

Four Seasons (Bamford) Limited Pathfields Lodge

Inspection report

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Date of inspection visit: 16 and 19 November 2015
Date of publication: 04/02/2016

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?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 16 and 19 November 2015 and was unannounced.

Pathfields Lodge provides personal care with nursing for up to 48 people. People who use the service have learning and physical disabilities and some people who have early onset dementia. At the time of our inspection there were 35 people were using the service.

The service had been without a registered manager for over 12 months. 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. A new manager had been appointed by the provider; they had submitted a registered manager application to the Care Quality Commission (CQC), which was in progress.

Summary of findings

Risk assessments and personal emergency evacuation plans (PEEP's) were not always updated when people's needs and capabilities had changed.

Records relating to the monitoring of people's food and fluid intake did not follow the providers' policy.

People did not always have a care plan put in place by the provider on admission to the service. Some of the care plans lacked clarity on how people's current needs were to be met.

The quality assurance management systems were not sufficiently robust in detecting when people's needs had changed and care plans in need of updating.

Staff employed at the service were familiar with the safeguarding and whistleblowing procedures, however qualified agency nursing staff working at the service were not as knowledgeable of the procedures.

There were sufficient numbers of staff available to meet people's care and support needs, although there was currently a high reliance on the use of external agency staff. The staff recruitment systems ensured that staff were safe to work with people using the service.

Appropriate systems were in place to order, store, administer and dispose of people medicines. Although people who sometimes required essential medicines to be crushed did not have the method for administering medicines clearly recorded in their medicines administration record (MAR) or care plan.

Staff received regular training which provided them with the knowledge and skills to meet people's needs. They also received supervision and support from their line supervisors.

Staff sought people's consent before they provided care and support. All staff and management had a good understanding of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and were knowledgeable about the requirements of the legislation.

People were treated with kindness and compassion and their privacy was respected. Their needs were assessed and their care plans gave guided the staff on how people wanted to be supported. People and their relatives were involved in the on-going reviews of their care. People's privacy and dignity was respected. Relatives and visitors were made welcome.

People had opportunities to pursue their interests and hobbies and to choose what activities to have available at the service.

The service had a complaints procedure in place and the provider had responded appropriately to complaints.

We identified that the provider was not meeting regulatory requirements and were in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the Care Quality Commission (Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version of the 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 always safe.

Staff were familiar with the safeguarding and whistleblowing procedures; however qualified agency nursing staff working at the service did not always have sufficient knowledge of the safeguarding reporting procedures.

Risk assessments and personal emergency evacuation plans (PEEP's) were not always updated as and when people's capabilities had changed.

There were sufficient numbers of staff available to meet people's care and support needs. There was currently a high reliance on the use of external agency nursing staff.

The staff recruitment systems ensured that staff were safe to work with people using the service.

Appropriate systems were in place to order, store, administer and dispose of people medicines. People who required essential medicines to be crushed did not have the method for administering medicines clearly recorded in their medicines administration record (MAR) or care plan.

Requires improvement



Is the service effective?

The service was not always effective.

Nursing staff did not always follow the providers' policy for monitoring people's food and fluid intake.

Staff received regular training which provided them with the knowledge and skills to meet people's needs.

Staff received regular supervision and support.

Staff had a good understanding of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and were knowledgeable about the requirements of the legislation.

Requires improvement



Is the service caring?

The service was caring.

People were treated with kindness and compassion and their privacy was respected. Their needs were assessed and the care plans gave guided the staff on how people wanted to be supported.

People's privacy and dignity was respected.

Relatives and visitors were made welcome.

Good



Summary of findings

Is the service responsive?

The service was not always responsive.

People did not always have a care plan put in place on admission to the service.

Information in some people's care plans lacked clarity on how their current needs were being met.

People and their relatives were involved in the on-going reviews of their care.

People had opportunities to pursue their interests and hobbies and to choose what activities to have available at the service.

The service had an effective complaints procedure in place. There were appropriate systems in place for responding to complaints.

Requires improvement



Is the service well-led?

The service was not always well led.

The service had been without a registered manager for over 12 months. A new manager had been appointed by the provider; they had submitted a registered manager application to the Care Quality Commission (CQC), which was in progress.

Records in relation to people's risk, care and treatment were not robust.

The quality assurance management systems were not robust in detecting when people's needs had changed and people's care records did not accurately reflect their care and treatment needs.

People using the service, relatives and staff actively involved in developing the service.

Requires improvement



Pathfields Lodge

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 16 and 19 November 2015 and was unannounced. The inspection was undertaken by one inspector and a specialist advisor, who was a qualified mental health and learning disability nurse and a mental health act commissioner.

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 reviewed information we held about the service including statutory notifications that had been submitted to the Care Quality Commission (CQC). Statutory notifications include information about important events which the provider is required to send us by law. We also received feedback from the local authority that commissioned the service.

We spoke with six people using the service and three visiting relatives. We also spoke with the manager, the area manager, five care staff, one agency nurse and one team leader.

We reviewed the care records for four people using the service. We also reviewed four staff files that contained information about their recruitment, induction, training, supervision and appraisals. We also looked at other records relating to the quality monitoring the service.

Is the service safe?

Our findings

People told us they felt safe and protected from abuse. The staff told us they received training on safeguarding and whistleblowing procedures and this was confirmed in the training records seen. They were knowledgeable about the different types of abuse and said they would feel confident to raise any concerns about people's safety and welfare.

We spoke with an agency nurse working at the service; they said they had received safeguarding training from their employment agency. However they were unsure about the safeguarding reporting procedures. The manager said it was an essential prerequisite that agency staff have received training on safeguarding and said they would ensure that all agency staff are fully informed of the safeguarding reporting procedures.

Risk assessments were in place to promote and protect people's safety. Staff said they knew the risks for people they cared for, as they knew people well. We found some risk assessments were not clear in the actions required to manage the risks. For example, one person had displayed aggression towards others and a note on a slip of paper had been inserted inside their care plan stating they had been placed on 15 minute observations. Their risk assessment documentation did not explain why the observations had been increased and gave no detail of the risks to the person or to others and how they were to be managed.

Personal emergency evacuation plans (PEEP) were in place for people using the service. However we noted the PEEP for one person was not dated to indicate when it was put in place, it stated the person was fully mobile and could use the stairs quickly. However on checking the person's risk assessments it was evident they had a history of falls. Therefore the PEEP did not contain accurate information to ensure they could safely be evacuated from the building in an emergency.

People told us they thought there was enough staff to support their needs. Although they said the use of agency staff was sometimes an issue, especially when they changed so often. A relative said, "I see that agency staff are used quite often, they seem friendly enough, but if I need to speak a member of staff I always try to speak with one of the permanent staff, as they are familiar with [name] needs". The manager said they endeavoured to use the

same agency staff to minimise the disruption to people using the service. They also confirmed they were in the process of recruiting and interviewing for staff and information received from the provider stated that a full complement of staff was scheduled to be achieved by 31st December 2015.

People's medicines were administered by qualified nursing staff, including agency nursing staff. We saw that medicines training and competency assessments were carried out to establish the staff who administered people's medicines followed the providers' medicines policy. We also saw that mental capacity assessments were completed to establish people's capacity to manage their medicines and consent obtained for staff to administer their medicines.

We found within one person's care records a letter dated 2011 from their previous home suggesting their medicines in tablet form be crushed, although the letter did not inform which tablets were suitable to be crushed. We spoke with the agency nurse administering the medicines, they said they were aware that sometimes the person's tablets may need to be crushed but they had never needed to crush them, they said the person was able to swallow the tablets without any difficulty. We checked the medication for the person and found that some of the tablets prescribed were not suitable for crushing. The manager informed us that new guidance had been developed and they had instructed the staff to update the person's care plan to reflect this, but we found the care plan had not been updated.

During the inspection we observed medicines being administered to people and found they were given to people safely following the medicines policy guidelines. We spoke with the agency nurse administering the medicines they told us that since the closure of the Greenfields section of the home and all people being based within the Pathfields Lodge section that it took them longer to give people their medicines. We observed that the agency nurse attended to people in all areas of the home.

We saw that medicines were stored appropriately and records seen demonstrated that people's medicines were safely managed. The provider informed us that quarterly audits were carried out on the medicines storage, administration and disposal systems and records seen during the inspection confirmed this

Is the service safe?

We saw documentation that confirmed safeguarding incidents had been reported appropriately to the local authority safeguarding team and the Care Quality Commission (CQC). For example, with incidents between people using the service, the provider had investigated the concerns and had taken appropriate action to reduce the risks of any re-occurrences.

Accidents and incidents were recorded in line with the provider's policies and they were regularly monitored to detect any trends in incidents, so that measures could be put in place to minimise the risks of repeat incidents.

People were safeguarded against the risk of being cared for by staff that were unsuitable to work in a care home. We saw evidence that staff recruitment procedures included

checks on previous employment and written references had been obtained from previous employers. We also saw that checks had been carried out through the government body Disclosure and Barring Service (DBS) that included checks for any criminal convictions.

We saw that skin tissue viability assessments identified people who were at risk of developing pressure sores. We also saw that pressure relieving equipment had been put in place to minimise the risks.

The provider told us that regular fire drills and weekly maintenance checks were carried out on the fire, water, gas, electrical and nurse call systems and monthly audits were carried out by the manager.

Is the service effective?

Our findings

People said the choice of foods was sometimes limited and some people said they did not always get the meals they had requested. One person told us they were able to access drinks at all times along with snacks, however they also said that unless people were able to get the drinks themselves they were totally reliant on staff.

One person told us they sometimes missed their evening meal, they said this had happened when they had taken an afternoon nap. They said they had specifically asked the staff to wake them for tea but this did not always happen.

People said the meal time experience was not always enjoyable, they said this was mainly due to noise levels within the dining room. We saw that the dining area within the Pathfields Lodge section of the home was based within the conservatory. We noted that due to the hard flooring and surfaces within the area that sounds became amplified. Over the lunchtime meal one person became distressed and called out loudly several times, the staff quickly and calmly responded to the person, and attempted to keep the noise level down within the room.

Some people spoke of occasions when they had to wait for over an hour for the meal to be served by staff. On the day of the inspection we saw that the meal was served on time and the staff provided help to people who needed assistance to eat and drink. They ensured that each person had sufficient quantities to eat and drink and extra helpings were offered to people as needed.

Some people said they chose to eat their meals in their rooms, or in the lounge area. We noted there was limited seating within the dining area and should all people using the service wish to eat at the dining table, this was unlikely to be accommodated due to a lack of facilities for the number of people using the service.

We saw that people at risk of not eating and drinking sufficient amounts had food and fluid monitoring charts in place. The charts were intended to be used over a 24 hour period and audited by the nurse in charge at the end of the period. We found staff had not consistently recorded when people had been offered or taken food and drinks. Some charts did not have the name of the person entered onto them and all of the charts we looked at had not been

audited by the nurse at the end of the 24 hour period as instructed. This meant that people identified at risk of poor nutrition and hydration did not receive appropriate support to meet their nutritional needs.

This was a breach of Regulation 14 (1) (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People said the menus on offer reflected their dietary needs and preferences. The provider informed us that people with complex needs had dietary assessments carried out by the speech and language therapist (SALT) where required. We saw evidence within people's care records of the involvement of the SALT specialist.

People told us they thought the staff had the right skills and knowledge to meet their care needs.

The staff told us when first taking up employment at the service they were provided with induction training. They told us this included areas such as, moving and handling, fire safety, food hygiene, and promoting people's rights, choice, dignity and independence. They also said they had worked alongside an experienced member of staff on a number of shifts when they first started working with people using the service.

Staff told us they were also provided with training that covered health and safety, infection control, behaviour and risk management. They said the training was provided through face to face and through completing e- learning units. The provider informed us that external training and support was also made available to qualified nurses through the local commissioning team. The training included falls prevention, pressure area care management and wound management. They also said that the service had excellent links with other healthcare professionals who also provided support as needed to meet people's specific needs.

Staff also told us they were provided with the opportunity to obtain a recognised accredited care qualification through the Qualifications and Credit Framework (QCF). We also saw records of training, which demonstrated that staff training was on-going.

People's needs were met by staff that were appropriately supported and supervised. The staff said the newly appointed manager was very approachable and always willing to offer advice and support and practical help

Is the service effective?

whenever they needed it. They told us that staff meetings took place to meet with their peers to discuss issues. We saw records that demonstrated that staff meetings took place and that each member of staff had scheduled one to one meetings and annual appraisals set up with their supervisors.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and DoLS and whether conditions on authorisations to deprive a person of their liberty were being met.

The manager was aware of their MCA and DoLS responsibilities. They informed us of people using the service who had their liberty restricted and we found that related assessments and decisions had been properly taken. We also saw that the provider has properly trained and prepared their staff in understanding the requirements of MCA in general, and the specific requirements of DoLS authorisations.

Consent to care and support was gained at all times. We saw that people had signed their care plans to give their consent to their care and treatment. We also heard staff seeking people's permission and consent before carrying out their care. We observed that staff communicated well with people who had limited verbal communication through the use of gestures and body language to enable them to express their likes and dislikes. The staff told us that even if people were unable to verbally communicate their agreement, they knew them well enough to understand if they did not agree and they would respect their wishes.

People told us that they had the opportunity to see their GP who visited the service weekly. The staff said they felt that the GP was very responsive and if the people were unable to visit them at the surgery they would visit people at the service when requested. One member of staff said, "The surgery is very accommodating, they will make same day appointments whenever this is possible."

People told us they were able to make appointments to see the optician and chiropodist that visited the service.

From the records seen within people's care files it was evident that the service engaged with other health professionals as and when required. They worked with and acted on the instruction given from the health professionals to support people using the service.

Is the service caring?

Our findings

People said they received care from staff that treated them with respect and dignity. We observed that people appeared relaxed in the company of staff. The staff responded to people's needs quickly and discreetly when attending to any personal care.

People were given time to make decisions and staff respected their choices. We observed a number of positive and friendly interactions between staff and people that demonstrated that staff had positive relationships with people using the service. Discussions with the staff demonstrated that they knew and understood the needs of people using the service. However the level of knowledge was not always fully reflected within people's care plans and associated records.

People told us that weekly meetings usually took place. However one person said that the last two meetings arranged to take place had been cancelled and they did not know why. They said they were disappointed as they felt the meetings were a good thing and helped people to get their views across.

Satisfaction questionnaires were available for people using the service and their representatives. They were available on the provider website and in hard paper forms, including easy read (picture) formats. The manager said they were available at any time for people to complete and the results were collated by an external organisation. The manager identified areas that required improvement and these were discussed at the weekly resident forum meetings.

We saw that an advocacy service attended the service on a weekly basis to support people in making decisions, choices an expressing of their views. Feedback was given to the service which acted on any concerns or wishes. The advocacy service also supported people in the weekly support forums which are focused on different areas within the service - the manager attended the meetings so that people could feedback directly on changes they would like to see in the service.

People told us they had made friendships with other people using the service and that they were supported to maintain friendships and contact with families. We observed people had developed friendships with other people living at the home and they appeared comfortable in each other's company.

Is the service responsive?

Our findings

People and relatives we spoke with confirmed they had been involvement in the planning and ongoing reviews of their care, but not all people could recall whether they had been given the opportunity to sign the plans to state they were in agreement with them. The provider informed us that all people had person centred care plans in place that were reviewed and updated on a regular basis, and that people and their families were supported to be involved in reviews of the individual plans.

We found the care plan in use for one person had come from their previous care home. The person had been living at Pathfields Lodge for the past 10 months. Some handwritten notes had been entered onto their care plan, but there was no evidence to show that the person's needs had been assessed and a care plan put in place on their admission to Pathfields Lodge. We found the information in the persons care plan lacked clarity on how their current needs were being met.

The manager informed us a new system had been introduced for recording all people's care. They explained that all people had individual day folders that ran consecutively alongside their care plans. We saw that each person had a folder in place that contained their 'critical' support plans. Documents within the file included a summary of the person's current needs, their likes and dislikes and daily monitoring records, such as, food and fluid monitoring, weights and repositioning records for people at risk of developing pressure area sores.

We found the staff were focused on providing individualised care, but there was little evidence of the principles of person centred care being incorporated into the care planning processes. The information within people's care plans was not always updated to reflect people's current needs. Staff who held the responsibility for assessing people's needs had not always signed or dated the assessment documentation. We found, basic information was missing, such as, people's names, dates and signatures. Some documents had become detached from the files; this created a risk of important care records going astray. There was a distinct lack of attention to detail within the care records.

This was a breach of Regulation 12 (1) (2) (i) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they had opportunities to go out of the home to meet with friends and family, out for pub lunches and shopping. We saw that people were consulted during resident meetings as to what type of activities they would like to participate in. We saw that people had suggested what activities they would like to take place in December, they included, Christmas shopping, music group, board games, making Christmas cards and having a secret Santa. One the day of the inspection a 'motivational specialist' held an exercise session with a small group of people. People said they looked forward to the sessions one person said, "it's fun, I enjoy it, it gets me moving."

The service routinely listened to and learned from people's experiences, concerns and complaints. There was a complaints procedure in place and the people we spoke with were aware of how to raise complaints. Complaints were a regular item on the agenda at the resident meetings. They were logged onto an electronic system and on-going monitoring by the provider was carried out.

One person said they had complained about an agency member of staff. They said the provider had listened to their complaint and agreed that the agency worker would no longer work at the service. However they said that several weeks later the agency worker was working at the service. The person said they complained again, and were again reassured the agency worker would no longer be used by the service. The person said they were surprised to hear the agency worker had again recently worked at the service. We brought this to the attention of the manager during the inspection who said they would look into the complaint.

We saw that posters and leaflets giving information on how to complain were on display around the service. We also saw that an independent advocate visited the service on a weekly basis, to provide individual support for people who have any concerns. They also chaired a weekly 'resident forum meeting' at which discussions were led by people using the service. Monthly advocacy reports were communicated directly to the manager so that action could be taken on any concerns raised.

Is the service well-led?

Our findings

The service had been without a registered manager for over 12 months, a new manager had been appointed by the provider. They had submitted a registered manager application to the Care Quality Commission (CQC), which was in progress.

We found the quality assurance management systems were not sufficiently robust in identifying when people's needs had changed and records were in need of updating. For example, risk assessments and personal emergency evacuation plans (PEEP's) had not been updated when people's needs and capabilities had changed. Records relating to people's food and fluid intake were not monitored following the providers' own policy. We also found that care plans were not always implemented by the provider following admission into the service and some care plans lacked clarity on how people's current needs were to be met.

This was a breach of Regulation 17 (1) (2) (a) (b) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People using the service and relatives told us they felt their views were listened to. They told us meetings took place regularly and that quality assurance surveys were sent out to seek their views on the service. We saw that action plans had been put in place in response to the areas identified in the meetings and from the survey findings. An independent advocacy service was used to support people to be involved in making decisions about the running of the service.

The provider told us they operated an open door policy where staff, relatives and external professionals were welcome to contact them to discuss any issues or concerns they may have. The provider informed CQC of 'notifiable events' as required by law under the registration regulations.

The results of a recent staff survey carried out by the organisation identified that staff morale was low. One member of staff commented that staff moral had 'hit rock bottom', they said that things had improved since the appointment of the new manager. The staff said that meetings had taken place with the manager, which helped them feel listened to and valued. The manager said the meetings, called 'conversation into actions' had been set

up following the feedback from the staff survey. A 'conversation into action' champion had been appointed and their role was to ensure that staff were kept up to date with developments. A newsletter was also published which informed the staff of important service development changes and the organisation had implemented a 'Hero' programme' to acknowledge staff achievements.

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The staff said they felt views were taken into account. One member of staff said, "For the first time ever I feel listened too, we are now on the way up." Another member of staff said, "I was very close to leaving last year but decided to give the new manager a go, I feel that things have turned around, I now feel supported and happy."

Staff said they were encouraged to question and report bad practice. They were aware of their safeguarding responsibilities. If the provider did not take safeguarding concerns seriously they knew how to alert the local safeguarding authority under the whistleblowing procedure. We saw that 'speak up' posters were clearly on display within the service and they contained the Freephone number for staff to use.

We saw the provider's vision and values were displayed on posters around the service to inform people of and promote the company values. The manager was working with staff to improve the quality of the care provided at the service. Their positive leadership style had begun to improve the staff morale, and it was anticipated that in turn staff retention would improve and reduce the dependency on the service using external agency staff.

Is the service well-led?

The manager said they promoted honesty and transparency from all grades of staff and that lessons learned were discussed at regional integrated governance meetings.

We saw that all accidents, incidents and near misses were logged onto an electronic system and monitored by head office. They were analysed to identify any trends so that action could be put in place to reduce further risks of occurrence.

The management of the service was overseen by the regional manager who visited the service regularly. We saw records of their visits that showed they spent time speaking with the manager, people using the service, relatives and staff and observed practice.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	Regulation 12 (1) (2) (a) (b)
Treatment of disease, disorder or injury	<p>The provider had not always carried out their own assessments on people when admitted to the service.</p> <p>The provider had not ensured that timely care planning took place when people were admitted into the service.</p> <p>The provider had not always ensured that care plans were updated as and when people's needs had changed.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs
Diagnostic and screening procedures	Regulation 14 (1) (2) (b)
Treatment of disease, disorder or injury	<p>The provider had not ensured that systems in place to monitor people's nutrition and hydration were consistently followed</p> <p>Staff had not consistently recorded on food and fluid monitoring charts when people had been offered, taken or declined food and drinks.</p> <p>Food and fluid charts did not always have important information entered onto them.</p> <p>The food and fluid monitoring records were not always evaluated at the end of the 24 hour period as instructed by the provider.</p>

Regulated activity	Regulation
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This section is primarily information for the provider

Action we have told the provider to take

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The quality assurance systems did not ensure that records relating to people's risk, care and treatment were effectively monitored.

Accurate, complete and contemporaneous records were not kept on the care and treatment provided to people and decisions taken in relation to their care and treatment.