

HF Trust Limited

HF Trust - Roslyn House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Roslyn House is a residential care home for up to eight people with a learning disability or autism. At the time of the inspection eight people were living at the service. The service is part of the HF Trust group who run a number of residential, supported living and domiciliary care services throughout Cornwall, and nationally. This announced comprehensive inspection took place on 12 May 2018. We last inspected Roslyn House on 6 February 2016, we had no concerns at that time and the service was rated Good.

People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 according to the principles of the MCA.

One person had a DoLS authorisation in place but this had expired in February 2017. No application to continue the authorisation had been made to ensure any restrictions were lawful, proportionate and remained the least restrictive option. Families were asked to consent on behalf of people who lacked capacity. There were no records in place to show they had the legal authority to do this.

Monitoring records to demonstrate people had received specific care in line with their care plan were completed. For example, some people had food and fluid charts to help staff check they were receiving enough to eat and drink. However, daily logs in place to record how people had spent their time and what had worked well for them were infrequently completed.

The care service was set up twenty-five years ago and was designed to provide group living for people with learning disabilities. Work had been done to ensure the service was managed in line with the values that underpin the CQC 'Registering the Right Support', and other current best practice guidance. This guidance includes the promotion of the values of; choice, independence and inclusion. The service was working with people with learning disabilities that used the service, to support them to live as ordinary a life as any citizen. People had access to private spaces and were able to choose where they spent their time. Staff supported people to access the community regularly. People's independence was respected and they were encouraged to develop and maintain skills.

The service requires a registered manager and there was one in post. 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.

People were comfortable and at ease with staff. Some people chose to spend time in their rooms and others were in shared areas of the service. People came into the office during the day to ask staff for support or to spend some time chatting. Staff were considerate and respectful when speaking with people. Relatives told us they were confident their family members were safe and well supported by staff who knew them well and understood their needs.

There were enough staff to support people according to their needs and preferences. There was a stable staff team in place who were supported by regular relief staff.

People were supported to have their medicines as prescribed. Systems for recording when people had received their medicine were robust. Some people had specific health needs and staff had received relevant additional training to enable them to support these people with their needs. Staff worked with external healthcare professionals to help ensure people received effective care.

Staff told us they were well supported and confident in their abilities to fulfil their roles and responsibilities. New employees were required to complete an induction and a period of shadowing more experienced staff before starting to work independently. Although staff received supervisions these had lapsed in recent months. We have made a recommendation about this in the report.

Staff had opportunities for career development and progression. They were aware of the organisations visions and values.

There were quality assurance systems in place to monitor the standards of the care provided. Audits were carried out regularly by the registered manager and staff. However, these had not identified the issues highlighted in this report. Relatives and people's views about how the service was operated were sought out.

We identified breaches of the Regulations. You can see what action we have asked the provider to take at the end of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. People and staff were aware of how to report any safeguarding concerns. The relevant information was available in easy read format.

Regular safety checks of the premises were conducted. There was information on how to support people to leave the building safely in an emergency.

Systems for the management of medicines were robust.

Is the service effective?

Requires Improvement ●

The service was not entirely effective. The service was not complying with the requirements of the Mental Capacity Act and related Deprivation of Liberty Safeguards as required by law.

New employees completed a thorough induction. Training was regularly refreshed.

Staff worked with other healthcare professionals to help ensure people were supported according to their needs.

Is the service caring?

Good ●

The service was caring. Staff had developed positive relationships with people.

People were encouraged to participate in self-advocacy groups.

Staff sourced appliances which enabled people to maintain and develop their independence.

Is the service responsive?

Requires Improvement ●

The service was not entirely responsive. Daily logs were not consistently completed.

People were supported to access the local community.

There were systems in place to manage and investigate any complaints.

Is the service well-led?

The service was not entirely well-led. Auditing systems had failed to identify issues found at this inspection.

The registered manager was supported by a senior support worker and key workers.

Staff worked with other agencies to ensure people's needs were met.

Requires Improvement 

HF Trust - Roslyn House

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 9 May 2018 and was announced 24 hours in advance. This was because it is a small service and we wanted to be sure people and staff would be available to speak with us. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed previous inspection reports and other information we held about the home including any notifications. A notification is information about important events which the service is required to send us by law. We also reviewed the 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 looked around the premises and observed staff interactions with people. We met with the eight people living at the service, the registered manager, and four members of staff. We looked at detailed care records for three individuals, staff training records, three staff files and other records relating to the running of the service. Following the inspection visit we spoke with two relatives and four external healthcare professionals to hear their views of the service.

Is the service safe?

Our findings

During the inspection we spent time in an office at the service. The door was left open and people accessed the office freely throughout the day. They were clearly accustomed to being able to access all shared areas of the building without restriction. People approached staff for reassurance and to ask for support or information on plans for the day. They were comfortable, at ease and were confident when speaking with staff. One person told us; "If there was anything [worrying me] I'd speak to [registered manager] or staff." Relatives told us they had no concerns about people's safety. One commented; "If I was worried I'd be up there."

A safeguarding policy and information on how to report any concerns was available to staff. Posters were on display in the office. Safeguarding was covered during the induction process for new staff, and was refreshed regularly. Staff told us they would be confident raising any concerns both within the organisation and outside if they felt that was necessary. One commented; "I'd report to the local authority if I needed to but can't imagine it would come to that."

Easy read information on safeguarding had been developed and was available for people living at Roslyn House. This included advice for people on how to keep themselves safe when using social media as well as how to raise any concerns. Easy read information uses pictures and simple text to provide information. It can be a good starting point when supporting people to understand potentially complex issues.

There was a Diversity and Equality policy in place. Staff were required to read this as part of the induction process. They told us they were aware of their responsibilities to protect people from discrimination and harassment.

Risk assessments were in place so staff were aware of any identified risk and had clear guidance on how to support the person safely. Risk assessments were regularly reviewed and updated as necessary. They were individualised and specific to people's needs. An external healthcare professional commented; "Risks are well managed, and individuals are offered choice and opportunities to try new experiences."

The premises were clean. Cleaning equipment was available and any potentially hazardous products were securely stored. Staff had completed infection control and food hygiene training. Visual safety checks were carried out monthly. Pictures were used to support the checks to encourage people to be involved in the process.

The boiler, gas appliances and portable electrical appliances had been tested to ensure they were safe to use. There was a system in place to minimise the risk of Legionnaires' bacteria developing. Checks on fire safety equipment were completed regularly. Personal emergency evacuation plans were in place outlining the support people would need to evacuate the building in an emergency. These were highly individualised, detailed and specific to the person.

There were enough staff to support people safely. Rotas showed the preferred staffing numbers were usually

met. There had been two occasions during the past two weeks when staffing levels had not been met due to sickness. This included the day of the inspection. The registered manager told us; "It's so rare, very unusual." We looked at rotas for April and saw staffing levels for that month had been consistently met. Staff told us they were normally able to cover any gaps.

There was a stable staff team in place. Any gaps in the rota were covered by a member of the staff team or relief staff. Agency staff were never used. This meant people were supported by staff who knew them well and had an understanding of their routines and preferences. The registered manager told us this was particularly important for one person whose health was declining. They explained that, although the person did not always seem to be aware who was with them, they did seem to recognise certain people by their voices. An external healthcare professional told us; "Staff retention at Roslyn House has been good, therefore staff are experienced and knowledgeable and consistent in their approach to supporting individuals." A member of staff commented; "It's good for people to have a regular staff team." A new member of staff was due to start work at the service once their pre-employment checks had been completed.

The registered manager told us that when new staff were recruited they completed a number of pre-employment checks. This included Disclosure and Barring Service (DBS) checks and supplying suitable references. This meant people were protected from the risk of being supported by staff who were not suitable to work in the care sector. People supported by HF Trust, including one person living at Roslyn House, took part in interviewing potential new employees. Easy read feedback forms had been developed to enable them to record what they thought of candidates.

Systems in place for recording the administration of medicines were robust. Medicines were stored securely in a locked cabinet. All staff had received training to enable them to administer medicines and competency assessments were regularly completed.

People's monies were secured securely and individually. Records of expenditure and accompanying receipts were kept and these were audited regularly.

Is the service effective?

Our findings

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. Capacity assessments had been completed to record when people were not able to give consent to certain decisions. Records of the restrictive practices in place were kept and updated when people's needs changed. There was evidence of best interest meetings involving staff, families and relevant professionals when decisions were taken on people's behalf.

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). Applications for DoLS authorisations had been made appropriately. When one person's needs had changed, resulting in a higher level of restrictions, the supervisory body had been informed.

One person had a DoLS authorisation in place but this had expired in February 2017. No application to continue the authorisation had been made to ensure any restrictions were lawful, proportionate and remained the least restrictive option. This meant the person's legal rights were not protected.

Family members were sometimes asked to consent to aspects of people's care on their behalf. There were no records in place to show that they had legal authority to do this.

This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the registered manager contacted us to let us know they had submitted an application to renew the DoLS authorisation. This was confirmed by the DoLS team.

Staff had the appropriate skills, knowledge and experience to deliver effective care and support. New employees had an induction when they started working for the organisation which involved them completing the Care Certificate. The Care Certificate is a national qualification designed to give those working in the care sector a broad knowledge of good working practices. There was also a period of shadowing more experienced staff. One member of staff commented; "There was always staff on hand to help out, I did shadow shifts and spent a lot of time reading the support plans."

Training identified as necessary for the service was updated regularly. This included safeguarding, mental capacity and food hygiene. Some people had specific health needs. Staff had received relevant training in these areas to enable them to support people with their needs. Staff told us they felt confident supporting people at all times. There was a system in place to ensure staff were reminded by email when training needed to be refreshed. One member of staff told us; "The amount of training we get is really good." An

external healthcare professional told us; "The staff have been receptive to learning new skills in light of the changing needs of the people they support."

Staff told us they were well supported. One commented; "I feel very well supported, there is always someone to talk to." Supervision meetings were held which gave staff an opportunity to discuss working practices and raise any concerns or training needs. The meetings were recorded and the notes kept in staff files to create a record of any actions to be taken. The registered manager told us these meetings were supposed to take place approximately every six weeks. Part time staff had less frequent supervisions based on the hours that they worked. However, only three of the ten members of staff had received supervisions since late January or early February 2018.

We recommend supervisions are provided in line with current good working practice guidance.

People were assisted to eat a healthy and varied diet. They were encouraged to make choices from a number of healthy options using photographs and pictures. Some people were monitored to make sure they were receiving enough fluids. The monitoring charts were completed each time they had a drink. When necessary, referrals to Speech and Language Therapists (SALT) were made; for example, when people had been identified as being at a higher risk from choking. A relative told us; "Staff are very careful [person's name] gets the right food. That's important."

People chose whether to eat with each other or on their own. Meal times were relaxed, people were not rushed and ate at their own pace. Staff encouraged people and checked they had had enough to eat.

People were supported to access external healthcare services for regular check-ups. For example, they attended GP, dentist and optician appointments and had annual check-ups. A relative told us their family member was always very healthy. One person's health had declined recently. Staff had worked with other professionals to help ensure the person received the care and support they needed. The registered manager told us; "There has been a lot of input from the learning disability team, social worker and district nurses, health and the speech and language team." An external healthcare professional commented; "The staff have worked really hard to achieve the best for the person. They have been interested and flexible. They worked with agencies they have not been used to such as the district nurses. They have kept me up to date with any changes for the person so we can work together to review needs."

Hospital passports had been developed to share with other healthcare professionals if people needed to access services. These included an overview of people's health needs and information about people's preferred styles of communication.

Shared areas were spacious and there was a choice of areas where people could spend their time. Living areas and bedrooms were personalised and reflected people's personal taste and interests. New carpets, curtains and furniture had recently been purchased for the two lounge areas. People had been involved in choosing these. People had access to a pleasant garden. A swing chair was available to use and we saw one person was enjoying this at various times during the day. Shared bathrooms and the kitchen were in need of updating. We discussed this with the registered manager who told us the refurbishment of kitchens and bathrooms was the responsibility of the property owner. The registered manager was aware of the issues and had highlighted them to the property owner.

Is the service caring?

Our findings

People were relaxed and at ease with staff. We observed people approaching staff and asking for support or simply spending time chatting together. There was a lot of friendly laughter and conversation. An external healthcare professional commented; "Staff demonstrate a person-centred and caring approach to individuals they support. There is always a warm and cheerful atmosphere when you visit Roslyn House."

Staff told us they enjoyed their work. Comments included; "I'm a people person, I love it" and "I really enjoy it, the guys brighten your day." A relative told us they found staff were caring in their approach. They commented; "He always looks forward to coming home but he also looks forward to going back as well."

When necessary, efforts were made to provide people with independent advocacy support. People were also encouraged to take part in self-advocacy groups. This demonstrated that the service recognised the need to ensure people's voices were heard.

Staff were patient and understanding when supporting people. One person was keen to walk into town to get some information on holidays. Staff reassured the person they would be able to do this and made sure the person was able to go as soon as possible.

People were supported to maintain and develop their independence. Equipment was available to facilitate this. For example, a one cup kettle meant people were able to make themselves hot drinks while mitigating the risk of scalding. An appliance for shredding and slicing vegetables enabled people to prepare vegetables safely and independently. One person told us they liked living at Roslyn House because; "It's lovely and I have my independence." People were able to make day to day choices. For example, what time they got up and went to bed and what they wore. One person came back from a trip into the town mid-afternoon and got changed into their pyjamas before relaxing in the lounge.

Staff knew people well and had an understanding of their communication needs and styles. One relative commented; "His keyworker probably knows him better than I do!" Most people living at Roslyn House had some verbal communication skills and some people needed additional support to communicate effectively. Communication passports were in place with information on any tools that could be used and how to support the person when speaking with them.

Care plans were personalised and gave staff specific information on how to meet people's individual needs and preferences. For example, one person's care plan stated; "It is important to [person's name] to look presentable with matching colours and nails." This demonstrated there was information about what was important to people as well as for them. We met with the person and they were pleased when we admired their cardigan and nail polish.

There was limited information in care plans about people's histories and backgrounds. This information is important as it can help staff develop an understanding of the events which have made people who they are. We discussed this with the registered manager who told us it could be difficult to collate this kind of

information.

Staff recognised the importance of family and friends relationships and worked to support them. Some people used email and other on-line communication tools to keep in touch with their families. One person was planning a birthday party and wanted to invite some friends. The registered manager spoke with them about sending invitations by email using their tablet computer. People enjoyed spending time together. One person told us they and another person shared a love of American sit-coms and liked to watch them together.

The registered manager told us they had regular phone and email contact with families according to their preferences. This meant they were able to keep them up to date with any changes in people's health or social needs. A relative confirmed they were kept well informed.

People's cultural and religious needs were respected. People were supported to attend church and visit the local cathedral if they wanted to. One person's care plan stated; "[Person] belongs to the Methodist Church and attends every Sunday."

Is the service responsive?

Our findings

Care plans outlined people's needs over a range of areas including their health and emotional well-being. There was information about what was important to and for people and their likes and dislikes. Staff had clear guidance on how they could support people with their emotional well-being as well as their health needs. There were detailed descriptions of people's routines where this was important to them. These included information about what people could do for themselves and what they needed support with. The plans were relevant and up to date.

Any changes in needs or how care and support was delivered were recorded and care plans updated accordingly. Monitoring records were in place for some people to evidence the details of specific care provided such as when they had taken a drink. These were consistently completed.

Daily logs were used to describe the support people had received during the day, record the activities they had taken part in and any additional information about their emotional well-being. We asked to see the logs for the period 1 May to 12 May 2018. However, the registered manager was unable to access all the records. Following the inspection they contacted us to tell us the area manager had since completed an audit of the logs. The audit had identified many more completed logs than the registered manager had been able to show us on the day of the inspection. This had been due to an IT error. They had now had the settings changed on their computer and were able to see all the daily logs. They provided us with copies of the logs for the period 1 May to 12 May. We found there were regular gaps in the records. Over the twelve day period no-one had records in place for more than five days. Two people had records completed on only three days. On 6 May no records were completed at all. This meant we were unable to establish how people were spending their time. There was no information to give an overall picture on the sort of activities people were enjoying and what worked well for them. Staff told us the daily logs were often forgotten. One commented; "It's a bit of a free for all really, we record if there's an incident or anything out of the ordinary."

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Daily logs that were completed were informative. They contained details of any health appointments, activities people had taken part in and what had worked well for them. This meant staff were able to learn from people's experiences to enable them to provide support according to people's needs and preferences.

People were supported to take part in hobbies and pastimes which reflected their interests. One person had a paid job and was proud to tell us about this. They were completing a qualification connected with their job and told us staff helped them to practice their skills. People were encouraged to take part in household tasks and develop their independent living skills. A relative told us; "I phone every week and [person's name] tells me what they have done. It might be going out for a meal or been to a show. And shopping, he loves shopping!"

During the inspection people went out on various excursions and, while in the service, were occupied and

active. The service was based in the middle of the town and people frequently used the local shops and facilities. A member of staff told us; "We connect with the community massively. Every shopkeeper knows them [people living at Roslyn House]." The local cinema allowed the organisation to hold a monthly cinema club night. At these events the cinema lights were adjusted so it was not so dark and the volume reduced. Without this reduction in sensory stimulus the experience can be overwhelming for some people with a learning disability or autism. This demonstrated the service worked with the local community to help ensure people had access to everyday experiences. Some people had bus passes so they could travel further afield if they wished without having to rely on a vehicle being available at the service. On the day of the inspection one person went with a member of staff to an event in a nearby town using the bus. They told us they had thoroughly enjoyed the trip.

Information was provided to help people and their relatives understand the service available to them. Since August 2016 all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss. Care plans documented the communication needs of people in a way that met the criteria of the standard. There was information on whether people required reading glasses and any support they might need to understand information. For example, one care plan stated; "Use short sentences or one worded answers."

There were systems in place to manage and investigate any complaints. A complaints policy outlined the time periods within which complaints would be addressed and responded to. There were no on-going complaints at the time of the inspection. Minutes of a recent house meeting showed staff had discussed with people how they could make a complaint if they needed to. One person told us they had made a complaint in the past and this had been dealt with quickly and to their satisfaction.

Is the service well-led?

Our findings

Regular audits and checks were carried out. For example, sleep in staff carried out checks on medicine and monitoring records. They also completed a series of safety checks within the service. The registered manager carried out monthly audits of the service. However, auditing systems had failed to highlight the failure to reapply for a DoLS authorisation or the lack of recording in people's daily logs. On the day of the inspection the registered manager was unable to access daily records. They later identified this was due to an IT error. However, they were unaware of this issue when we visited. We were concerned that the systems in place did not enable the registered manager to have a comprehensive overview of the care and support being delivered.

This contributed to the breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service requires a registered manager and there was one in post at the time of the inspection. 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.

Staff told us the service was well organised and everyone had clear roles and responsibilities. The registered manager was also responsible for overseeing HF Trust's day centre which was based directly behind the service. They were usually based in the day centre and were available quickly if needed. The day to day running of the service was carried out by a senior support worker. They had one day a week protected administration time when they completed tasks such as rotas, supervisions and appraisals. There was a key worker system in place. Key workers had oversight of named people's care plans and appointments.

The service worked well with other agencies to help ensure people's changing needs were met. Comments from external professionals included; "The staff liaise well with our service. The advice of our team is listened to" and "They [staff] are well led by their team leader. It's been a positive experience working with them."

Staff told us the registered manager and senior support worker were supportive. Team meetings took place regularly. These were used as an opportunity to formally discuss individual's care planning arrangements. Staff were able to raise any issues or make suggestions about how the service could be improved. They told us morale was good and they generally got on as a team and worked well together.

Staff were supported to progress their careers if they wished to. Once they had completed the Care Certificate and probationary period they were enrolled onto a Level 2 qualification. Senior support workers were able to undertake a registered manager development programme. The registered manager commented; "HF Trust have developed a lot of pathways for staff to progress."

The senior management team at HF Trust communicated with staff via email and newsletters. One member

of staff spoke with us about the Fusion model of care which is central to the organisations visions and values. They commented; "It comes through in the training. It's the HFT way and I'm very proud to be part of that."

Monthly manager meetings were held. These were an opportunity for managers to update each other on any developments and share learning. The meetings were supported by the senior regional manager.

Incidents and accidents were recorded on the on-line computer system. A report of the incident was escalated if it was assessed as serious and automatically shared with the senior management team. This meant any incidents which required any further input at this level could be quickly identified and the necessary action taken.

There were plans to develop the service in line with HF Trust policies. For example, a new system was being introduced for auditing how well Person Centred Active Support (PCAS) was embedded within the culture of the service. This would involve managers carrying out short observations in services other than their own and identifying any areas for improvement.

The service informed CQC of any significant events. CQC ratings from the last inspection report were displayed at the service.

Records were stored securely to help ensure confidential information was kept private. The records were up to date, accurate and complete. All care staff had access to care records so they could be aware of people's needs.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Where service users were unable to give consent to the provision of their care and treatment the registered person was not acting in accordance with the Mental Capacity Act (2005) and related Deprivation of Liberty Safeguards. 11(3)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not operated effectively to enable the registered manager to assess, monitor and improve the quality of the services provided or to maintain accurate, complete and contemporaneous records in respect of each service user. 17(1)(a)(c)