

# London Borough of Waltham Forest

## Alliston Road

### Inspection report

Alliston House  
Church Hill Road  
London E17 9RX  
Tel: 020 8520 4984  
Website: [www.lbwf.gov.uk](http://www.lbwf.gov.uk)

Date of inspection visit: 25 November & 3 December 2014  
Date of publication: 30/03/2015

### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Good



### Overall summary

We inspected Alliston Road on 25 November and 3 December 2014. This was an unannounced inspection. At the last inspection in August 2013 the service was found to be meeting the regulations we looked at.

Alliston Road provides accommodation for up to 43 older people who have dementia care needs. There were 33 people living at the home when we visited. There was not a registered manager in post on the day of our inspection. The last registered manager for the service left in July 2014. The provider had an acting manager in post while they were recruiting to the position. The acting manager started in September 2014. 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 not always kept safe at the home. There were poor arrangements for the management of medicines that put people at risk of harm. Risk assessments were in place however those we looked at had not been signed and no review date given. It was not always clear when a review had been completed. It was

# Summary of findings

also not clear if information from previous risk assessments had been included onto the new templates. The lack of ongoing assessment of risks to people did not help to protect them against the risk of receiving inappropriate or unsafe care and treatment.

The service had a safeguarding procedure in place and staff were aware of their responsibilities with regard to safeguarding adults. There were enough staff at the service to help people to be safe.

Each person had a care plan which set out their individual and assessed needs. However, some people were not protected against the risks of unsafe or inappropriate care and treatment by means of the maintenance of accurate monitoring records in relation to the care.

Staff told us they undertook regular training however the service could not provide up to date evidence that staff had done the training they said they had done. Staff received supervision which supported them to meet people's needs.

Most of the people told us there were not enough activities. During the course of our inspection over two days we did not see evidence any activities taking place. We saw people left alone in their bedrooms not engaging in any stimulating interaction.

Some people who used the service did not have the ability to make decisions about some parts of their care and support. Staff had an understanding of the systems in place to protect people who could not make decisions and followed the legal requirements outlined in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

People told us they felt cared for. People could make choices about how they wanted to be supported and staff listened to what they had to say.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy. The staff knew the care and support needs of people well and took an interest in people and their families to provide individual personal care.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe. The service did not have effective systems in place for the management of medicines.

Risk assessments were in place however these had not been always been reviewed appropriately to reflect people's changing needs.

The service had a safeguarding procedure in place and staff were aware of their responsibilities with regard to safeguarding adults.

There were enough staff at the service to help people to be safe.

**Requires Improvement**



### Is the service effective?

The service was effective. Staff told us they undertook regular training. Staff received supervision which supported them to meet people's needs.

People's health care needs were met and they had access to health care professionals.

People were supported to eat and drink sufficient amounts and they had a choice of what they ate.

Staff demonstrated they had an awareness and knowledge of the Mental Capacity Act 2005, which meant they could support people to make choices and decisions where people did not have capacity.

**Good**



### Is the service caring?

The service was caring. Care was provided with kindness and compassion. People could make choices about how they wanted to be supported and staff listened to what they had to say.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

The staff knew the care and support needs of people well and took an interest in people and their families to provide individual personal care.

**Good**



### Is the service responsive?

The service was not always responsive. Some people were not protected against the risks of unsafe or inappropriate care and treatment by means of the maintenance of accurate monitoring records in relation to their care.

Most of the people told us there were not enough activities. During the course of our inspection over two days we did not evidence any activities taking place. This meant people's needs were not been met in relation to meaningful engagement and interaction and activities.

**Requires Improvement**



# Summary of findings

People knew how to make a complaint if they were unhappy about the home and felt confident their concerns would be dealt with appropriately.

## Is the service well-led?

The service was well-led. The service did not have a registered manager in place. However, people told us they found the acting manager to be approachable and improving the service.

The service had systems in place to monitor quality of care and support in the home.

**Good**



# Alliston Road

## 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 was an unannounced inspection. The inspection team consisted of a lead inspector, two other inspectors, a pharmacy inspector and a dementia specialist. We visited the home on 25 November and 3 December 2014 and spoke with nine people living at Alliston Road, one visitor and one relative. We also spoke with two senior support workers, five support workers, the media co-ordinator, the cook and the acting manager. We observed care and support in communal areas and also looked at some people's bedrooms and bathrooms. We used the Short

Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We looked at 17 care files, staff duty rosters, three staff recruitment files, a range of audits, complaints folder, minutes for various meetings, staff training matrix, accidents and incidents folder, safeguarding folder, five supervision files for staff, activities timetable, health and safety folder, food menus, and policies and procedures for the home.

Before our inspection, we reviewed the information we held about the service. This included the last inspection report for August 2013 and a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We spoke to the local contracts and commissioning team that had placements at the home. We also reviewed notifications, safeguarding alerts and monitoring information from the local authority.

# Is the service safe?

## Our findings

People told us they felt safe living at the home. We spoke with nine people and they told us they felt safe. One person told us, “I feel safe here. Staff know what to do.” Another person said, “I do feel safe living here.” A relative answered ‘yes’ when we asked if the service was safe.

We checked storage for medicines and medicines records for 27 people across three units. We found that all prescribed medicines were available; however we found that four people had not received their medicines as prescribed in November 2014. When we compared the dosage instructions on peoples anticoagulant record books to the doses administered to them according to the entries on their medicines administration records we saw two people had received incorrect doses of their anticoagulant medicines in November 2014. One person was prescribed a medicine to treat constipation, to be administered at night only. This was being administered twice daily instead of once daily. One person had not received a medicine to treat a urinary tract infection as prescribed because staff had recorded that 280ml had been administered over a seven day period, however when we checked supplies, only 170ml had been administered. Therefore these people had been placed at risk because they did not always receive their medicines as prescribed.

We found an open and in use bottle of ear drops in the medicines cupboard on 25 November 2014, which had been opened on 08 October 2014, was labelled with “discard 28 days after first opening”, but had not been discarded. Two bottles of eye drops labelled with “discard 28 days after first opening” for another person were in use, but staff had not recorded the date of opening on the containers. This meant that people had been placed at risk of receiving medicines that had expired.

All medicines were stored securely and at the correct temperatures to remain suitable for use except for one controlled drug. This was labelled both on the container and on the medicines record as “controlled drug” however this was not being stored in the controlled drugs cupboard. Therefore this medicine was not being stored according to legal requirements.

We found that some medicines records were not accurate. For example, the district nurse had administered a dose of insulin to one person, and according to this person’s

medicines record, had administered an incorrect dose, 20u instead of 32u. This had not been noticed or queried with the district nurse. The manager told us that the correct dose had been given, but the district nurse had made an incorrect entry. When staff administered certain medicines to people where a variable dose had been prescribed, such as pain relieving medicines, they did not always record the dose that they had administered. Therefore medicines records were not always completed fully and accurately.

Some medicines had been hand written added onto people’s medicines administration records by one member of staff and were being used to administer medicines to people without being checked by a second member of staff to ensure the dose and instructions were accurate. The National Institute for Health and Care Excellence (NICE) Managing Medicines in Care Homes guideline, issued in March 2014 says “Care home providers should ensure that a new, hand-written medicines administration record is produced only in exceptional circumstances and is

created by a member of care home staff with the training and skills for managing medicines and designated responsibility for medicines in the care home. The new record should be checked for accuracy and signed by a second trained and skilled member of staff before it is first used.” Therefore we saw that the provider was not following current medicines guidance in relation to the checking of handwritten medicines administration records.

Some people were prescribed medicines to be given only when needed, such as medicines for behaviours that challenge. Although we saw that these were not being overused, people’s medicines and care records did not contain sufficient instructions on when to administer these medicines, therefore these people were placed at risk of receiving these medicines incorrectly or inappropriately.

The above issues were a breach of Regulation 13 of the Health and Social Care Act (Regulated Activities) Regulations 2010.

Individual risk assessments were in place for people, to help protect them from harm. However, the assessments were not always comprehensive. One person had been identified as being at risk of isolation however there was no information in the care plan to address this. Another person had been assessed as being at risk of pressure sores however their care plan had no information on the management of the pressure area care for this person. A

## Is the service safe?

third person with behaviours that challenged the service had no risk assessment to identify the level of risk for a plan to manage this condition to be put in place. Although people's needs had been assessed and care plans developed these did not always adequately guide staff so that they could meet people's needs effectively.

Risk assessment reviews and updates were also inconsistent. The staff had recently transferred all the risk assessments and care plans onto a new template. All the risk assessments we looked had not been signed and no review date given. It was not always clear when a review had been completed. It was also not clear if information from previous risk assessments had been included onto the new templates. This meant the lack of on-going assessment of risks to people did not protect them against the risk of receiving inappropriate or unsafe care and treatment.

The above issues were a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The service had safeguarding policies and procedures in place to guide practice. We saw posters with contact details for the local authority for reporting any issues of concern were on display. Staff told us they had received training in safeguarding adults. On the first day of the inspection staff told us that safeguarding training was going to be provided in the coming week. On the second day of the inspection we saw that safeguarding adults training was being delivered on the premises. Staff understood what abuse was and how to respond appropriately if they suspected that people were being abused. We saw records that safeguarding had been discussed in staff meetings. Staff we spoke with knew about whistleblowing procedures and who to contact if they felt concerns were not dealt with correctly.

The manager was able to describe the actions they had taken when the incidents had occurred which included reporting to the Care Quality Commission (CQC) and the local authority. This meant that the service reported safeguarding concerns appropriately so that CQC was able to monitor safeguarding issues effectively.

We saw there were systems in place for the maintenance of the building and equipment and to monitor the safety of the service. This included monthly audits of environmental health and safety. There was also a system of daily checks in place to ensure quality was monitored on a day to day basis such as fire doors, fridge and freezer temperatures to ensure people's safety. We saw records to show that there were weekly checks of the hot water temperatures of all hot water outlets and checks of fire safety equipment.

There were sufficient staff on duty to provide care and support to people to meet their needs. The acting manager told us staffing levels were based on people's needs. We observed that call bells were answered promptly and care staff were not hurried in their duties. We looked at the duty roster and saw that planned staffing levels were maintained. One staff member told us, "I have enough time to spend with people." Another staff member said, "At the moment staffing levels are ok but if a couple of people comeback from hospital we would need more [staff]." We asked the same staff member if the acting manager would address this and they said 'yes'.

We looked at three staff files and we saw there was a robust process in place for recruiting staff that ensured all relevant checks were carried out before someone was employed. These included appropriate written references and proof of identity. Criminal record checks were carried out to confirm that newly recruited staff were suitable to work with people using the service.



# Is the service effective?

## Our findings

People told us they were happy with the level of care and support they received. One person said, "They [staff] look after me properly." Another person commented, "The staff are good to you." One relative told us, "I think it is great. They look after my [relative] well."

The training matrix showed the core training included manual handling, safeguarding adults, medication, dementia awareness, infection control, first aid, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), food hygiene, health and safety, and fire awareness. The training matrix was not up to date so it was difficult to ascertain what training staff had received. However, staff we spoke with told us they received regular training to support them to do their job. One staff member told us, "The training is really good." Another staff member said, "I had safeguarding training in May and again tomorrow. I also did medication training in September."

Staff told us they were well supported by the acting manager. Staff received regular formal supervision and we saw records to confirm this. One staff member said, "You get supervision every 3 to 4 months. You can tell the manager if you want emergency supervision." The same staff member said, "In supervision we talk about what is bothering you, people you care for and training." Staff we spoke with confirmed they received yearly appraisals and we saw documentation of this.

The acting manager and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA and DoLS is law protecting people who are unable to make decisions for themselves or whom the state has decided their liberty needs to be deprived in their own best interests. The acting manager knew how to make an application for authorisation to deprive a person of their liberty. Discussions took place with the acting manager regarding how the recent judgement by the Supreme Court impacted on the provider's responsibility to ensure DoLS were in place for people who used the service. There were currently 26 DoLS applications going through the authorisation process. We looked at two applications which included detailing risks, needs of the person, and ways care had been offered and least restrictive options explored. Where people had been assessed as not having mental capacity to make decisions,

the acting manager was able to explain the process followed in ensuring best interests meetings were held involving relatives and other health and social care professionals.

Some people needed a specialist diet to support them to manage diabetes and the staff understood people's dietary requirements and how to support them to stay healthy. We spoke with the cook who told us about the people who were diabetic and explained the meal preferences for these people which was reflected in the documentation we looked at. We saw drinks were offered throughout the day and during the mealtimes to people. We saw the choices for the day were roast chicken and corned beef. The cook told us that people could ask for alternatives to the food choices for that day. People told us and we saw records that showed people had requested an alternative meal not on the food menu. One person told us, "You have a choice of food." Another person said, "I can choose my breakfast. I don't like porridge so I have corn flakes with warm milk." People we spoke with were very complimentary about the quality of the food. One person told us, "Everything is tasty." Another person said, "I like the dinners."

As part of our visit, we carried out an observation over the lunch time period. We noted food menus were not on display for people. However, staff told us they spoke with people the day before to find out what food choices they wanted for the next day and we saw records of this. The lunchtime was relaxed and we saw people could eat in the dining room, lounge area or their own bedroom. Most people were independent throughout the meal and staff were available for people who required assistance with eating and drinking. We saw people were not rushed to eat their meal and people and staff talked throughout the mealtime and enjoyed each other's conversations.

People were supported to maintain good health and to access healthcare services when required. Care records showed people received visits from a range of healthcare professionals such as GPs, district nurses, podiatrists, dentists, chiropodists, opticians and dieticians. One person told us, "If I want to see [GP] I just ask and that's good actually if you want a check-up." A relative told us, "The staff will get a doctor in when I ask." In one of the care files we reviewed there was detailed information about a person's weight loss. We saw from the records that when the needs changed staff made appropriate referrals to the GP and a dietician.



# Is the service caring?

## Our findings

People told us that they were well treated and the staff were caring and compassionate. One person told us, "They [staff] are very caring." Another person said, "Well I think they generally care for us." A relative told us, "Staff are lovely."

Staff knew the people they were caring for and supporting. Each person using the service had an assigned key worker. The staff members we spoke with were key workers for people. They were able to describe how they developed relationships with people which included talking to the person to gather information on their life history and likes and dislikes. One staff member told us, "I'm a key worker. I'm like their advocate with their health, meals and clothing." We observed staff interacting with people in a positive and caring manner. People's life stories were documented in the care plans we reviewed and helped staff deliver individualised care that was sensitive to people's needs. We observed staff interacting with people who were not verbal by holding their hands and using body language to communicate. A staff member told us about a person she was a key worker for whose first language was not English. The staff member told us she learnt that

person's language via the internet so they could communicate more effectively with this person. The staff member was able to demonstrate to us some of the language they had learnt.

People and their relatives told us the staff and consulted with them about the care they received and what they wanted to do. One relative told us, "I was invited to a meeting and told them all about [relative]."

Staff told us how they promoted people's dignity, choice, privacy and independence. For example, they said they always ensured that doors were closed when providing personal care to people. We saw people being treated with dignity and respect. One person told us, "Staff always knock on my door. They are very polite." Staff members spoke with people while they were being assisted throughout the day with words of encouragement. We also saw that people's preferences were respected. One staff member told us, "Everyone is different here. We give the dignity and respect they deserve." People we spoke with told us they could get up and go to bed when they wanted and this was reflected in the documentation we looked at. One person said, "I get up when I want." Systems were also in place to meet peoples' religious and cultural needs, for example arrangements had been made to supply cultural food. This indicated the home made reasonable adjustments to meet people's individual needs.

# Is the service responsive?

## Our findings

Each person had a care plan which set out the individual and assessed needs of people, however some people were not protected against the risks of unsafe or inappropriate care and treatment by means of the maintenance of accurate monitoring records in relation to the care.

We found instances where care plans were either not being followed through or they had missing information. For example, one person had been assessed as being under weight. The risk assessment stated that staff should update a food and drink monitoring sheet on a daily basis. We checked the food and drink monitoring sheet and saw the person's food monitoring had not been recorded. We asked a member of staff why the monitoring sheet had not been completed. The staff member advised that the person's weight had increased and they no longer needed to update the record. However this information was not recorded on the care plan for the person. The care plan for another person stated that they were to be turned on a two hourly basis and this was to be recorded on a positioning chart. We checked the positioning chart and we saw nothing was recorded for one day. We asked a member of staff why this had not been updated but they could not give an answer. This meant people who used the service were at risk of receiving poor and inappropriate care because accurate records about their care were not maintained.

During our visit, staff told us and we saw the behaviour of one person that challenged the service. The manager and other staff told us this was a recognised behaviour of the person, and we saw reference to it in the person's care plan. We looked at the behaviour monitoring chart for this person. We saw there were gaps in the monitoring chart. This made it difficult to review the person's behaviour, and was not an accurate record of the care and treatment provided to the person. This meant it did not protect the person against the risk of unsafe or inappropriate care and treatment.

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

Six out of the nine people we spoke with told us there were not enough activities. Comments from different people included, "activities not very often", "we just sit and watch the telly", "nothing really happens", "after lunch it's

sometimes so boring and quiet", "they don't do anything but music", "music or TV nothing else really" and "not many activities but they do what they can. We have bingo sometimes and a sing-a-long." We spoke to a regular visitor to the home who told us, "Not much happening. There used to be but it stopped. The lack of stimulation bothers me." The home employed a part-time activities co-ordinator who worked Monday and Thursday. On the alternative three days the home had received funding for a media co-ordinator. We spoke to the media co-ordinator who told us their role was doing an activities programme that stimulated people which included using iPads for music and film clips, pampering and sensory sessions. After the inspection the media co-ordinator sent us a log specifically for media activities for people which reflected the information we had been told. We also looked at the daily activities log in people's care plans. One person had recorded for activities that they listened to Christmas Carols and watched TV. This activity had been repeated most days in the log since November 15 2014.

During the course of our inspection over two days we did not evidence any activities taking place. We visited each of the lounges over the two days and we observed people sleeping, watching television or listening to Christmas carols. We saw people left alone in their bedrooms not engaging in any stimulating interaction. This meant people's needs were not been met in relation to meaningful engagement and interaction and activities.

The above issues were a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We found that the staff sought to involve people in planning their care and making choices over their daily lives. For example, we spoke with a person who liked a popular singer from the 1960's. We saw that this was mentioned throughout this person's care plan. The same person gave us permission to see their room and we saw it was decorated with memorabilia for this singer. Care plans included details on the choices and preferences of people which included likes and dislikes and on their personal life histories. Documentation reviewed reflected on-going involvement from both residents and their relatives in the design and planning of care. For example, one person's care file stated that they did like porridge and we spoke to this person who confirmed this. The senior support workers

## Is the service responsive?

told us the family were involved in the development of that care plan and they reflected what was stated in the care plan. One relative told us, "I told them [staff] all about my [relative]."

Meetings were not being held with the people using the service to discuss plans for the home and to find out their views. The manager told us she had stopped these meetings in October 2014 as the discussions were not meaningful to people. She told us the minutes of these meeting were very brief and usually just one line. Previously they were held every fortnight on each unit. The manager said she planned to start resident meetings in the near future that would be more beneficial to people. We saw this action recorded in the improvement plan for the home.

Most people told us they knew how to make a complaint. One person said, "I would speak to the manager if I wanted to complain." The home had a complaints procedure which was on display in the communal areas of the home. The complaints procedure was available in large print for people. The procedure included timescales for responding to complaints and details of who people could complain to if they were not satisfied with the response from the service. Staff we spoke with told us they would report any complaints to the manager or senior staff. We saw records of complaints and found the service was listening to people's and their relatives' problems and concerns. We found the complaints were investigated appropriately and the service aimed to provide resolution for every complaint in a timely manner.

# Is the service well-led?

## Our findings

There was no registered manager in post. The last registered manager for the service left in July 2014. The provider had an acting manager in post while they were recruiting for the position. The acting manager started 22 September 2014. The acting manager told us that they planned to apply to register with CQC imminently.

People told us the acting manager was approachable. One person said, “The manager is very nice. She comes around a lot and asks how you are.” Another person told us, “I know the manager. She’s very nice.” A regular visitor to the service said, “Things have improved since [acting manager] came here.”

Staff told us that they felt supported by the acting manager and that they were approachable. One staff member said, “The acting manager is very progressive. Since she has been here things have changed for the better. She is fair.” Another staff member told us, “The manager is doing well with good changes. She wants the staff to work together as a team and it is happening.”

Staff told us that the service had regular staff meetings where staff were able to raise issues of importance to them.

We saw minutes of meetings for the care, domestic, kitchen and senior staff. Topics included safeguarding, communication, health and safety, food menus, audits, DoLS and medication. One staff member told us, “We talk about how to look after people, people’s health and meals.” Another staff member said, “We can bring issues to the team meeting.”

The acting manager told us and we saw the home had an improvement action plan to address concerns about the service. The acting manager told us they had been regularly meeting with the service manager which included discussing their own performance and updating the improvement action plan. The acting manager recognised where the service could still improve. The service manager completed a weekly audit that looked at the environment, record keeping, and medicines and we saw records of this. The acting manager told us they had implemented regular staff meetings, supervision, introducing a new template for risk assessments and care plans, and night quality checks. We saw on the improvement action plan the home was to go to conduct an annual survey for December 2014. This meant the acting manager took steps to respond to the challenges in 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

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 13 HSCA 2008 (Regulated Activities) Regulations  
2010 Management of medicines

**The registered person did not protect service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the recording, safe keeping, and safe administration of medicines.**

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 9 HSCA 2008 (Regulated Activities) Regulations  
2010 Care and welfare of people who use services

**The registered person did not take proper steps to ensure that each service user is protected against the risk of receiving care that is inappropriate or unsafe by meeting the service user's individual needs and ensuring their welfare through provision of meaningful social activities.**

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 10 HSCA 2008 (Regulated Activities) Regulations  
2010 Assessing and monitoring the quality of service providers

**The registered person did not take proper steps, through individualised and up-to-date needs assessments and care plans, to ensure that each service user received care and treatment that was appropriate and safe.**

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

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 did not ensure that service users were protected against the risks of unsafe or inappropriate care and treatment arising from a lack of proper information about them by means of the maintenance of an accurate record in respect of each service user, appropriate records in relation employees and the management of the service.