Selborne Care Limited

The D O V E Project

Inspection report

1st Floor, 7 The Cresent
Plymouth
Devon
PL1 3AB

Tel: 01752676840
Website: www.selbornecare.co.uk

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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

The DOVE project is domiciliary (home care) service and supported living service providing personal care to 13 people in Plymouth and surrounding areas. The service was registered to provide domiciliary care and supported living. Domiciliary care services provide personal care to people living in their own houses and flats in the community. No one was in receipt of this service at the time of the inspection. This service also provides care and support to people living in 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. The DOVE project provides personal care to older and younger people with learning disabilities and people with physical disabilities. Some people had additional services offered by the provider including domestic, recreational and companionship help.

This inspection took place on 12, 13 and 16 March 2018. Five days notice was given as the service is small and we needed to be sure the manager would be available when we visited the agency offices. This time also enabled the manager to arrange home visits. This allowed us to hear and observe people's experiences of the service. The people we met were supported by staff 24/7 and had limited verbal communication skills.

At the last inspection in January 2016, the service was rated Good. At this inspection we found Effective, Responsive and Well Led required improvement.
In June 2017, Selborne Care Limited was purchased by Care Tech. The registered manager left in November 2017. A new manager had been appointed in November 2017and was in the process of applying to be the 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.

The new management team were in the process of updating the governance systems and identifying the areas which required improvement. They were motivated and positive about the future and had good ideas for developing the service. However, we found areas across the inspection that required improvement including better analysis of people's behaviour, implementing regular reviews and improving recording of people's goals and aims. The manager and provider promoted the ethos of honesty and admitted when things had gone wrong. They were keen to address the findings of the inspection quickly and sent an action plan promptly following inspection feedback addressing all areas identified within the report.

People's human rights were protected. However, a better understanding and recording of the code of practice in relation to the Mental Capacity Act 2005 (MCA) was required. People's nutritional needs were met because staff followed people's support plans to make sure people were eating and drinking enough and potential risks were known. However, where people lacked consent to agree healthier meals were in their best interest, the documentation to support these decisions was lacking.
Policies and procedures across the service required improvement to ensure information was given to people

in accessible formats when required, for example the service user guide, complaints information, and support plans.

People's care was not always responsive to their needs. There was a lack of evidence to demonstrate people's and if appropriate, their relatives or advocates involvement in regular reviews of people's support plans and goals. These processes help ensure people's individual needs and preferences are known, shared and planned for. Support plans were personalised and guided staff to help people in the way they liked. Staff knew people well, their likes, dislikes and preferences for support.

People were treated equally and fairly. Staff adapted their communication methods dependent upon people's needs, for example simple questions, flash cards and/or pictures. Verbal information and explanations about care were given to people with cognitive difficulties but not always in a written or pictorial format they could understand.

People were supported by staff who were compassionate, kind and caring. All staff demonstrated kindness for people through their conversations and interactions. People were supported by a consistent staff group who knew them well. People's privacy and dignity was promoted. As far as possible, people were actively involved in making choices and decisions about how they wanted to live their lives. People were protected from abuse because staff understood what action to take if they were concerned someone was being abused or mistreated.

Risks associated with people's care and living environment were effectively managed to ensure their freedom was promoted. People's independence was encouraged and staff helped people feel valued by engaging in everyday tasks where they were able, for example laundry and washing up.

The provider and management team wanted to ensure the right staff were employed, so recruitment practices were safe and ensured that checks had been undertaken. Staff underwent a thorough induction and ongoing training to meet people's needs effectively. People's medicines were managed safely. People received care from staff who had undertaken training to be able to meet their unique needs. People were supported to access health care professionals to maintain their health and wellbeing. People led full and active lives enjoying a variety of individualised activities such as horse riding, pottery and disco's.
We made a recommendation in relation to the Mental Capacity Act 2005. We found one Regulation was breached. You can see what action we told the provider to take at the back of the full version 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 remains Good.

Is the service effective?

Requires Improvement

The service has deteriorated to Requires Improvement.

People's human rights were respected. Where people were unable to consent to care, staff offered choice, however the recording of more complex decision making was lacking.

People were supported by skilled staff. Staff were safely recruited and received training and support to meet people's needs. Staff felt supported.

People's nutritional support needs were met.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Requires Improvement

The service has deteriorated to Requires Improvement.

Regular reviews to evaluate people's support, aims and goals were lacking.

People's support plans and other information such as complaints and information related to the service were not in formats people could understand.

People did not have end of life care plans in place.

People were supported to lead active lives.

Is the service well-led?

Requires Improvement

The service has deteriorated to Requires Improvement.

People did not always benefit from a well-led service. However, the new management team were keen to provide high, quality care and new processes were being established to ensure they

were up to date with current practice.

The governance systems in place at the time of the inspection were in their infancy and not yet embedded.

People did not always benefit from a service which was innovative although the service was striving to improve and had good ideas for the future.

People and their relatives were not always involved in developing the service.

Care Quality Commission

The D O V E Project

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.

The inspection took place on March 12, 13 and March 16 2018 was announced and undertaken by one inspector.

Prior to the inspection we looked at the information we held about the service such as notifications and previous reports. We spoke with the local authority and commissioners. Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

At our last inspection of the service in January 2016 we did not identify any concerns with the care provided to people.

During the inspection we spoke with ten staff and we met three people at their homes. These people were supported by staff 24/7. We spoke with the four staff supporting these three people, a supervisor and the three team co ordinators. The three people living at the service had complex needs that limited their ability to communicate and tell us about their experience of being supported by the service and staff team. Therefore we observed how staff interacted and looked after people and discussed with staff how they cared for people. During and after the inspection we spoke with the new manager, the operations manager and the general manager. Responses and information was supplied promptly and an action plan was sent to the Commission which described the improvements the provider planned to make.
We looked at records relating to four people's care and documentation related to the running of the service. These included care and support plans and records relating to medication administration. We also looked at quality monitoring of the service, staff recruitment, induction information, training files and read the provider's service user guide and statement of purpose.

Good

Is the service safe?

Our findings

The service continued to provide safe care. People and relatives said the service was safe.

The systems, process and practices at The D O V E Project enabled people to remain safe. People were kept safe by staff who understood how to identify the signs of abuse and what action they would need to take if they witnessed or suspected that someone was being mistreated. This included an understanding of which external agencies they would need to alert. There was an up to date safeguarding flow chart in place located at the office which staff were aware of. Staff were aware of and prevented people being discriminated against and monitored people's behaviour for any signs which might indicate they were unhappy. Staff confirmed that they had undergone training in this area, knew how to safeguard people and care for their property and belongings. Staff all confirmed they would not hesitate to raise concerns.

Some people receiving personal care were supported people to buy their shopping and go on outings. Where staff were handling people's money, clear processes were in place and receipts of expenditure kept. Some people had appointees in place to help them make decisions about expenditure, other people had family. However, in one person's case it was not clear their family had the legal authority to make decisions about how they spent their money. We spoke to the operations and general manager during feedback about this and recommended clarity regarding people's finances was incorporated into the action plan they were in the process of developing.

People were supported by staff that were safely recruited. Records showed that the necessary checks were undertaken prior to an applicant commencing their employment, to help ensure the right staff were employed to keep vulnerable people safe. The operations manager and new manager told us where possible people were involved in the process and they had an opportunity to meet staff who might be applying to work with them. Staff values, experience and hobbies were considered at interview to help match staff to people.

People were kept safe by sufficient numbers of staff which meant there was adequate cover for sickness and unforeseen events. There was a flexible, stable staff team; this helped to provide continuity for people. As far as possible, staff told us they worked as a team to meet people's needs so people were supported by staff they knew. Contingency plans were being reviewed but staff described how they had safely met people's needs in the recent snow.

There were processes in place to reduce the likelihood of people not receiving support, for example staff supporting people who were not receiving 24 hour care were required to notify the office they had arrived. People we met had pictorial information about the staff who would be caring for them in their homes so they knew which staff to expect on particular days.

Staff were protected whilst lone working, for example when staff joined the organisation they were informed of what action they should take to ensure their safety. A lone working policy was in place and an on call service to support staff safety. Staff vehicle MOTs and car insurance were checked to ensure people were

safe if they were travelling with staff.

People were supported by staff who managed risk effectively. Staff knew the signs of when people were becoming distressed or agitated and how to distract and deescalate these situations. Staff gave people time, space and kept their distance so neither part were injured. Some people had complex behaviours. Staff used story boards to help explain to people how some of their behaviours may hurt others, for example those who sometimes slapped people. One staff member shared how they kept people safe, "I'm always aware of hazards, particular spots outside or steps, I look out for handrails; conscious [X] is vulnerable and can approach people they don't know; they need constant observation when cooking and can get easily distracted."

Staff understood the importance of a person's choice, regardless of disability, to take everyday risks (if they had the capacity to make those choices) and to keep people safe but not be intrusive when they monitored them in their home. Staff balanced actively supporting people's decisions so they had as much control and independence as possible with ensuring their safety at all times. For people unable to assess risks due to their learning needs, staff kept them safe, for example when crossing roads or supporting them with personal care, medicines, cooking and cleaning.

People had documentation in place relating to the management of risks associated with their care. The risk assessments were detailed and provided staff with specific information on all areas where risks had been identified. This included environmental risks within the person's home, community outings as well as risks in relation to their care and support needs. Safety measures were taken to keep people safe for example key pads changed if staff left and house repairs were undertaken promptly. Staff also supported the people we visited to make sure their appliances were serviced for example gas checks.

People we met were safely supported with their medicines, and had care plans in place which detailed the medicine they were prescribed and the role staff were required to take. Staff who were responsible for administering medicines received training to ensure they were safe and followed the provider's medicine policy. Staff confirmed they understood the importance of safe administration and management of medicines. Staff confirmed stock checks and medicine counts occurred each day to ensure people had received all of their medicines. Good records and protocols were in place in relation to specific medications, for example if people required sedative medicines. Following the inspection we made minor recommendations regarding improving medicine safety which included annual competency checks and clarity regarding side effects staff might observe for in relation to specific medicines people took.

People were protected from the risk of infection. People told us staff took the necessary precautions when undertaking personal care for example wearing gloves and aprons as necessary.

People were kept safe by staff who understood what action to take in the event of an incident and followed internal procedures for reporting and documenting these. Staff had received fire training and were aware of the exits in people's homes and emergency procedures to follow in the event of a fire. Incidents which occurred were recorded and staff discussed and shared information to improve safety and consider themes and learning to reduce future incidents. We spoke with the staff, manager, operations manager and general manager about further, more formal analysis of people's behaviour and incidents to help identify potential themes.

Requires Improvement

Is the service effective?

Our findings

At the last inspection in January 2016, the service was rated "Good" at providing effective care. At this inspection we found better understanding and documentation was required relating to the Mental Capacity Act 2005.

The manager and staff understood some of their responsibilities in relation to the legislative framework, The Mental Capacity Act 2005 (MCA). 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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interest and the least restrictive option available.

We observed staff supporting people to make decisions about their care during our visits to people's homes. However, we found that support plans lacked the required improvement in relation to what decisions people were able to make, which ones they needed support from professionals, family or advocates and those which required a more formal best interests process to be undertaken. The service had a generalised, non specific consent to care sheet which was not decision, support or treatment specific. For example, people we met would not have been able to fully understand the medicines they were taking. Care records did not demonstrate administration of medicines and sedative "as required" medicines were in people's best interest. Our discussions with staff evidenced they acted in people's best interests and they understood least restrictive principles, but the recording of this required improvement.

We spoke with the management team during feedback about these areas. They told us staff working directly with people would seek advice from senior staff but we found they also appeared confused as to which decisions they should discuss and involve others with and record as best interest discussions. Staff told us, "This is an area we can improve"; "I'm not very good with this one" (The staff member however went on to describe the principles very well though). The management team advised this would be incorporated into their action plan and further training put in place promptly.

Some people were under continuous supervision within their homes. Although staff did this in the least restrictive way, we asked the provider whether applications to the Court of Protection had been considered to ensure staff had the required legal authority for this level of monitoring.

We recommend that the service improves the training and recording in relation to the Mental Capacity Act 2005.

When staff joined the organisation they received an induction which incorporated the care certificate standards. The care certificate was a recommendation from the 'Cavendish Review' to help improve the consistency of training of health care assistants and support workers in a
social care setting. The service was currently updating their induction and training documents so they were based upon best practice. Staff new to care had the opportunity to shadow more experienced staff until they

felt competent. Staff who were joining the service to work alongside more complex people were required to have previous care experience.

People were supported by staff that were trained to meet their needs. Staff underwent training in the subjects such as moving and handling, fire training, equality and diversity, learning disabilities and safeguarding. Some staff had undertaken further health and social care qualifications also. All staff confirmed the training was good. All staff confirmed training was robust and worthwhile.

Staff were supported by ongoing informal and formal face-to-face supervision, spot checks, competency checks and an annual appraisal. Staff were invited to come into the office regularly and staff and the management team confirmed an "open door" policy. Open discussions provided staff the opportunity to highlight areas of good practice, identify where support was needed and raise ideas on how the service could improve. All staff we spoke with confirmed they felt supported and valued by the management team and provider. One staff member told us, " I set up a new house. I felt very supported, they listened and there was an open door policy."

People's nutrition and hydration needs were met. People's care plans provided details to help staff know what people's nutritional likes and dislikes were. Support plans also described if people required support to manage their weight, however we found some people who had been identified as needing to watch their weight did not always have a meal plan in line with weight loss for example one person was going to have noodles for lunch and cheesy pasta for dinner (they decided to go out for lunch after deciding on noodles). Some staff however gave good examples of how they worked with people to encourage healthier options when shopping and presented meals in a way which supported people to have the large size they liked. The recording around this however being in people's best interests when they were not able to consent to weight loss plans tracking required improvement.

People were protected by staff who acted in their best interest to make prompt referrals to relevant healthcare services when changes to health or wellbeing had been identified. Staff knew people well and monitored people's health on a daily basis. If staff noted a change they would discuss this with the support team and people's GP. Where people had reoccurring infections, support plans detailed how staff should encourage people to maintain good hygiene and health. During the inspection we noted people were booked in for annual reviews with their doctors, these are checks to support people's well-being. Staff helped people to access health care professionals. People saw healthcare professionals as required with the support from staff.

Technology advances were in progress to improve people's service and outcomes. The service had recently moved to recording care in an online format which was accessible to staff and could be shared with all of the team. Mobile phones were used for staff to share information with each other within their teams or the office staff. The operations manager told us the service was looking at tablet computers to enhance care planning and enable "real time" recording of information which the office would be able to see instantly.

Good

Is the service caring?

Our findings

The service continued to be caring.

People we met appeared comfortable with staff, and those able to express their views confirmed they were well cared for. The manager told us the caring nature of staff was monitored closely through feedback and supervision with staff. The values of the organisation was to support people to be part of the community and provide inclusive care.

Staff spoke of people in a caring, thoughtful way. Staff told us how much they loved their jobs and the people they cared for, some staff had left the company and returned. Staff maintained people's privacy and dignity when supporting them with personal care sharing examples of closing people's curtains, and giving privacy when they wished, for example if they wanted to use the bathroom alone. Confidentiality, the Data Protection Act and personal boundaries were understood and respected by staff.

Staff ensured people were supported and cared for as they would their own family. Staff rota's were organised around people's needs and arranged so staff had time to listen to people, provide information and involve people in their care. The values of the organisation ensured the staff team were compassionate, respectful and empathetic and this was evidenced through our conversations with staff and people's descriptions of the care they received. People, where possible, received their care from the same staff member or group of staff members. This suited people's needs and those who found it more difficult to build relationships with new people. Our discussions with staff all demonstrated a management and staff team that put people first.

People's social interests and preferences were recorded. The DOVE project offered an enabling service and supported people to do household chores, go shopping or to other activities if they wished in addition to offering personal care. We observed people were encouraged to be as independent as possible to develop life skills, for example by helping staff with the washing up, laundry and gardening. Some people had daily living skills assessments in place which assessed their level of need in daily activities of living, other's had this recorded in support plans. Staff worked at people's own pace to enable them to remain independent and care as much for themselves as possible.

People's care plans detailed family and friends who were important to them. This helped staff to be knowledgeable about people's family dynamics and enabled them to be involved as they wished. People and their relatives were encouraged to be involved in all aspects of care. Staff gave examples of how they involved people in care decisions by giving simple explanations for example in describing the benefits of the flu vaccine staff had said this would help prevent sneezing and coughing.

Staff shared people's goals and how the service had helped to improve their lives by promoting their independence and well-being.

Requires Improvement

Is the service responsive?

Our findings

At the last inspection in January 2016 this key question was rated as "Good". At this inspection we found improvement was required to care and support plans and reviewing people's goals and outcomes on a regular basis.

The service undertook their own assessment of people's strengths and needs. Comprehensive, support plans were then developed based upon people's physical, emotional and social needs. If people had protected characteristics under the Equality Act the registered manager assured us the provider's policies reflected people be treated equally and fairly. This assessment process also helped to identify when staff required further training before they were able to support people. If people were coming into the community from a residential setting, the service ensured all the necessary housing requirements were in place.

People had support plans in place which were individualised and encouraged choice and independence. Staff we spoke with clearly knew people very well. Detailed support plans provided clear guidance and direction for staff about how to meet a person's needs, their likes, dislikes and routines. Support plans included information for staff about how people liked their personal care delivered and how to communicate with people. People's care plans were written using their preferred name. However, although people's goals were recorded, it wasn't clear whether they had achieved these or the interventions required to support people to achieve their goals.

Given the complexities of some people's needs, we found there was a lack of regular reviews to demonstrate people's care and support was being evaluated. This meant there was a lack of evidence to demonstrate support given changed if people's needs changed.

The Accessible Information Standard is a framework put in place making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The information in support plans, reviews and information guides about the service was not in a format people could understand.

We also found support plans and information about people's care was not in a format they could understand. In addition, information related to the service, for example the service user guide was also not in formats people might comprehend. We found not all people had a hospital passport in place in the event they required a hospital admission. These documents help hospital staff be aware of people's health and communication needs. New support plans and one page profiles were being developed during the inspection.

A complaints procedure was not visible in an easy read, pictorial format in people's home should they or their family require this. There was a pictorial face poster in the office but people we met did not visit the office. We were told there had not been any complaints. There wasn't information in people's homes about how to make a complaint nor information related to advocates to ensure they had their voices heard.

People we met did not have their end of life needs or wishes considered or care planned for. People we met however, were quite young, but the service was registered to provide personal care to older people.

We spoke to the management team during feedback and these areas formed part of the action plan sent to use following the inspection.

Accurate, complete and contemporaneous records of each person were not always kept. There was a lack of regular reviews, a lack of outcome based support documented, and lack of records in an accessible format for people using the service This is a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Staff saw personalised care being provided during our home visits to people. People had chosen what they wanted to wear, what they wanted to do in the afternoon of our visits and what they wanted for lunch. Staff knew how people preferred their support. They knew people's particular behaviours for example those who liked to change the layout of their room frequently, liked fresh, clean, and ironed bedding and those who like having their feet soaked.

The service tried to match staff with people, for example age group, gender life experience and hobbies. This supported personalised care.

Some people had an enabling service, in addition to the support staff gave them with personal care. Staff supported people with housework, cooking, shopping, a cup of tea and a chat or took them out to local places. Other people had social engagement as part of their funded packages of care. We heard how people enjoyed a variety of activities including pottery, horse riding, discos, meals out. We observed people relaxing at home with DVD's, drawing, listening to music and engaging well with staff supporting them. This helped people at risk of social isolation within the community.

Requires Improvement

Is the service well-led?

Our findings

In June 2017, Selborne Care Limited was acquired by Care Tech. The registered manager left in November 2017. A staff member who already worked for Selborne Care Ltd was appointed as manager and applied to be the registered manager in December 2017. This process with the Commission was ongoing.

The provider's management team were described by staff as being very supportive. There was a clear staff structure in place and staff knew their roles and responsibilities. Staff said there had been changes but, "the dust was settling" and "We are in a much better place than last year". The operations manager who was responsible for supporting the manager and improving the operations system was also new to the post. They described the previous few months as a financially challenging time with the loss of some large packages of care. The new manager had identified areas for improvement and developed an action plan to address these. They told us progress had been made since the end of last year, "We have the right staff, in the right place, zero use of agency now" and, "We've pulled together, the restructuring has not compromised person centred care and quality."

Policies and procedures were in place but these did not always reflect latest NICE (National Institute of Clinical Excellence) standards or new standards of care for example the Accessible Information Standard. Policies, procedures and records that people might need were not in a format they could easily comprehend.

House audits were completed and a new detailed thorough auditing system based upon the Commission's key lines of enquiry and best practice was being developed. However, the provider's current governance system had not identified and remedied the areas we found required improvement. For example, we found the code of practice in relation to the Mental Capacity Act 2005 were not always followed. This code helps protect people's human rights. Work was being undertaken to ensure the induction and training met current best practice standards. We spoke with the management team about developing their overview of people's support.

We found a lack of involvement of people and those who mattered to them in developing the service, for example in care and support plans, policies and organisational processes. Although daily records were comprehensive, the lack of analysis of incidents and goal setting meant it was difficult to review people's progress and outcomes.

A system of remaining up to date and sharing best practice required developing and monitoring to enhance the quality of care people received and support the staff to stay abreast of changes.

At the time of the inspection the new manager was developing professional relationships in the local area. There was some partnership working, for example with people's medical review teams and when required with the local learning disability services. Relationships with Commissioners were being built following the management changes. Attendance at events such as the local authority dignity and care forum where based practice was discussed required development.

We reviewed the new quality assurance draft questionnaire. These are questionnaires which seek people's opinion of the service. We provided feedback to the manager about the wording which was complex given the people they supported and their level of understanding. We advised them to review best practice such as the use of flash cards to support people to understand the terminology and language used. The management team also informed us staff would be asked for their feedback via an anonymous staff online survey in the summer of 2018.

The lack of Good Governance arrangements was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

The management team was motivated and positive about the future. The visions and values of person centred care and inclusion were shared across the staff team and management structure. The operations manager shared, "We want people to be as independent as possible whilst keeping people safe. We want to see them really involved in the community, seeing them more involved in their homes and be providing more of a living skills training programme to enhance people's independence." The management team shared their vision for the future, "We want to be evaluating people's aims and goals and have more focus on this – we don't want to do it for people but encourage, listen, give choice and encouragement. We want to grow staff opportunities and invest in training." New governance systems were in progress but this required time to be established and ensure sustainability.

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
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance This is a breach of Regulation 17 (1) (2) (a) (c) (f) Systems and processes were not established to improve the safety of people using the service; accurate, complete records were not kept or in a format people could understand or which was easily accessible for people and family. Governance systems to evaluate and improve practice required improvement.