

Denville Hall

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



Overall summary

Denville Hall provides accommodation for up to 40 older people who have worked professionally as actors and in associated professions. Within the service there is a dementia care unit for up to 15 people.

This inspection was unannounced and took place on the 25 and 26 November 2014. During our last inspection on 30 September 2014 the provider was not meeting the legal requirement in relation to the management of medicines. At this inspection we found the provider had made improvements to the management of medicines and was now meeting the legal requirement.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Although staff were clear about the process to follow to report concerns to the registered manager, the records of

Summary of findings

allegations of abuse were not always recorded and reported to the Local Authority and to the Care Quality Commission. Therefore in some cases, it was not clear how or if these were investigated.

There was an induction programme for new staff and ongoing training provided. However, staff had not received one to one support through supervision or annual appraisals.

Records were not kept in good working order. People's care records were disorganised with duplication of information in some files seen, not all the records were kept together making it hard to assess if all the necessary information about a person was available for staff to support someone safely.

There were some systems in place to monitor the quality of the service and people and relatives felt confident to express any concerns. However the manager had not fully assessed and monitored certain areas of the service to make sure the service was running safely and effectively.

Systems were in place to support people to take their medicines safely. Checks took place to make sure staff recorded when they administered medicines to people and staff received training on administering medicines to people.

Feedback from people and their relatives and friends was positive about the staff and the care people received. People's views on the service were sought on a regular basis.

People told us that they felt safe and staff treated them with dignity and respect. We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA).

People's needs had been assessed and care plans developed to inform staff how to support people appropriately. Staff demonstrated an understanding of people's individual needs and preferences. They knew how people communicated their needs and if people needed support in certain areas of their life such as assistance with their personal care.

Activities were provided for people to engage in hobbies and to meet their personal interests. These were offered both in groups and one to one sessions and people could access places of interests in the community if they were able to.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 in relation to supporting staff, recording and reporting allegations of abuse, assessing and monitoring the quality of service provision and keeping accurate records. 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?

Some aspects of the service were not safe. People and their relatives were happy with the service and people said they felt safe. However, the provider did not have arrangements in place to record and monitor all allegations of abuse.

Staff received training in administering medicines and where appropriate people were supported to manage their own medicines.

Risk assessments were in place for any identified areas of risk so that staff supported people safely.

Appropriate staff recruitment procedures were being followed and people confirmed there were enough staff available to meet their needs.

Requires Improvement



Is the service effective?

Some aspects of the service were not effective. Staff received regular training to provide them with the skills and knowledge to support people effectively. However, they did not receive regular supervision and appraisal.

People's health needs were being met and appointments were recorded so that staff could monitor the outcome of people seeing healthcare professionals, such as a GP.

Staff understood people's rights to make choices about their care and support. Where restrictions were in place the manager had considered if this was the least restrictive approach. They involved people in making decisions taking into consideration the requirements of the Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA).

People told us they were happy with the meals provided in the service. People had choices that met their dietary preferences.

Requires Improvement



Is the service caring?

The service was caring. People said the staff and registered manager were friendly and approachable. We saw staff talking and listening to people in a caring and respectful manner.

People said that they were involved in making decisions about the support they needed. Staff described to us the individual support people required and how they promoted people's independence depending on their needs and abilities.

Good



Is the service responsive?

The service was responsive. Care plans were in place and were individual about the person's needs and wishes. Therefore staff had the information they needed to support people appropriately.

Good



Summary of findings

People and their relatives said they knew how to raise any concerns and were confident that these would be taken seriously and looked into.

Is the service well-led?

Some aspects of the service were not well led. There were some systems in place to monitor the quality of the service. However, the registered manager had not identified or acted on the shortfalls found at this inspection regarding reporting and recording safeguarding allegations, supporting staff and record keeping.

People and their relatives said the registered manager was approachable and available to speak with if they had any concerns. However some staff said communication between them and the registered manager could be better.

Requires Improvement



Denville Hall

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 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 25 and 26 November 2014 and was unannounced. The inspection team consisted of two inspectors, a pharmacist inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We used a range of methods to carry out this inspection. We spoke with 13 people who were using the service, three

relatives and a friend of a person living in the service. We also received feedback from 17 staff members. These included the registered manager, administrator, the maintenance staff member, three nurses, nine care staff, a chef and the activities co-ordinator. In addition, we met with a physiotherapist, the registrar from the GP practice and spoke with a senior social worker.

As some people were not able to tell us their views, we carried out a Short Observational Framework Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who could not talk with us.

We looked at eight care records, staff duty rosters, three staff recruitment files, quality monitoring records, accidents and incidents and health and safety records.

Is the service safe?

Our findings

During the last inspection we found the provider was not meeting the regulatory requirements in respect of medicines management. We previously found that there were gaps in staff not signing the medicine administration records (MAR) and audits were not carried out on a regular basis and were not effective. Therefore we could not be sure people safely received their prescribed medicines.

At this inspection we found improvements had been made to how medicines were being managed in the service. One person we talked with was staying in the service for a short time only. They confirmed that they had always taken care of their medicines in their own home and that they had wanted to continue whilst staying in the service. They said staff had respected their wishes. People also told us that when they had experienced pain a nurse had provided pain relief medicines. We saw that nurses were patient and reassuring when administering medicines to people. Several people were able to manage their own medicine and risk assessments were in place and lockable cupboards in the individual's rooms.

There were records of medicines received into the service and disposed of. Medicines prescribed as a variable dose such as one or two were all recorded accurately when administered and when the anticoagulant warfarin was prescribed the blood test results and records all correlated. Nurses recorded on the back of the MAR the reason why they gave as required (PRN) medicines. We noted that there were detailed individual protocols in place to identify the needs of people prescribed as required medicines with respect to pain when they were not able to communicate.

Medicines were stored securely. Records for some medicines requiring special storage were not up to date but were corrected at the time of the inspection. The provider had policies and procedures in place to manage medicines safely and were available for staff in both units. There was evidence of medicines training delivered to all nurses and care workers and the staff we spoke with said they had received medicines training within the last year. There were monthly medicines audits and MAR charts were checked and when we viewed stocks of medicines all counts tallied.

All of the people we spoke with said they felt safe in the service and this was confirmed by relatives. One person

said, "I feel very safe, I have no concerns." Another person commented if they saw anything inappropriate, "The manager asks us to report it." Despite the positive feedback we received from people we found that the arrangements in place to safeguard people from the risk of abuse were not always effective. We looked at eight safeguarding incidents that had been notified to the local authority safeguarding team. We found there were issues in the reporting of all allegations made to staff and the registered manager. We were aware that there had been more allegations of abuse known to the registered manager but not all of these had been reported to the Care Quality Commission (CQC) and the local authority. The registered manager could not show us that there was any type of agreement with the local authority regarding when to report, record and monitor allegations of abuse. Therefore as not all allegations had been reported or recorded, we could not be sure whether safeguarding incidents had been properly investigated and the providers' arrangements to protect people from the risk of abuse were effective.

The above issues relate to a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff told us and records confirmed they had received safeguarding training and all were able to provide definitions of different forms of abuse. Records showed that staff received training on safeguarding adults. They said they would report concerns or suspicions of abuse or neglect to the registered manager or external agencies such as the local authority.

Care records contained risk assessments which had been regularly reviewed. These included risk of falls, developing pressure sores, malnutrition, risks in relation to people's behaviour and to their medical conditions. Staff said they were fully aware of individual people's needs and potential risks to their health and safety.

People lived in a safe service as records showed that equipment such as the gas appliances, the fire alarm and emergency lighting systems had been checked and maintained at the required intervals. The last practice fire evacuation was held in November 2014. Various others checks were regularly taking place such as water temperature checks. Any maintenance issues were recorded and signed off when they had been addressed to ensure there were no hazards for people using the service.

Is the service safe?

People were supported by staff who had gone through an effective recruitment process. Staff employment files had completed application forms and identification documents. Criminal record checks and disclosure and barring service checks had been carried out and two references had been obtained. Staff only worked unsupervised once all references had been seen and checked.

Staff and relatives confirmed there were usually adequate levels of staffing. People told us that calls bells were answered promptly which we observed during the inspection. We observed the lunchtime period in the dementia unit and saw that there were enough staff working to meet people's needs.

People were cared for by sufficient numbers of staff. The staff rosters were viewed for a period of two weeks and staffing levels were based on the numbers of people living in the service and their needs. There were always nurses working on the different floors and areas of the service. One

relative commended the service for ensuring that the right equipment and the right number of staff were always available to assist with moving and handling their family member safely and carefully. The registered manager explained there was an additional member of staff in the dementia unit during the early evening to meet people's individual needs at that time of the day. The service were not using external agency staff and therefore either bank staff or permanent staff covered shifts which meant people were supported by regular and familiar staff.

We saw from a list provided to us that 38 staff had left in the past two years and the registered manager was able to give the reasons why staff had left their posts. The reasons varied with some staff leaving the area, or retiring. A relative told us that the recent high turnover of staff had been a "bit unsettling" for their family member. The registered manager had been trying to address this so that there was limited impact on people using the service when a staff member left the service.

Is the service effective?

Our findings

People were happy with the staff who supported them but did not comment on whether they felt staff were supported or were trained in their roles. The majority of staff told us that they did not have support through one to one supervision. Two members of staff said they had worked for several years at the service and could not recall when they last had supervision and they did not feel supported. Staff also said they had not received an annual appraisal of their performance. The records confirmed that staff did not receive this type of support on a regular basis and that for several staff members it had been many months since they had a one to one supervision meeting. Therefore staff did not have the opportunity to formally hear about their performance and to discuss issues they might have. The registered manager explained that there had been some staff shortages and although she was aware these had not taken place, steps had not been taken to address this.

This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The registered manager told us that new staff received an induction to the service and the new staff we spoke with confirmed this. We also saw a checklist confirming this was the case. They also shadowed experienced staff to see how to meet people's needs. Staff received ongoing training on a range of subjects. This included using both on-line and classroom-based training. Face to face training was also provided so that staff could directly ask questions and learn about subjects. Training subjects included dignity and respect, food hygiene, infection control and first aid. Two staff said that the registered manager was open to suggestions for further staff training and development and staff were supported to complete qualifications in caring. Staff meetings were in place to discuss the service and the registered manager held two meetings to ensure she met with the day and night staff.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure that people were only deprived of their liberty in a safe and least restrictive way, when it is in their best interests and there is no other way to look after them. The registered manager had submitted DoLS applications for several people who were not able to leave the service alone. We saw the relevant documentation was present with all necessary completed forms and best

interests decisions were recorded. A social care professional confirmed that the manager was aware of her responsibilities in making sure every person who needed a DoLS assessment had one carried out. Some staff said they had received DoLS training, which we saw from the training records we viewed. Where restrictions had been put in place for a person's safety or if it was deemed in their best interests, the representatives and professionals involved in their lives had all agreed on the least restrictive way to support the person.

Training records showed that staff had completed training on the Mental Capacity Act 2005 (MCA) and they were aware of not placing restrictions on people and support people to make daily decisions. Information on the MCA was also in the service users guide so that people and their representatives were informed about this legislation and how it might affect them if they lived in the service. People's ability to make decisions and their capacity was also assessed during the pre-admission process.

People commented positively about the meals provided for them. Comments included, "Some days are very good and there is a good choice", "It's absolutely marvellous" and the chef was, "Very good at looking after me." There were drinks available and within reach of those people who were in their rooms.

People's care plans recorded nutritional needs, status and meal preferences. People's weight was monitored monthly and records were up to date. Separate food and fluid charts were kept for those at risk of poor nutrition or dehydration so that staff could monitor people's well-being and act quickly if there was a change in people's needs. Dietary requirements such as pureed food, assistance to eat or swallowing difficulties were documented. The chef told us they knew people's dietary requirements, including any special needs and preferences and they provided meals according to what people enjoyed and preferred. There was a menu available on tables in the dining rooms with different food options at lunch and supper time.

The local GP visited the home at least once a week for consultations with people. These visits were recorded in all the care files we reviewed along with records of contacts with other health professionals. People could also see other healthcare professionals such as a speech and language therapist, or psychologist. The healthcare professional we spoke with confirmed that anything they

Is the service effective?

asked staff to do, in relation to a person's health, they acted on. They said they had no concerns about the service in regards to supporting people with their healthcare needs and that the registered manager was "hands-on".

Is the service caring?

Our findings

People and their relatives and friends were positive about the staff. Comments included, “I have enjoyed staying here and meeting old friends. Everyone has been wonderful”. Another person said, “The care here is excellent. The carers (staff) are gentle, patient and respectful.” A relative told us, “The staff here are very good.” It was clear that relatives and friends were encouraged to visit at any time and to join people for meals. People said the care the staff gave them was personal and individual and that staff were respectful and that they could express their own views on their care. Staff told us they always respected people’s wishes and views. A member of staff told us, “The people living here are treated very respectfully we treat this as their home.”

We observed staff interacting with people in a patient, calm and caring manner. We observed that they took time to listen to people and assist them when needed. A person who appeared disorientated and distressed was observed being supported sensitively by a staff member. We saw staff supporting people to eat and drink during the inspection. Staff sat next to people to encourage them to eat their meals and engaged with them and chatted with them throughout lunchtime.

People’s privacy and dignity were respected and staff ensured that bedroom and bathroom doors were closed when delivering personal care. People were clean and well dressed and we saw that care and attention had been paid to how people were dressed.

Staff were aware of how best to speak with different people particularly in the unit that cared for people living with a

dementia. They explained they used different ways to talk with people depending on their needs. We saw staff speaking slowly and clearly and using clear facial expressions or body language in some cases to help people communicate what they wanted. Interactions between staff and people using the service were positive with staff encouraging people to make choices and daily decisions. We saw people could choose if they wanted to eat their meals in their rooms and if they wanted to take part in the activities on offer. Other opportunities were available for people to express their views, such as attending the meetings held in the service or meeting with the registered manager.

People’s care records included their life histories which recorded details such as, what their previous hobbies and interests had been. People’s personal routines and preferences were respected and documented in care records. This included people’s choice of gender of staff if they needed help with personal care, sleeping routines such as whether to leave doors open and whether to leave them undisturbed during the night.

There were a variety of communal areas which were designed to meet the needs of people who used the service. These were appropriate, well-furnished and comfortable with a choice of areas where people could mix with others as well as quieter areas and sitting rooms if they wanted to be alone. There was information around the service for people such as notice boards advertising activities and entertainment in the service so people knew what was happening each day.

Is the service responsive?

Our findings

People said they were happy with the range of activities on offer in the service. They told us, “I can take part if I want to” and another person said they “enjoyed” socialising with the other people living in the service. We met with the activities co-ordinator who as she was new was getting to know people and their individual needs so that she could provide activities to meet people’s preferences and interests. We saw there was emphasis on providing activities aimed at people’s age and previous professions. This included showing old films, live theatre productions, offering pedicures and massages. People participated in activities of their choice and could access community places such as the gym and local shops. We observed that there was a lively and involved group of people who had maintained a good relationship with their friends both within the service and those who visited them. During the inspection we saw there was an exercise class taking place and a person who visited to hold a French conversation group with those people who spoke this language. We saw a leaflet which was produced weekly to inform people what was taking place each day. Christmas events were being held including a trip to a carol concert.

People's needs had been assessed and individualised care plans were produced which took into account people's capacity to make decisions. Each care file viewed contained key information such as next of kin and any known allergies along with a care plan. The care plans assessed different aspects of care including nutrition, mobility/moving and handling, falls prevention and personal hygiene. Monthly evaluation sheets for each section were all up to date to make sure they reflected

people’s current needs. The care records contained limited evidence that people and their representatives, such as family or friends were in agreement with the contents of care plans, although we did see evidence on one person’s care file that family members had been consulted about how staff cared for their relative. We spoke with the registered manager about this so that she could ensure people and /or their representatives had viewed and agreed to the contents of the care plans.

People said they were very comfortable raising concerns with the registered manager and that she was always willing to listen to their comments and suggestions. People and their relatives commended both staff and the manager for their prompt response to any concerns or issues raised. They told us that the registered manager was visible and very approachable. Comments from a relative included, “Whenever we need anything it is addressed immediately by staff.” Relatives said they were aware of the complaints procedure and were confident that they could raise any concerns with the registered manager or with any of the staff. A social care professional confirmed that people were supported to freely express themselves. All the people we spoke with said they had not had any cause for complaint.

The complaints procedure was displayed on the noticeboard in the reception area and was also kept in each person’s room. There was a copy of the complaints form available at reception. The procedure noted clear timelines for responding to complaints and contact points for each step of the procedure if the complaint was not resolved. We checked the complaints and compliments file for 2014. These showed that complaints were recorded and that the registered manager had responded to these as required.

Is the service well-led?

Our findings

People spoke positively about the registered manager. Comments included, the registered manager would, “take on any problem and come to see you”, the registered manager “is excellent, you can talk to her about anything” and she “will always listen”. A relative told us, “The manager is always approachable and is very visible.” We also observed positive interactions between the registered manager and people living in the service. We observed that she took time to talk with people and make sure they were happy and comfortable. Despite positive comments from people and relatives some staff said there were problems with how the support they received from the registered manager. One staff member said, “There has been too much change, there should be better two way communication and more team building.” Another told us, “communication could be better”. The registered manager was aware that there were some issues with relationships between staff and herself and had encouraged staff to meet with the provider if they could not share their concerns directly with her. Meetings were held for staff to talk about problems and with new staff joining the staff team the registered manager was keen for there to be improvements in communication and teamwork for the benefit of the staff and people using the service.

People using the service told us that they had no concerns about the service or how it was run. However, it could not be determined if people were supported appropriately and safely as the records were not all up to date and organised. For example, documentation in people’s care records were not all dated so it was not clear if the information was current. The records were not well organised so that information could be found promptly when required. Staff told us, “Care plans were updated by the nurses but not properly or consistently” and another member of staff said, “Nobody really understands the care files I’m not sure how often they’re updated or who is responsible.” Care records did not always clearly describe people’s needs and particular behaviours that staff would need to know about. Care files were inconsistent and information in some cases was duplicated, disordered or missing. For example, there was a handwritten statement from a member of staff relating to an incident but the record was incomplete and had been filed in the wrong month making it difficult to monitor incidents each month if they were not accurately filed. Only two of the eight care files contained a care and

risk spreadsheet which gave a summary of the care needs and risks for each individual. The registered manager had told us these should be one on every person’s care file. The lack of consistent record keeping meant that staff could not be sure that people were cared for appropriately as the records were not accurate and easy to follow.

Other records were also disorganised. The accidents and incidents file had a summary log for each month along with completed forms. However, they contained insufficient detail to be able to easily see that these records were accurate, up to date and fit for purpose. Records in relation to allegations of abuse contained limited details of the incidents and four out of the eight records viewed did not record the date of the allegation. Only one record included any additional documentation relating to the investigation undertaken, follow up action or whether the case had been fully resolved. We were told that more details were available on the computer but the registered manager was not able to access them. The registered manager informed us that in one case the notes relating to the incident were contained in the individual person’s care records. However, when we checked there were no relevant records in the person’s file.

The above issues show there was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

There were some checks in place to monitor the quality of the service for example, health and safety and the fire risk assessment had been carried out in September 2014. In addition, the registered manager carried out checks on aspects of cleanliness of the service, with the last check carried out in September 2014. However, there was no system in place for the continuous monitoring of the different aspects of the service to ensure it was run in people’s best interests and with regard to identifying shortfalls and taking steps to address any issues found. It was not clear what audits needed to take place or how often. We found shortfalls in general record keeping and in the audits on care records. The last audit on care records was carried out in September 2014 and it was not clear who was responsible to carry these out. It had not been carried out monthly as we were informed they should have been. As a result the registered manager had not identified areas for improvement so that these were put right. For example

Is the service well-led?

the lack of care records audits meant that the staff had not identified there were no guidelines in place to manage a person's particular needs and therefore might not provide care in a consistent way.

There had also not been any checks made on how frequently staff supervision and appraisals were taking place. There was no action plan in place to show that these issues had been identified and how this would be resolved so that people could be sure staff were appropriately supported.

The lack of an effective quality assurance system meant that there was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

There was a plan in place to look at the improvement of the service, although this did not include outlining the checks and audits that took place in the service. The registered manager explained that the service was in a transition phase whereby different ways of supporting people with dementia were being introduced. This would involve staff receiving training and a shift in the culture of the service focusing more on the individual person using the service.

People confirmed that monthly meetings were held for them to give their views on the service, the last one we saw

had been held in October 2014. The registered manager had also recently introduced a house committee meeting for people who lived in the service so that general day to day issues could be talked through and acted on, only one meeting had been held so far. People said the registered manager was always happy to listen and receive their input and that she would act on their suggestions wherever possible. One example they gave was their request for the rearrangement of the dining room tables to allow for larger groups to sit and socialise together. This had been actioned and had enabled people to chat in a larger social group.

The registered manager told us that visitors could always talk with her if they had something they wanted to raise. She also confirmed that although there were no relative meetings, social events were arranged throughout the year to encourage relatives and friends to visit and meet with staff and the manager. Satisfaction questionnaires were also given to people and their relatives and/or friends so that their views could be sought. These had been given out shortly prior to the inspection and so completed ones were only just being returned. Therefore we could not see the results yet as the analysis would take place once more questionnaires had been sent back to the service.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse The registered person did not make suitable arrangements to ensure that service users are safeguarded against the risk of abuse by means of responding appropriately to any allegation of abuse. Regulation 11(1)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision The registered person did not have an effective system in place to regularly assess and monitor the quality of the services provided. Regulation 10(1)(a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff The registered person did not have suitable arrangements in place to ensure that persons employed for the purposes of carrying on the regulated activity received appropriate supervision and appraisal. Regulation 23 (1)(a).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records

This section is primarily information for the provider

Action we have told the provider to take

The registered person had not ensured that there was an accurate record of each service user in relation to their care and treatment. Regulation 20(1)(a)