

Bupa Care Homes (AKW) Limited

Nairn House Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Nairn House is a nursing home providing the regulated activity of personal and nursing care to older people, some of whom were living with dementia.

Nairn House accommodates up to 61 people in one adapted building. At the time of the inspection there were 51 people living at the home.

People's experience of using this service and what we found

Throughout the inspection we generally observed people to receive appropriate care and support at Nairn House. However, we found significant concerns with management oversight systems and the lack of these which would enable the registered manager and senior managers to effectively monitor the quality of care people received. People and relatives did not know the registered manager, and stated that they did not feel the presence of the registered manager in the running of the home.

We also identified concerns around medicines management and administration, risk management, accident and incident, safeguarding and complaints oversight and management and documentation relating to care which could place people at the risk of harm.

Staff understood safeguarding and how to keep people safe from abuse. Staff told us that they received the mandatory training to support them in their role. However, records seen did not always confirm this.

Infection prevention and control processes in place were followed to minimise the risk of transmission. Staff were seen to wear the required PPE appropriately.

People were seen to eat and drink well and were supported to maintain a healthy and balanced diet. People were supported to maintain healthy lives and had access to health and social care professionals where required.

People supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff recruitment checks were complete and provided assurance that staff employed had been appropriately assessed as safe to work with vulnerable adults.

We have made a recommendation about risk management, medicines management and administration and the implementation of the Mental Capacity Act 2005.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (published 16 September 2017).

Why we inspected

We received concerns in relation to poor communication, training of care staff and resident safety. The service had last been inspected in 2017 and so the length of time since the last inspection was also taken into consideration. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Nairn House on our website at www.cqc.org.uk

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe, effective and well-led sections of this full report. We have identified one breach of regulation around good governance.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Nairn House Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors and a specialist advisor nurse. The inspection was also supported by three Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. One Expert by Experience spoke with people and relatives during the inspection and two Experts by Experience contacted people's relatives and friends by telephone to request their feedback.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us 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. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service. We spoke with the registered manager, the deputy manager, the regional support manager and three registered nurses. We reviewed a range of records. This included 16 people's care records and ten people's medication records. We looked at eight staff files in relation to recruitment. A variety of records relating to the management of the service, including quality assurance, training records and health and safety were also reviewed.

After the inspection

We spoke with nine relatives of people living at the home. We also spoke with senior care staff, six care staff and the maintenance person. We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People's risks associated with their health, care and nursing needs had been identified and assessed with clear guidance to staff on how to manage or minimise risk.
- Assessed risk included risks associated with moving and handling, continence, skin integrity and specific health conditions such as diabetes and epilepsy.
- However, in some care plans that we reviewed, risk was not always consistently assessed and recorded compared to other people who also presented with similar risks. For example, we saw some people who were at high risk of falls, had a comprehensive risk assessment within their care plan but for others with the same risk a risk assessment had not been completed.
- For another person, who had a specific health condition, an associated risk assessment had not been completed, but for other people with the same health condition a risk assessment had been completed. Risks related to COVID-19 and people with underlying health conditions had not always been considered.
- Despite the issues we found during the inspection we observed that nurses and care staff knew people well and that a risk assessment not being in place had minimal impact on the way in which people were supported to remain safe.
- Relatives also stated that risks associated with their family members medical and care needs were well managed. One relative when asked about safety and risk stated, "They're very good at that." Another relative said, "[Person] Is peg fed, and no problems there and weight is going up." A percutaneous endoscopic gastrostomy (PEG) is used to allow nutrition and fluids to be placed directly into the stomach.
- We highlighted the gaps in recording to the registered manager and regional support manager who acknowledged the concerns and gave assurance that records would be reviewed and updated.

We recommend the registered manager ensures that all identified risks associated with people's health, care and medical needs are clearly and comprehensively assessed and recorded with their care plan so that people remain safe and free from harm.

- Health, safety, equipment and environmental checks were routinely completed to ensure people's safety.
- Personal emergency evacuation plans in place outlined people's specific support needs in an emergency and how they were required to be supported.

Learning lessons when things go wrong

- Safeguarding concerns, complaints, accidents and incidents were documented with details of the incident and immediate actions taken to ensure people's safety.

- However, we found that an analysis to identify trends and patterns, to ensure the required learning and improvement could be implemented, had not taken place.
- This meant that learning and improvements could not be implemented to prevent future re-occurrences. This placed people at the risk of harm. This has been further reported on under the well-led section of this report.

Using medicines safely

- People overall received their medicines safely and as prescribed. However, we did identify issues relating to 'as and when required' (PRN) medicines, the administration of creams and emollients and the management oversight of medicines and administration. PRN medicines can be administered to help with pain relief or anxiety.
- Records relating to medicine administration in most parts was complete. However, we found examples of where people had been prescribed PRN medicines, protocols were not in place to direct staff on how to recognise signs and symptoms to know when to administer the medicine.
- Where people had been prescribed creams and emollients to be applied, these were not always available in people's bedrooms for care staff to administer. We also identified gaps in recording to confirm whether the cream or emollient had been applied.
- Where creams or emollients had been prescribed and these contained paraffin as an ingredient, a fire risk assessment had not been completed in line with the drug safety alert issued by The Medicines and Healthcare Products Regulatory Agency (MHRA) in 2008 (updated in 2016, 2018 and July 2020).
- Monthly medicine audits were completed, however, these did not identify any of the issues we identified as part of this inspection. We have further reported on this under the well-led section of this report.

We recommend the provider ensures that all appropriate guidance is applied and followed so that people are supported to receive their medicines safely and as prescribed.

- Medicines were received, stored and disposed of safely and checks showed that medicine stocks matched records.
- People were supported to have their medicines by trained staff that regularly had their competency checked.

Systems and processes to safeguard people from the risk of abuse

- Policies and procedures were in place to protect people from abuse.
- People and relatives felt that they and their family member felt safe living at Nairn House. Feedback from relatives included, "They've definitely kept mum safe" and "They [staff] really do keep an eye on her."
- Staff were able to describe the signs they would look for to recognise abuse and the actions they would take to report their concerns. Staff confirmed they had received safeguarding training. One staff member explained, "Institutional, physical, emotional. We know our residents, we always work on the same floor, if residents acting unusual or you see signs of physical abuse, emotionally withdrawn, report concerns to nurse in charge."
- During the inspection, we were told of concerns that were assessed as safeguarding concerns. These were raised with the registered manager who acted on these and notified the appropriate authorities.

Staffing and recruitment

- Throughout the inspection we observed there to be sufficient staff available to support people safely. Staffing levels were determined based on people's level of need.
- However, consistent feedback from people and relatives was that, due to the pressures brought on by COVID-19, maintaining safe staffing levels was an issue and that on some days, staffing levels fell below the

required numbers.

- One person told us, "They're short staffed because of the virus." Relatives said, "It is concerning especially at weekends. They are too short-staffed. They should make sure they have enough." and "I don't know if there are enough staff. They're rushed off their feet."
- When we spoke with care staff, they also confirmed their concerns around their not being enough staff on shift due to last minute cancellations or sickness. One care staff said, "Problem is that staff cancel the shifts. Manager call agency to come. Its difficult to work. I work on the first floor, the nurse will help to give food, but sometimes she is busy so we try and manage."
- Whilst, we did not note any significant concerns around people's safety and the care and support they received, the concerns raised by people, relatives and staff was highlighted to the registered manager and other senior managers during the inspection. We were given assurance that the issues raised would be looked at to ensure people received safe care.
- The service followed safe recruitment processes.
- Recruitment checks including Disclosure and Barring Service check (DBS), proof of identification and references from previous employment had been completed. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- However, we did find that in some staff files, evidence of past conduct in previous employment was limited to the confirmation of dates that the staff member was employed for. No further assurances had been obtained to confirm the suitability and past conduct of the staff member. This was highlighted to the provider who stated that this would be reviewed to ensure the requirements of the Health and Social Care Act 2008 were being adhered to.

Preventing and controlling infection

- Procedures and processes were in place to prevent and control infection.
- We observed the home to be clean. Daily cleaning processes were in place to prevent the spread of infections. Current guidance was also available on managing COVID-19 safely.
- Staff told us they had access to Personal Protective Equipment (PPE) such as face masks, gloves and aprons, and regular training around infection control.
- Screening checks were undertaken to ensure all visitors were safe to enter the home in order to keep people safe from infection.
- People and all staff were also required to test for COVID-19 on a regular basis to ensure protection and safety from infection.

Care homes (Vaccinations as Condition of Deployment)

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

- We found the service had effective measures in place to make sure this requirement was being met.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff received a comprehensive induction when they started working at the home which included a period of shadowing an experienced member of staff and mandatory training. Comments included, "We do have training. If the mandatory training is due it will flash this. Its online. They give you scenarios and they ask you questions" and "It was really good, really informative, we did shadowing, whole week at a different home, showed us how to use the equipment. By the time I started I was really confident."
- Topics covered through training included manual handling, first aid, MCA 2005 and safeguarding. Where required, specialist bespoke training was also available to enable staff to effectively deliver care in response to people's needs.
- However, we did find that records did not always confirm that staff had received follow up or refresher training to ensure their knowledge and skills were current. The training matrix seen was not reflective of staff receiving ongoing, regular training in topics such as safeguarding, infection control and MCA.
- Care staff told us that from day to day perspective they felt well-supported and were able to approach senior members of staff for support and guidance. However, all staff confirmed that they did not receive any formal supervision or an annual appraisal. In addition, we did not see any records of supervisions or appraisals as part of the review of staff files. Care staff feedback included, "I have not had any supervision. The nurse does talk to me and ask me how things are. No one has sat down with me to discuss my performance" and "I have not had any supervision with anyone since I have been there. Informally feels the nurse is telling me and supporting me but not formally. [Registered manager] was very good and talked me through other options. No appraisals."
- We gave the registered manager and senior managers feedback about our findings. Senior managers did state that they had been facing issues with the training matrix system and the way in which it is updated. However, they also provided us with assurance that the issues identified would be addressed.

Ensuring consent to care and treatment in line with law and guidance

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA

application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People and where appropriate, their relatives, had consented to the care and support that they received.
- Where required, people had appropriate DoLS in place. Records confirmed this. However, we did find that where DoLS had been authorised, the required notifications had not been submitted to the CQC. This has been further reported on under the well-led section of this report.
- For most care plans we looked at we found that mental capacity assessments had been completed to determine capacity. Where people lacked capacity, certain best interest decisions had been documented for decisions which included the use of bed rails.
- However, we found examples of where best interest decisions had not always been clearly documented which included where people had a do not attempt cardio-pulmonary resuscitate directive recorded on their care plan or had bed rails in place for their safety. This meant that people may not have been receiving effective care and support which upheld their rights.

We recommend that the registered manager understands and applies government best practice guidance as outlined in the MCA to ensure people's rights and wishes are upheld.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices were assessed in line with current standards, guidance and the law to ensure the home was able to meet people's needs safely and effectively.
- Prior to admission to the home, a pre-admission assessment was completed which looked at the person's care needs, preferences, cultural needs and specific equipment that may be required.
- Following the assessment care plans were created using the information from the pre-assessment process.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported and encouraged to eat and drink, whilst taking into consideration a healthy and balanced diet. We observed people appropriately being supported by care staff where required.
- A menu was available to people as a guide to enable them to choose what they wanted to eat. Care staff also spoke with people about the choice of meal on offer to support them with their choice.
- People spoke positively about the food they ate. One person told us, "The food is good and hot and there's always something [I like]." Another person when served their meal stated, "This is lovely, beautifully done."
- Relatives also told us that the meals at Nairn House was "good." One relative stated, "Very good, she's always got drinks."
- Where people had any specific religious, cultural or specialist dietary requirements including likes and dislikes, these were clearly documented within their care plan.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access a variety of health care and social care services to maintain their health and well-being.
- Where people required support to access specialist services, we saw records of appropriate referrals that had been made requesting this.

- People were encouraged to maintain their oral hygiene. People's care plans detailed the support they required with their oral hygiene.
- We saw records within care plans that documented the monitoring of people's health and wellbeing which included charts completed to monitor weight, food and fluid intake and repositioning so that they could work together to ensure people received effective care and support.
- Relative spoke positively about the ways in which their family member was supported with their health and medical needs. Feedback included, "They [staff] have kept on top of things, she's had no pressure sores, no infections and has put on weight" and "Communication with me and they are good at calling external people and meeting her spiritual needs.
- However, we did identify some gaps in recording which included the monitoring of food and fluid intake and the recording of people's re-positioning whilst cared for in their bed. This meant that the inconsistent monitoring of these areas could lead to a possible decline in the person's health. This was highlighted to the registered manager who gave assurance that the importance of recording would be addressed with all staff.

Adapting service, design, decoration to meet people's needs

- People's bedrooms had been personalised with items, photos or pictures that meant something to them.
- The registered manager had processes in place to safe visits during the current COVID-19 pandemic so that relatives could visit their loved ones safely and effectively.
- People were able to access all areas of the home which included the garden and outdoor areas, with the support of a staff member.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- A lack of management oversight of the service and monitoring of the quality of care meant that people may have been placed at the risk of harm.
- Audits and checks were completed to monitor and review medicines management and administration, care plans, health and safety, however, these were not reviewed or analysed so that trends and patterns could be identified enabling improvements, further learning and development.
- Audits were also completed by the regional support managers and whilst some issues were identified, these did not align with what was found during the inspection.
- Apart from a health and safety audit, the registered manager had not undertaken any checks or audits to oversee and monitor the quality of care people received.
- Issues identified during this inspection had not been identified by any of the internal audits completed. These included medicines administration concerns, gaps in recording of monitoring checks completed for people and inconsistent recording of risk and best interest decisions
- Staff training records did not give assurance that staff had received refresher training in certain topics such as safeguarding, MCA. Records were not available to confirm staff received the required support through regular supervision and annual appraisals.
- Whilst we acknowledge that due to the current COVID-19 pandemic there are significant staffing pressures, we were consistently told by staff, people and relatives that the required staffing levels were not adhered to and that during staff shortages senior managers were not visible on the floor to support with the delivery of care.
- Where DoLS had been authorised, the registered manager had failed to complete and submit the required notifications to CQC. We were informed by senior managers that this was due to the registered managers misunderstanding of the requirements. However, the provider's policy on MCA and DoLS clearly defines the requirement to notify. Notifications were submitted following the inspection.
- Where accidents, incidents, safeguarding concerns and complaints were recorded, there was little or no analysis of these to support any learning, development or implementation of the necessary improvements to prevent future reoccurrence.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service did not always promote good outcomes for people through person centred care.
- People and relatives told us that they did not know who the registered manager was and was not visible

around the home. One person told us, "The main boss works upstairs. I don't even know her name." Relatives feedback included, "Management is not so on top of things" and "I haven't met the manager but both the assistant manager, and certain staff are on the ball. I find them very approachable and I feel they care."

- Throughout the inspection we observed a lot of people to be cared for in their bed and were seen to be given little opportunity or support to be sat out in a chair or to access group activities taking place in certain areas of the home. Some relatives also commented on this and told us, "The only thing I have against Nairn House is that [person] is just left in bed all day", "The ones who are bedridden don't seem to be taken downstairs and involved in any kind of activity" and "When she first went in, she had the chance to sit in a chair. This doesn't happen now, not sure why."
- During the inspection and through relatives feedback we were also told that certain care staff interactions were quite negative and that for some care staff there was an absence of a caring attitude. One relative told us, "Some carers flit in and out and are not mindful" and another said, "I find sometimes staff talk over mum. There have been times when I've been quite upset about a carer's attitude." Certain concerns raised during the inspection were reported to the registered manager and safeguarding alerts were raised with the local authority.
- We received mixed feedback about communication between relatives and the home about the care of their family member. Some relatives praised the home on their effective communication especially during the COVID-19 pandemic and said "Been kept up to date on lockdown rules. Kept posted all the time" and "Did get regular letters through COVID. Also told if mother been unwell or if doctor needed. Other relatives stated, "They could be more interactive" and "Communication could be better."
- Whilst we found that people were physically taken care of, we found significant failings throughout the inspection as detailed within this report that impeded the delivery of person-centred care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People using the service and relatives were not always engaged and involved in the planning and delivery of care and support. There was also no evidence of engagement with people on the overall management of the service.
- Care plans were reviewed and updated regularly, however there was mixed feedback from relatives about their involvement in care planning. One relative told us, "The care plan is the same as when [person] went in." Another relative said, "Anything they're concerned about they put me in the picture."
- We were told that residents' and relative's meetings had not taken place throughout the pandemic. We were informed that plans were in place to re-start these, however, in the absence of any form of engagement no alternative methods had been considered to obtain people's feedback about the care and support they received.
- We saw records confirming that satisfaction surveys had been sent to relatives to obtain their feedback about the quality of care. This exercise had been completed in November 2021 and analysis of the responses were in progress. However, the relatives we spoke with stated that they had not received any surveys to complete. One relative told us, "I don't get any feedback forms, that would be helpful and so important." Another relative stated, "I've had no questionnaires or phone calls."
- Care staff told us that whilst they felt supported by management on a daily basis, they did not receive any formalised supervision or annual appraisals. Care staff also told us that the impact of staff shortages affected staff morale.
- Regular staff meetings took place and during these meetings care staff felt able to bring forward any issues or concerns they wished to discuss. Records of minutes seen evidenced topics such as training, PPE, COVID-19 and policy updates.
- We provided feedback to the registered manager and the senior management team about what staff had

told us. The registered manager assured us that these concerns would be looked at and addressed.

- The service worked in partnership with a variety of healthcare professionals such as GP's, district nurses, community psychiatric nurses and psychiatrists to maintain the health and wellbeing of people.

Whilst we found there was no evidence that people had been directly harmed by the issues as identified above, systems were either not in place or robust enough to demonstrate that there was adequate oversight of the home. Records for people's care and treatment were incomplete. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and provider understood their responsibilities around duty of candour and being open and honest when something had gone wrong.
- During and following the inspection, the concerns identified were discussed with the registered manager and the provider who promptly acted on our feedback and provided assurance that the concerns identified would be addressed going forward. This gave reassurance that the service acknowledged our feedback and was open willing to continuously learn, develop and improve the quality of care delivery.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Management systems in place were not robust or sufficiently comprehensive to demonstrate adequate oversight of the quality of care at the home. Records for people's care and treatment were incomplete. This placed people at the possible risk of harm.</p>