw staff meeting minutes which confirmed these had been carried out regularly.

The registered manager told us she was committed to the improvement of the service and she welcomed inspection processes to help to maintain the quality of the provision. She told us where improvements were required she worked closely with others, such as commissioners and the local authority to complete action plans.

We saw some quality assurance systems in place. For example, we saw an annual assessment which included feedback sought from professional visitors, people who used the service and staff. We found most comments were positive and gave praise for the quality of the provision.

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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services

The registered person did not take proper steps to ensure each service user received care that was appropriate and safe.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers

The registered person did not regularly assess and monitor the quality of the service provided in the carrying on of the regulated activity against the requirements set out in this part of the regulations; and identify assess and manage risks relating to the health, welfare and safety of service users and others who may be at risk from the carrying on of the regulated activity

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises

The registered person did not ensure that service users and others having access to premises where a regulated activity is carried on are protected against risks associated with unsafe or unsuitable premises.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment

This section is primarily information for the provider

Action we have told the provider to take

The registered person did not notify the Commission without delay of the failure or malfunctioning of the lift where that failure or malfunctioning had lasted for longer than a continuous period of 24 hours.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records

The registered person did not ensure that service users were 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 an accurate record in respect of each service user;

The registered person did not ensure that records were kept securely and could be located promptly when required

This section is primarily information for the provider

Enforcement actions

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