Mrs Lynda Clarke

Priority Home Care

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 16 July and was announced. The inspection continued on 17 July 2018 and was announced.

Priority Home Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults.At the time of our inspection there were 30 people receiving personal care from the service. There was a central office base in Ferndown.

Not everyone using Priority Home Care received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a registered manager in place. 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.

Quality monitoring systems in place were not robust or effective. We found that detailed findings during auditing were not recorded nor were actions required for improvements listed or timescales added. The service did not record improvement actions. This meant that areas for development might be missed or forgotten.

The service did not maintain accurate, complete and contemporaneous records in respect to each person. Information was not always recorded and care records were not all up to date.

The service assessed people's communication needs and these were being met, but they were not recorded.

People were supported to make decisions. However, best interest decision meetings had not taken place in line with the Mental capacity Act for one person.

People were supported by staff who understood the risks they faced and valued their right to live full lives. Staff described individual risks and the measures that were in place to mitigate them. Risks had been assessed and safety measures were reflected in people care and support plans.

People and staff told us that they felt the service was safe. Staff were able to tell us how they would report and recognise signs of abuse and had received training in safeguarding adults.

Medicines were managed safely, correctly recorded and only administered by staff that were trained to give medicines.

Staff had a good knowledge of people's support needs and received regular training as well as training specific to their roles for example, nutrition and dementia.

Staff received regular supervisions and annual appraisals which were carried out by the registered manager.

People were supported to eat and drink enough whilst maintaining a healthy diet. Food and fluid intake was recorded for those who required monitoring for this.

People were supported to access healthcare services. We were told that health professionals visit people in their homes and that on occasion's staff would support people to arrange outpatient appointments.

People told us that staff were caring. We observed positive interactions between the staff and people. People said they felt comfortable with staff supporting them and that staff treated them in a dignified manner. Staff had a good understanding of people's likes, dislikes, interests and communication needs although these were not clearly recorded in people's plans. This meant that people were supported by staff who knew them well.

People had their care and support needs assessed before using the service and care packages reflected people's needs in these.

Staff, people and families told us that they thought the management was good at Priority Home Care. We found that the management team promoted an open working environment and was flexible.

Staff were acknowledged by the registered manager for their hard work and commitment in their jobs. Staff told us this made them feel valued and that they were involved in developing the service.

This is the third consecutive time the service has been rated Requires Improvement.

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 was safe.

People were at a reduced risk of harm because risk's had been assessed and were reflected in people's care and support plans.

There were sufficient, safely recruited staff available to meet people's assessed care and support needs.

Staff had completed safeguarding training and were able to tell us how they would recognise and report abuse.

The service leant from mistakes through reflective learning which was shared with staff.

People were safe because medicines were managed safely, correctly recorded and only administered by staff that were trained to give medicines

Is the service effective?

Good

The service was effective.

People's choices were respected and staff understood the requirements of the Mental Capacity Act 2005.

Staff received comprehensive training to give them the skills they required to carry out their roles.

People were supported to maintain healthy balanced diets.

Staff worked with external professionals and people were supported to access health care services.

Is the service caring?

Good

The service was caring.

Staff delivered care that demonstrated true passion and

commitment to the people they were supporting.

Compliments written to the service from relatives reflected kind and tender care delivered to their loved ones.

Staff had a good understanding of the people they cared for, promoted independence and supported them in decisions about how they would like to live their lives.

People were supported by staff that respected their privacy and dignity.

Is the service responsive?

Good

The service was responsive.

The service assessed people's communication needs and these were being met, but they were not recorded.

People and their families were aware of the complaints procedure and felt able to raise concerns with staff.

People received personalised care that met their needs and preferences.

People were supported by staff that recognised and responded to their changing needs.

Is the service well-led?

Requires Improvement

The service was not always well led.

Quality monitoring systems were not robust or effective. The audit tools used did not allow the auditors to add details or actions required to improve where necessary.

Feedback from people had not always been acted on.

Accurate, complete and contemporaneous records were not kept in respect of each person.

Relatives, professionals and staff spoke highly about the service.

The management promoted and encouraged an open working environment by including people and recognising staff achievement.

Management delivered support hours to people as and when required.

The service worked in partnership with professionals to deliver positive outcomes to people.

Priority Home Care

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 16 July 2018 and was announced. The inspection continued on 17 July 2018 and was announced. The provider was given 48 hours' notice. This was so that we could be sure the registered manager was available when we visited and that consent could be sought from people to receive home visits from the inspector. The inspection was carried out by a single inspector on day one and two inspectors on day two.

Before the inspection we reviewed all the information we held about the service. This included notifications the service had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive.

We used information the provider sent us in the 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 visited five people in their own homes and discussed the delivery of care with each of these people and four family members. We had telephone conversations with two health and social care professionals.

We met with the registered manager and the finance manager and care coordinator. We spoke with five staff.

We reviewed eight people's care files, policies, risk assessments, complaints, quality audits and the 2017 quality survey results. We looked at four staff files, the recruitment process, staff meeting notes, training, supervision and appraisal records.

We asked the registered manager to send us information after the visit. This included policies and the

training matrix. The registered manager agreed to submit this by Friday 20 July 2018 and did so.

Good

Is the service safe?

Our findings

People, relatives, professionals and staff told us that Priority Home Care delivered a safe service to people. A person told us, "I'm happy with the care. I definitely feel safe with the carers". Another person said, "Staff make sure I am safe and comfortable before leaving". A relative told us, "My loved one receives good safe care. We get on very well with the staff". A professional said, "I feel the home is safe for those who live there". Staff described the service as safe and told us that safe systems in place included; clear guidelines, risk assessments, policies, spot checks and management support.

People were supported by staff who understood the risks they faced and valued their right to live full lives. This approach helped ensure equality was considered and people were protected from discrimination. Staff described individual risks and the measures that were in place to mitigate them. Risks had been assessed and safety measures were in reflected in people care and support plans. Where people had been assessed as being at high risk of choking or falls, assessments showed measures taken to discreetly monitor the person. A person said, "I don't really like the hoist but staff know how to use it and reassure me and make me feel safe when they use it". A professional told us, "My understanding is that risks are assessed and kept up to date".

Staff were clear on their responsibilities with regards to infection control. Staff kept Personal Protective Equipment (PPE) such as hand gel, disposable aprons and gloves in their cars and were able to pick up new supplies from the office when required. Throughout our visits to people's homes we observed staff wearing these. Staff were able to discuss their responsibilities in relation to infection control and hygiene.

Staff were able to tell us signs of abuse and who they would report concerns to both internal and external to the service. There were effective arrangements in place for reviewing and investigating safeguarding incidents. There was a file in place which recorded all alerts, investigations and logged outcomes and learning. There were no safeguarding alerts open at the time of the inspection. A professional told us, "I have no safeguarding concerns relating to the service". Relatives and staff said they had no safeguarding concerns and would feel confident to use the whistleblowing policy should they need to.

Staff understood their responsibilities to raise concerns and near misses. Staff told us if they had concerns the registered manager would listen and take suitable action. Accident and incident records were recorded and analysed by the registered manager and actions taken as necessary. Examples had included seeking medical assistance and specialist advice. Lessons were learned, shared amongst the staff team and measures put in place to reduce the likelihood of reoccurrence.

Staff, people and relatives told us that they felt there were enough staff to deliver support hours to people and meet their needs as set in people's care plans. We were told that there had been no missed visits. A person told us, "I think there are enough staff. I have never had a missed visit. If staff are ever running late we are informed which tells us they will let us know". Another person said, "There are enough staff. None of my visits have ever been missed or cancelled". A staff member told us, "I think there are enough staff to deliver the support hours required. We have never had a drastic shortage, visits are always covered".

People told us that they received a roster of staff visits the Friday or Saturday prior to the week ahead. The registered manager told us that they did not take on too many new care packages at a time and ensured that there were enough staff in place first. The registered manager said, "We calculate staff by using the schedules. This adds up hours and works out the number of staff required. I am confident we have enough staff to deliver the hours required".

People were recruited safely. We found that all staff had other checks on their file which included; identification, employment history and criminal records checks with the Disclosure and Barring Service (DBS). The DBS checks people's criminal record history and their suitability to work with vulnerable people.

There were robust systems in place to ensure proper and safe use of medicines. Medicines were recorded accurately. Medicines were signed on an online Medicine Administration Record (MAR) and these indicated that medicines had been given as prescribed. The registered manager told us that these were regularly checked and that if staff did not administer a person's medicines an alert would be sent to the manager's online system. Staff were required to complete medication e-learning and classroom training as well as undergo a competency test by management before administering medicines. There was a comprehensive up to date medicines policy in place which staff told us they were aware of. During our home visits we observed a staff member administer a person's medicine. The staff member followed the local policy and completed the on line MAR sheet.

Good

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People were supported to make decisions. However, where required, best interest decision meetings had not taken place. One person's care plan stated that they were unable to make decisions about their care and treatment and that all decisions would be made by their partner. No capacity assessment or best interest paperwork was in place to support this outcome. This area for improvement had been identified by the local authority during their last service improvement visit which took place in February 2018. The registered manager told us they had not made the improvements required and would address this. We observed the manager making an appointment with the person and their relative to complete a mental capacity assessment. The registered manager said "I plan to review all files and remove our current decision making form".

Staff received training in the Mental Capacity Act. A member of staff told us, "The Mental Capacity Act makes sure people have the right to choose, to tell us how they want things done and the right to refuse" and then went on to say "I support people to give me consent by asking them what they want and checking if it's ok". Another member of staff said "it's to help people decide". Records showed that staff have received training in MCA and best interest decisions. A person told us, "Staff always seek my consent. They ask me if it is ok to do this or that". Another person said, "Staff do what they have to and ask me for my consent".

Priority Home Care had just started to use an online system care planning system and the content was being developed. This provided the staff with all the relevant information they required and monitored the care and support delivered to people by staff. Each staff member had a smart phone which allowed them access to the system. On arrival to people's homes staff logged in and scanned a quick response code which gave them access to the persons file and tasks which needed to be completed during the visit. As tasks were completed staff confirmed completion and wrote notes. If tasks were not completed an alert was sent to the office for management to follow up. A staff member told us "It has more in depth information about people's care".

In addition to this family members could also be given log in details to review and check if their family member's needs had been met. A relative told us, "I have been given access to the new system but I'm not sure I will use it. It's nice to have really".

Assessments had been completed before people started to receive a service and this information had been used to form their care and support plan. The assessments contained information about people's needs and the support people required. People and their families were involved in discussions about their care needs during these assessments and had their life choices respected. Technology and equipment was

available that increased people's independence and safety. Examples included hoists for assisting with transferring people. Health and social care professionals told us that families had fed back positively to them about Priority Home Cares assessment process. One relative said, "The care package was arranged through social services and then the registered manager came to make sure my loved ones care needs were current. This was good".

People's eating and drinking needs had been assessed and where necessary specialist input had been sought. Safe swallow plans were in place for people who required them, there was clear evidence of review and consultation with Speech and Language Therapists (SALT). One person's needs had been reviewed and this information had been updated in the care plan and a copy of the plan was seen in the persons file. Staff had a good knowledge of the nutritional needs of a person in relation to consistency of food and thickness of fluids. Daily records of care confirmed staff were supported people with the correct diet and drinks. Staff recorded details of food and drinks intake for people in the daily records. A person said, "Staff help me with my food. They feed me". During a home visit we observed a staff member supporting the person with their dinner. The staff member gave the person a choice of what to eat and then prepared it.

A person said, "New staff have fitted in nicely. New staff spend time getting to know us". During a home visit we observed a new staff member shadowing an experienced staff member. They spent time introducing themselves to the person and explained that they were new. A relative told us, "New staff have been shadowing experienced staff this week. They seem nice". There was a clear induction programme for new staff to follow which included shadow shifts and practical competency checks in line with the care certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training.

All staff received a theory based induction and were able to demonstrate their learning whilst receiving support from a more experienced member of staff. There was evidence of shadow shifts in staff files and staff confirmed they had received an induction. A staff member told us "my induction was really good, we did practical and paper based training". Another new staff member said, "I'm being given a good induction. I have to complete 16 hours of shadow work. It is a three week induction in all which includes training. The management and staff have all been supportive. I have done my moving and assisting training and have been shown the new on line system". The service gave all new staff a review after two weeks of working alone, the manager told us "this is how we check staff are happy and we can feedback to them".

There was training programme in place with both face to face and online learning; records showed that staff had received training which gave them the skills required to do their job such as adult safeguarding, moving and handling, mental capacity and fire safety. Staff told us they enjoyed the training and one member of staff said "I volunteered to go in the hoist during moving and handling practical, it's good for us to know what it feels like for people". Another staff member said "they [managers] had supported me really well with my learning needs". Records showed a number of staff had achieved diplomas in Health and Social Care which was supported by the service. A relative said, "We are impressed with staff's dedication, professionalism and passion for the job". Another relative told us, "I have full confidence in the staff".

Staff received regular supervisions and appraisal. Supervision records showed these were thorough and that issues around work performance had been discussed. Staff told us "I have regular supervision with the manager [name], it is a two way process" another told us "I feel happy to tell them [managers] when I have a problem and they let me know I am doing a good job". Staff felt supported by the management team and told us "I feel appreciated" another told us "they keep in contact, they are good managers".

Appraisals were held annually and the service sent a pre-appraisal form to all staff. The pre appraisal form

offered staff time for self-reflection and preparation for the meeting. The questionnaire asked staff to think about their strengths and weaknesses in their role, their working hours and areas in which they felt they excel. Records showed these meetings took place for all staff. The registered manager told us that they were developing new forms for supervision and appraisal through the new online system. Current versions of supervision and appraisal forms did not however have actions to carry forward or review, the registered manager told us that this would be included on the new online versions.

People's records showed that they had input from healthcare services. The registered manager confirmed that they had a good relationship with medical centres and district nurses in the area. People's records and daily notes showed guidance and treatment was sought as appropriate. Healthcare plans created by specialists had been incorporated into people's care plans so that they got the correct treatment. A staff member told us "I routinely request GP or nurse visits for people" and then went on to say "I have had to call 111 for advice and on occasions the emergency services". The registered manager told us they do not currently support people to attend healthcare appointments.

Good

Is the service caring?

Our findings

People and their relatives told us staff at Priority Home care were kind and caring. One person told us, "I am happy with the staff, I can't complain. They [staff] are caring and kind which is very good". Another person said, "Staff are very nice and respectful". Relatives comments included; "Staff are very polite, they greet my loved one and I nicely and always ask if they can do anything else before they leave" and "Staff are kind and caring. They [staff] are pleasant and happy. They are brilliant how they treat my loved one". Staff knew how each person liked to be addressed and consistently used people's preferred names when speaking with them. It was clear people had developed good relationships with the staff that supported them. People were relaxed and happy in the presence of staff and it was apparent that staff knew people well. During home visits we observed a lot of smiles, laughter and affection between people and the staff supporting them.

People and relatives told us their views of the service and said they were happy with the care they received. Comments from people and their relatives included; "I am satisfied with the level of care I receive. The care is great", "I'm happy with the care, staff are good" and "The service is brilliant, I can't fault them and we wouldn't change providers".

The registered manager told us that they wanted to become better at recording and keeping compliments. The registered manager showed us one thank you card they had received in January 2018. We noted that a relative had written, "I wanted to say a big thank you for all you did for [relative title] whilst they were at home and your input and help. Thank you once again for the care you gave them".

Staff worked in partnership with people and provided the personal care and support they needed in a way that enabled a person to have/be in control and maintain their dignity and independence. A person said, "My independence is slowly coming back. Staff have been very encouraging". Another person said, "Staff respect my independence and support me to do things for myself". Staff told us that they provided information to enable people to make informed decisions. A staff member told us, "I encourage people to do things for themselves which promotes their independence. For example, dressing, making food and walking". Another staff member said, "I respect people's rights and encourage them to make their own decisions and respect these. I always put people in the centre of their care".

People's cultural and spiritual needs were respected and reflected in people's care and support plans. A relative told us, "Staff respects equality, diversity and cultural beliefs".

People's privacy was respected by staff. People's individual records were kept securely in locked cabinets in the central office and on an internal online care system which required individual usernames and passwords. We were told that staff were required to change their passwords regularly. This ensured sensitive information was kept confidential.

People and relatives told us that staff were polite and treated people in a respectful and dignified manner. A person said, "Staff always respect my privacy when delivering personal care".

Good

Is the service responsive?

Our findings

People's communication needs were met in line with the accessible information standard. The Accessible Information Standard (AIS) is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. A person said, "I have hearing aids and need staff help to put them in. They do it for me". A relative told us staff needed to speak loudly, clearly and get down to the persons level. We visited another person who had slow speech and required staff to allow time for the person to respond to questions and make conversation. They also required written information to be in large print. However, although these needs were being met they had not been recorded in the people's care records. The registered manager and finance manager and care coordinator told us that they would reflect communication needs in care plans.

Reviews took place and reflected changes to people's needs. We were told that care and support plans were reviewed on an annual basis or earlier if people's needs changed. Reviews involved discussions with staff and visits to people by the registered manager. However, one person had not been using a hoist for nine months and was now using a rotator and crutches but this information had not been reflected in their care plan. Their care plan still reflected the use of a hoist for transfers. The registered manager told us that this person had been missed and that a meeting had been arranged for 20 July 2018 to review the care plan and transfer information to the new online system.

The service had a complaints procedure in place which explained to people how to make a complaint and how the service would manage these. It also had contact details for internal people and external including the CQC and local authority. The registered manager told us they had never received any complaints. They said that complaints were seen as a way of making improvements and would be welcomed. The registered manager told us that they would develop a system to and actively log and record complaints, concerns and grumbles.

People had a copy of the complaints procedure in their care plans and told us that they would raise concerns with staff or management in the office. A person said, "I have never needed to complain, if I did I'd go to the registered manager and would like to think they would act on it". Another person said, "I have never had to complain but would feel happy to". A relative said, "I'm very happy and can't complain at all. I do know how to though"

People's care and support plans and gave staff a clear picture of how to support people to meet their assessed needs. Tasks for staff to complete during home visits were recorded in people's plans and guidance on how staff should achieve these was clear. For example, under personal care it told staff how to support people to have full body washes, showers or baths and reflected people's individual preferences. We read that one person preferred body washes and that their wife would get a bowl ready for staff each morning. A person told us, "They [staff] adapt care to suit my needs. I think my care is personalised".

People and relative told us that the staff were responsive to people's changing needs. For example, a person said, "As my needs have change my care has too and staff have been good". A relative said, "My loved one

felt unwell one morning. The staff reported it to the office and sought medical support. They also stayed on to check on them. I appreciated that". Another relative told us, "My loved one wasn't well. Staff called 111 for me and spoke to the advisor. Staff were able to answer the questions a lot better than I could have. We were very grateful for this and my loved one quickly improved". A staff member said, "If we notice people's health or needs are declining we will always contact the office to maybe arrange professional input and re-assessment by the registered manager".

At the time of our inspection no one was receiving end of life care. The registered manager told us that they would provide this as and when required. We found that some people had a Do Not Attempt Cardio Pulmonary Resuscitation (DNAR) in place and those that did had this recorded in the care plans. The registered manager said that currently they did not ask people questions around end of life wishes or preferences. They said that this was an important area and "We will start to do this".

Requires Improvement

Is the service well-led?

Our findings

During our last inspection we found that improvements were required in the monitoring of quality and safety of the service to ensure improvements could be identified and actioned. At this inspection we found that little improvement had been made in this area.

Quality monitoring systems in place were not robust or effective. Priority Home Care used an electric monitoring tool which flagged up review dates and allowed the auditor to complete tick boxes to log when reviews had been completed. The registered manager told us that the system covered care files, supervisions, training and staff files. We found that detailed findings during auditing could not be recorded nor could actions required for improvements be listed or timescales added. The registered manager, finance manager and care coordinator told us that they did not record improvement actions. This meant that areas for development might be missed or forgotten.

The service had received a quality monitoring visit from the local authority in February 2018 where some recommendations had been made around Mental Capacity Act (MCA) recording, staff references and logging actions taken following medicine audits. The registered manager told us that no progress had been made in response to these findings and acknowledged that auditing was a weakness. They went onto say that auditing systems were not robust but would be better once the new online system was embedded.

Priority Home care did not maintain accurate, complete and contemporaneous records in respect to each person. People's likes, interests and hobbies were not always reflected in care plans. We found information relating to people's assessed communication needs were not recorded, information relating to a person's mobility was not accurate or up to date and MCA paperwork was not completed.

The service had carried out a satisfaction survey in October 2017. The finance manager and care coordinator told us they had not taken any action in response to the feedback received.

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

The registered manager and finance manager and care coordinator told us that they would create an improvement plan and share it with us.

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

Staff, people and families told us that they thought the service and management was good at Priority Home Care. We were informed that the registered manager, finance manager and care coordinator promoted an open working environment and were flexible. We observed staff popping into the office during the

inspection. The registered manager took time to talk to the staff who appeared relaxed and comfortable around them. A person said, "The registered manager is very organised. They are good, approachable and always cheerful". A staff member told us, "The registered manager is good and always understanding. They support us. I have never had a problem with them". Another staff member said, "The registered manager is very nice and supportive. They think about people a lot and are very caring and people focused". A relative said, "The registered manager often comes here. They are a good manager".

Staff told us they felt involved in the development of the service. Staff meetings took place regularly and staff told us they found these useful. We reviewed the last meeting notes which clearly logged discussions. The registered manager told us that the next staff meeting had been arranged for 23 July 2018 where they would be discussing the new online system and seeking feedback from staff in the further development and implementation of this. A staff member told us, "I feel involved in changes and developments. The management always listen to our ideas and suggestions".

The service worked in partnership with other organisations to provide positive outcomes for people. A professional told us, "They work in partnership with us positively. They keep us up to date and informed". Another professional said, "I would recommend Priority Home care".

The service had made statutory notifications to CQC as required. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive.

The manager understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm. They fulfilled these obligations where necessary through contact with families and people. The registered manager said, "The service learns from mistakes. Learning is shared with staff, people and relatives through meetings. A positive open environment is always promoted".

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality monitoring systems were not robust or effective. The audit tools used did not allow the auditors to add details or actions required to improve where necessary. Feedback from people had not always been acted on. Accurate, complete and contemporaneous records were not kept in respect of each person.

The enforcement action we took:

We served a warning notice against the provider and registered manager. The service is required to become compliant within eight weeks.