

HICA

Alderlea - Care Home

Inspection report

St Thomas Close, Humberston, Grimsby.

DN36 4HS

Tel: 01472 812588

Website: www.hicagroup.co.uk

Date of inspection visit: 13, 14 and 19 November 2014

Date of publication: 02/01/2015

Ratings

Overall rating for this service

Good



Is the service safe?

Good



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

Alderlea is a purpose built facility owned by Humberside Independent Care Association, a not for profit organisation. The service provides care and accommodation for up to 40 adults, some with dementia. Accommodation comprises of single room bedrooms situated at ground floor or first floor level with communal sitting and dining areas.

The service is required to have a registered manager in post. However, the manager had only been in post for six weeks and, at the time of our inspection visits, was in the process of applying to be registered. 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.

This inspection was unannounced and took place over two days. We visited the service again on a third day to interview a member of staff who was on leave on our previous visits. The previous inspection of the service took place on 12 April 2013, no issues were identified.

The service had not routinely recorded the food and fluid intake of people identified as at risk of mal nutrition. In addition, the food diaries which provide staff with information about the type of diet people required had

Summary of findings

not been completed for some people. This recording issue meant people were at risk of not receiving a diet that would meet their needs, for example a soft or pureed diet.

The problems we found breached Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the registered provider to take at the back of the full version of the report.

People who used the service told us they felt safe. Staff told us they had been trained in safeguarding vulnerable adults and were able to describe the policies and procedures the registered provider had in place to protect people from harm. Staff were also aware of the registered provider's whistleblowing policy and how to contact other agencies with any concerns.

Medicines were stored securely and administered safely. Records showed people received their medicines on time and in accordance with their prescription.

People told us there were enough staff to give them the support they needed. Our observations confirmed this, although some people were left for long periods without any interaction with staff during the morning period.

People were supported by staff to maintain their privacy, dignity and independence. Everyone looked clean and well-cared for. Staff involved people in choices about their daily living and treated them with compassion, kindness, and respect.

People had access to activities although this was not recorded consistently. Relatives and friends were able to visit the home at any time.

Staff had received training the registered provider considered essential and had also received specialist training, in dementia care.

We found the service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and staff followed the Mental Capacity Act 2005 for people who lacked capacity to make decisions for themselves. These safeguards provide a legal framework to ensure people are only deprived of their liberty when there is no other way to care for them or to safely provide treatment.

People we spoke with knew how to make a complaint and we noted the staff and management openly

discussed issues in appropriate meetings so that any lessons could be learned. People felt they were able to express their views at any time and that they were listened to.

Leadership and management of the home was good. There were systems in place to effectively monitor the quality of the service.

Alderlea is a purpose built facility owned by Humberside Independent Care Association, a not for profit organisation. The service provides care and accommodation for up to 40 adults, some with dementia. Accommodation comprises of single room bedrooms situated at ground floor or first floor level with communal sitting and dining areas.

The service is required to have a registered manager in post. However, the manager had only been in post for six weeks and, at the time of our inspection visits, was in the process of applying to be registered. 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.

This inspection was unannounced and took place over two days. We visited the service again on a third day to interview a member of staff who was on leave on our previous visits. The previous inspection of the service took place on 12 April 2013, no issues were identified.

The service had not routinely recorded the food and fluid intake of people identified as at risk of mal nutrition. In addition, the food diaries which provide staff with information about the type of diet people required had not been completed for some people. This meant people were at risk of not receiving a diet that would meet their needs, for example a soft or pureed diet.

The problems we found breached Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the registered provider to take at the back of the full version of the report.

People who used the service told us they felt safe. Staff told us they had been trained in safeguarding vulnerable adults and were able to describe the policies and

Summary of findings

procedures the registered provider had in place to protect people from harm. Staff were also aware of the registered provider's whistleblowing policy and how to contact other agencies with any concerns.

Medicines were stored securely and administered safely. Records showed people received their medicines on time and in accordance with their prescription.

People told us there were enough staff to give them the support they needed. Our observations confirmed this, although some people were left for long periods without any interaction with staff during the morning period.

People were supported by staff to maintain their privacy, dignity and independence. Everyone looked clean and well-cared for. Staff involved people in choices about their daily living and treated them with compassion, kindness, and respect.

People had access to activities although this was not recorded consistently. Relatives and friends were able to visit the home at any time.

Staff had received training the registered provider considered essential and had also received specialist training, in dementia care.

We found the service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and staff followed the Mental Capacity Act 2005 for people who lacked capacity to make decisions for themselves. These safeguards provide a legal framework to ensure people are only deprived of their liberty when there is no other way to care for them or to safely provide treatment.

People we spoke with knew how to make a complaint and we noted the staff and management openly discussed issues in appropriate meetings so that any lessons could be learned. People felt they were able to express their views at any time and that they were listened to.

Leadership and management of the home was good. There were systems in place to effectively monitor the quality of the service.

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 safe. People said they felt safe. Risks to people and others were managed effectively.

There were sufficient staff to meet people's needs. Staff were recruited safely and understood how to identify and report any abuse.

People's medicines were stored securely and administered safely by appropriately trained staff.

Good



Is the service effective?

The service was mostly effective but required some improvement in the way staff recorded people's food and drink intake. This meant there was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the registered provider to take at the back of the full version of the report.

As far as possible people were involved in decisions. Staff understood the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). We saw when restrictions were in place that staff used the least restrictive option and any decisions had been made in accordance with the MCA.

Requires Improvement



Is the service caring?

The service was caring. People felt staff treated them with kindness and as an individual. Everyone we spoke with told us they were happy living at Alderlea.

People's privacy and dignity was respected.

Staff respected people's own space and always asked permission to enter their rooms.

Good



Is the service responsive?

The service was responsive.

The service was responsive to people's needs. Care plans contained up-to-date information on people's needs, preferences and risks to their care.

People were aware of how to make a complaint.

Good



Is the service well-led?

The service was well led. There were systems in place to monitor the quality of the service and to promote continuous improvement.

Accidents and incidents were monitored and trends were analysed to minimise the risks and any reoccurrence of incidents.

The manager, although only in post for six weeks, promoted a fair and open culture where staff felt they were supported.

Good



Alderlea - 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 checked whether the registered 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 13, 14 and 19 November 2014 and was unannounced. The inspection team consisted of one adult social care inspector.

The local authority safeguarding and contracts teams were contacted before the inspection, to ask them for their views on the service and whether they had investigated any concerns. They told us they had no current concerns about the service.

We used a number of different methods to help us understand the experiences of the people who used the service. We used the Short Observational Framework for Inspection (SOFI) in two communal areas. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We spoke with 11 people who used the service, five support workers, the manager, the deputy manager, the activities coordinator, and two cleaning staff.

We looked around the premises, including people's bedrooms (after seeking their permission), bathrooms, communal areas, the laundry, the kitchen and outside areas. Six people's care records were reviewed to track their care. Management records were also looked at and these included: staff files, policies, procedures, audits, accident and incident reports, specialist referrals, complaints, training records, staff rotas and monitoring charts in people's bedrooms.

Is the service safe?

Our findings

People who used the service told us they felt safe. Comments included, “Yes, I feel safe”, “The staff always treat us well” and “I am quite happy here; I definitely feel safe.”

The service had policies and procedures in place to protect people from harm or abuse. Staff had received training in safeguarding vulnerable adults from abuse and they were able to describe the different types of abuse that may occur and how to report it. The five members of staff we spoke with all said any safeguarding issues were discussed at meetings and felt confident the management of the service would act appropriately to address any issues. Staff were also aware of the registered provider’s whistleblowing policy and how to contact other agencies with any concerns.

The manager showed us records of referrals made to the local authority safeguarding team and we saw the manager had worked with them to investigate concerns and address any shortcomings.

We saw medicines were stored safely. The service had a dedicated medication room, which had a sink for staff to use for hand hygiene. Medicines for daily use were stored in trolleys, which were secured to the walls of the medication room. We completed a check of the controlled drugs and found stock matched the controlled drugs register. Arrangements were in place that ensured medicines were disposed of appropriately. However, we found a member of staff had stored an out of date medicine for their own use in the fridge of the medication room. When we pointed this out to the deputy manager and it was removed immediately.

We checked the expiry dates of medicines and how the ordering and stock rotation systems worked. We found all medicines were within their expiry dates and an effective ordering system was in place. We reviewed the medicines administration records (MARs) for 10 people who used the service and found they were completed accurately; this had been checked weekly by the deputy manager. We saw records of periodic observations of staff competency when administering medicines; we noted any issues had been addressed through supervision or re-training.

We reviewed the risk assessments within six care plans. We saw each person had a set of risk assessments which

identified hazards they may face and provided guidance to staff to manage any risk of harm. Care plans contained risk assessments for mobility; medication; pressure care; falls; nutrition; and behaviour which may challenge the service or others had been evaluated monthly. However, we pointed out to the manager that some evaluations contained minimal information such as, “No change” which did not provide information about how people’s independence should be promoted. In addition, the monthly evaluations of some risk assessments did not demonstrate people’s involvement or that no unnecessary restrictions had been put in place.

We reviewed the assessments for people identified as being at risk of developing pressure sores and saw they provided staff with detailed information on preventative measures, monitoring, and escalation procedures. For example, clear guidance was provided as to when intervention by external healthcare professionals should be sought.

Each person’s care plan contained information about how to safely evacuate the person if there should be a need, for example in the event of fire.

The 29 people who used the service were cared for by six care assistants including one senior care assistant in the morning; this was reduced to five in the afternoon. In addition, there was an activities coordinator, two domestic members of staff, an administrator and a handyman. The manager and deputy manager were supernumerary. The manager told us the staffing level were based on people’s dependency and this was monitored monthly by the registered provider but that normally it would be at a ratio of one care assistant to six people. Staff told us, “Sometimes we’re pushed for time but overall it’s not too bad” and “Sometimes we don’t get as much time to spend with the residents as we would like, but the number of staff is certainly safe.” People who used the service said, “Overall I think there enough staff” and “I wish they had more time to spend with us.” One person’s relative said, “The staffing is not too bad actually; I never have to go searching for a carer.”

Staff told us they had been recruited into their roles safely. Records confirmed references were taken and staff were subject to checks on their suitability to work with vulnerable adults by the disclosure and barring service (DBS) before commencing their employment.

Is the service safe?

During our inspection visits we noted the service was clean and the building was free from mal odour. However, we identified a number of bathroom light pull cords that were dirty and needed replacement. We pointed this out to the manager who agreed to replace them as soon as possible.

Is the service effective?

Our findings

We observed both the breakfast and lunchtime experience on two of our inspection visits. We saw that whilst a breakfast menu was displayed on the wall of the dining room there was no information about lunch or tea. The manager explained they were waiting for new display material that would use pictures to show the foods on offer each day.

We saw people were offered a choice of meal either verbally or by staff showing them the choice of two meals. The food looked appetising and was delivered to the tables swiftly to ensure it remained hot. We saw some people were offered assistance with cutting food up and were given plate guards and adapted cutlery which assisted independence. People were offered a choice of drink at the table and a choice of a different meal if they did not like the one they had chosen.

We observed people were asked where they would like to sit and the tables were set with matching crockery and tablecloths. Lunch was in two sittings; the deputy manager explained the later sitting was for people who needed assistance with eating. They said, "Having a second sitting means that the people who need help with their eating can take as much time as they need without them feeling rushed."

During lunch we observed one person who used the service was hunched across the table, sat on their own. A member of staff placed a meal in front of them. We saw the person, who did not have capacity, was left for seven minutes before a member of staff prompted them to eat. The person gave little response and did not eat. It was another five minutes before a person from another table went to sit with them and prompted them to eat again at which point the meal had cooled. The person only ate a small portion of the meal and the amount was not recorded. We pointed this out to the manager who told us they would speak with the staff on duty at the time.

We saw people's weights were monitored weekly or monthly, depending if any previous weight loss had occurred. A monthly nutritional risk assessment was carried out for each person. People who had suffered sustained weight loss or were at risk of malnutrition were placed on a food diary designed to record how much they had eaten. Two of the food diaries we reviewed failed to

record the amounts people had to eat and drink, only the type of food or drink. This meant the service was not effectively monitoring the nutritional status of people who had been identified as at risk of malnutrition. In addition the front of the food diaries, which were designed to provide staff with information about the type of diet people required, had not been completed on three of the food diaries. Although there was no evidence that people had lost weight, this lack of recording meant people were at risk of not receiving the correct diet for their needs, a soft or pureed diet for example.

The problems we found breached Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the registered provider to take at the back of the full version of the report.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure the rights of people who may lack mental capacity to make decisions are protected. We confirmed staff had received training in the principles of MCA. Our observations showed staff took steps to gain people's consent prior to care and treatment.

The care plans we reviewed contained assessments of the person's mental capacity when unable to make various complex decisions. Care plans also described the efforts that had been made to establish the least restrictive option for people was followed and the ways in which the staff sought to communicate choices to people. When people had been assessed as being unable to make complex decisions there were records of meetings with the person's family, external health and social work professionals, and senior members of staff. This showed any decisions made on the person's behalf were done so after consideration of what would be in their best interest.

The Care Quality Commission is required by law to monitor the use of Deprivation of Liberty Safeguards (DoLS). DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. DoLS ensure where someone may be deprived of their liberty, the least restrictive option is taken. The manager was aware of the latest guidance following a recent judgement in the Supreme Court and told us DoLS applications had

Is the service effective?

been made to the local authority for some people who used the service. At the time of our inspection visits, the service had not received any outcomes from these applications.

We found Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms were in place to show if people did not wish to be resuscitated in the event of a healthcare emergency, or if it was in their best interests not to be. We saw all but one DNACPR form had been completed appropriately. When we pointed out to the deputy manager that one form was invalid they immediately arranged for it to be reviewed with a GP that day.

We looked at staff training records and noted staff had received training the registered provider considered essential in: infection control; behaviour that may challenge; food hygiene; back care (moving and handling); safeguarding adults from abuse; fire safety; health and safety; and dementia care. In addition, staff told us they had received training in end of life care. The manager showed us the training matrix which they used to identify when staff needed training updates. Newly recruited members of staff told us they had undertaken the

registered provider's induction programme. They told us their induction covered whistleblowing, and safeguarding. Staff confirmed they had received training in moving and handling before they had been permitted to assist people using a hoist or other mobility aids. This showed people were protected from the risk of receiving care from untrained staff.

Staff told us supervision sessions had been sporadic during the managerial change period. However, the manager showed us a matrix which demonstrated each staff member had a minimum of six supervisions sessions booked for the coming year.

Records showed people who used the service were supported to access health and welfare services provided by external professionals such as chiropody, optician, and dental services. We saw records of referrals made to the Speech and Language Therapy team (SALT) and dietetic services. Records showed people were supported to attend GP and outpatient appointments. One external health professional told us, "Overall, the staff at Alderlea work well with us; they keep us informed and follow our instructions quite carefully."

Is the service caring?

Our findings

Throughout our inspection visits we observed the interactions between the staff and people who used the service were positive. We found staff responded to people's needs and requests in a sensitive and caring manner.

We carried out observations using the Short Observational Framework for Inspection (SOFI) on the morning of our first inspection visit and the afternoon of our second. During the morning we observed there was a lack of interaction from staff as they were busy tidying people's rooms and assisting people to get up and take breakfast. The majority of people in the lounge had no staff interaction for the whole duration of our 40 minute observation. The manager told us that normally the activities coordinator would sit with people during the morning and carry out one-to-one sessions but they were away from work on this occasion.

Our afternoon observation was quite different in that we observed a number of staff interacting positively with people, discussing topics that people wanted to talk about or about the weather and what was in the newspapers.

People's care files showed their preferences for daily living had been clearly recorded. For example, one person was sat in their pyjama trousers for a large part of the day. Their care plan described this was what they wanted to wear; we confirmed this with the person.

We spoke with a number of relatives who were visiting relations during our inspection visits. Comments included, "There's sometimes a few niggles but the care is good here", "The staff are very responsive" and "You rarely here a bell ringing for more than about 20 seconds; the staff seem really good."

People who used the service told us their privacy and dignity was respected. We saw staff knocked on people's doors before entering rooms. People's rooms were personalised with pictures of their families and other personal items. Records showed privacy and dignity were discussed regularly in staff supervisions and staff meetings

The service had a nominated member of staff to act as its 'dignity champion'. They told us it was their responsibility to observe how staff treated and spoke with people. They said, "Dignity is a big part of the person-centred care training that all staff receive. My role is to keep an eye on things, always making staff aware that people need a choice and that if they can't make a choice verbally they must be shown the choice. Also, residents' families can approach me if they have any concerns about their relatives' dignity. Dignity is a big thing here."

People who used the service told us they were able to choose when to go to bed and when to get up the next morning. We were also told that other than lunch, there were no fixed routines. One person said, "No, the staff don't dictate what time we do things, it's up to us."

We observed staff spoke to people who had limited communication and understanding with patience. People were given time to respond to questions. We saw care plans for people with limited communication clearly set out the ways of communicating with them and provided guidance to staff about the meaning of people's gestures and expressions.

The members of staff we spoke with were all able to explain in detail what the needs of people who used the service were and behaviours including their facial expressions if they were in pain. This meant staff had developed a good understanding of how to interact and communicate with people, ensuring their needs were met.

Relatives told us they were free to visit at any time although they said they were asked not to come at lunchtime. Some relatives told us they were involved in regular reviews and discussions about their relations care. Comments included, "We frequently chat to staff about the care and how they are providing it" and "I get invited to the care reviews, the home always involve us in planning care. The deputy manager told us the use of advocates was promoted and people had used such services in the past. We saw information about advocacy services displayed around the home.

Is the service responsive?

Our findings

The care plans we reviewed were written around the individual needs and wishes of people who used the service. Care plans contained detailed information on people's health needs and about their preferences and personal history. Staff we spoke with were able to describe in some detail people's life histories, preferences and personalities. One member of staff told us, "Each care plan has a set of 'getting to know you' questions which tells us about what they liked to be called, what their interests are and things like that." We looked at the 'getting to know you' information and saw that in addition to information about interests, it contained details of people's personal preferences such as what time they liked to go to bed and whether they liked a nap in the afternoon. One person's file stated, "I am an individual and I will decide my daily routine."

Each care plan contained information about people's lifestyle programme which included how they spent their day, what sort of activities they liked to be involved in, and whether they liked to mix in large or small groups. Staff told us people's participation in activities should be recorded on the 'client activity sheet'. We reviewed these records for five people and found the levels of people's participation, their mood, their physical ability and engagement should have all been recorded. However, we found only one of the records had been completed since August 2014. One person's records had only been completed every other month with the same entry each time, "To continue to encourage XXX in her activities". We felt this did not provide accurate information about people's involvement in activities.

During the first day of our inspection the activities coordinator was away from work. We observed some people were left for large sections of the day without social stimulation, including one person whose risk management care plan specifically stated, "Xxx must be prevented from being under stimulated." This improved on the second inspection day when the activities coordinator had

organised a group session with percussion instruments and singing. We asked people who used the service what they thought about the activities; comments included, "Things happen most weekdays but when the lady isn't here, the staff don't have time to do much" and "When they (activities) happen, they're good." We saw a notice board in the main lounge which displayed the activities for the week. These included a quiz, singing, life history sessions, hymns on Sunday, and arts and crafts. Although we were told the activities coordinator spent one-to-one time with people who could not or chose not to participate in activities, the lack of completed records made this difficult to corroborate.

We saw relatives of people who used the service responded to a recent survey about the levels of activities; the results were generally positive and praised the efforts of the staff to engage people in activities.

The 11 people we spoke with told us they would know how to make a complaint if necessary. They all said the manager and the staff were very approachable and always available. Although the manager had only been in post for six weeks, people said they knew who they were and would be comfortable speaking with them about any concerns. Information about how to make a complaint was available throughout the home. However, relatives told us that sometimes they were unsure who their relations' keyworker was. We saw this had also been commented on in a relatives meeting in October 2014. We noted staff had been reminded to introduce themselves to relatives whenever they visited.

The complaints file showed people's comments and complaints were investigated and responded to appropriately. There was evidence that actions had been taken as a result of complaints and the person who made the complaint had been responded to within the timescales set out in the registered provider's complaints policy. The actions had been written up and the outcomes and learning were recorded. This showed the complaints system at the service was effective.

Is the service well-led?

Our findings

The manager of the service had only been in post for six weeks following the resignation of the previous registered manager. We confirmed the new manager was in the process of applying for their registration with CQC.

We found there were effective systems in place to monitor the quality of the service and drive continuous improvement. We reviewed monthly audits for pressure care, care plans, lunch time experience, medicines management, the environment, and dementia. We saw actions plans had been created to address any shortcomings. We noted these audits were scrutinised by the registered provider during monthly quality checks.

We saw there were monthly information sheets for the people who used the service. These were a summary of people's care during each month. The manager told us these provided a complete overview of each person so that any deterioration in their health and wellbeing could be tracked month on month. The information sheets contained information on continence, infections, use of bed safety rails, weights/food intake, and pressure care.

Staff told us they felt the management promoted an open and fair culture in which they felt able to speak their mind and question practice. One staff member said, "The last couple of managers we have had have always allowed us to question what is best for the resident. I think we all feel we can talk to the management either on their own or at team meetings."

Staff told us there had been some difficulties with morale when this service incorporated people who had previously

lived at a sister service which had now closed. Staff told us this transition, although well managed, was difficult for staff but they now felt things had settled down and the management provided a clear direction based around people's care. When speaking with staff it was evident to us they understood their roles and the level of care they were expected to provide.

We saw there were monthly records of accidents, incidents, injuries, and safeguarding referrals. We saw, where appropriate, investigations had taken place and trends had been identified. We saw any issues were discussed at staff meetings and learning from incidents took place. We confirmed the registered provider had sent appropriate notifications to CQC in accordance with CQC registration requirements.

Records showed staff meetings were held regularly. Notes from the most recent meeting showed issues such as staff interaction, medicines management and gaps in people's weight records were all discussed. The manager told us they aimed to establish heads of department meetings every two weeks.

We reviewed the results and evaluations from surveys sent to relatives, staff and people who used the service between February and July 2014. We saw action plans had been created when inadequacies and trends had been identified; the manager's progress towards completing these actions was monitored by the registered provider. For example, one survey to relatives included comments about missing and dirty laundry. We saw the manager had addressed the issues and completed the actions identified in the action plan.

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 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records</p> <p>The registered person did not ensure that service users are protected against the risks of unsafe or inappropriate care and treatment arising from a lack of proper information about them by means of the maintenance of an accurate record in respect of each service user which shall include appropriate information and documents in relation to the care and treatment provided to each service user. Records could not confirm that people's nutritional needs were met. Regulation 20(1)(a).</p>