

# Methodist Homes Gledhow

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

A comprehensive inspection of Gledhow, took place on 9 and 11 January 2019. This inspection was unannounced.

Gledhow 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.

Gledhow is registered to provide accommodation for people who require personal and nursing care and people living with dementia. During our inspection there were 41 people living in the home. At our last inspection the service was rated as good. At this inspection, we found the service deteriorated to requires improvement.

There was no registered manager in post at the time of our inspection. Two managers from other homes with the providers organisation were currently supporting the home. There was an area manager who had oversight of the home and told us they were planning to become the registered manager to promote consistency. They were also in the process of recruiting a new manager. A registered manager is a person who has registered with the CQC 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.

Systems were not always in place to assess, monitor and improve the quality of the service to identify shortfalls and there was a lack of accurate and robust care records. Audits had not been consistently carried out to ensure continuous monitoring of the service. Temperatures of medicines in people's rooms had not been recorded, some care plans lacked details about people's history and relevant checks. We also found some incidents and accidents that had not been recorded accurately.

Medicines were not always managed safely. We found a medicine that had been signed as given. However, this was still in its box when we checked this. There had been medicine errors and a missed signature for a medicine. We found medicines had not always been stored correctly and temperature checks to ensure medicines were stored at the correct temperature had not always been recorded. We have made a recommendation around medicines management.

The provider followed their legal obligations under the Mental Capacity Act 2005 (MCA) and implemented best practice guidance relating to capacity assessments and Deprivation of Liberty Safeguards (DoLS) applications were made. However, we found some best interest decisions had been made by only one person and some reviews that needed to be updated to reflect people's current needs. We have made a recommendation around best interest decisions.

The provider had robust systems and procedures in place to keep people safe. Staff were competent in their

knowledge of what constituted abuse and how to safeguard people. There was a whistleblowing policy in place and staff knew how to raise concerns should this be required.

Risk assessments had been completed and reviewed regularly. Accidents and incidents were managed effectively and action taken to prevent future risks. However, we found some incidents had not been recorded accurately to determine the risk.

Staffing levels were sufficient to meet people's needs and robust recruitment processes were in place to ensure people were of suitable character. We received mixed views about staff levels. The provider was in the process of recruiting staff and used regular agency staff to ensure consistency in the meantime. Staff carried out training to ensure they had adequate skills and knowledge to meet people's needs. Staff were supported with regular supervisions and appraisals.

The home was clean and tidy. Health and safety checks were completed regularly and staff followed the providers procedures for infection control.

Staff were aware of people's nutritional needs and we found people were offered choices about their food preferences. Nutritional assessments were in place so people's weights could be monitored. People also received appropriate support from staff to maintain their health and wellbeing.

Staff were caring, kind and respected peoples wishes. We saw people were encouraged to remain as independent as possible. People's privacy and dignity was respected. Staff knocked on people's doors before entering and respected peoples wishes when providing care.

Initial assessments were carried out before people came to live at the home to ensure their needs could be met. Care plans were reviewed regularly or when people's needs changed. Care plans included people's preferences, likes and dislikes.

People using the service were supported to participate in activities, to prevent social isolation.

The manager and team leader were honest and open. Staff told us they felt supported and felt confident to raise any concerns. Complaints were managed and actions taken to prevent future occurrences. One complaint was on going and further action was needed in order to address a person's care needs. The provider was made aware of this and ensured further investigations would be carried out.

Regular meetings took place with people, staff and management within the provider's company to obtain feedback and inform people of changes within the organisation. Surveys were also carried out to gather people's views.

We identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, namely Regulation 17 (Good governance). You can see what action we told the provider to take at the back of the full version of this 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?

**Requires Improvement** 

This service was not always safe.

Medicines were not always managed safely. The provider had put plans in place to drive improvement in medicines management.

People living in the home were protected from avoidable harm or abuse because effective systems were in place to manage safeguarding issues.

Risk assessments were carried out to ensure people's safety and these were updated when required.

There was enough staff to ensure people's needs could be met and recruitment procedures were robust.

### Is the service effective?

**Good** 

This service was effective.

The provider followed the Mental Capacity Act 2005 (MCA) guidance and Deprivation of Liberty Safeguards (DoLS) applications had been made where appropriate.

Training was completed by staff to ensure their skills and knowledge were relevant to support the needs of the people they cared for.

People were supported with their nutritional needs and supported to maintain their health and wellbeing.

### Is the service caring?

**Good** 

This service was caring.

Staff were kind and caring towards people living in the home.

People's privacy and dignity was respected at all times and they were encouraged to remain as independent as possible.

People were involved in their care and meetings took place with people to ensure they were informed of any organisational

changes.

### Is the service responsive?

Good ●

This service was responsive.

People's needs were assessed and appropriate care plans were in place. These contained information about people's individual needs.

Activities were available within the home to reduce social isolation and people told us they enjoyed these.

Complaints had been managed effectively with actions taken and lessons learnt to prevent re-occurrences.

### Is the service well-led?

Requires Improvement ●

This service was not always well led.

Systems were not always in place to assess, monitor and improve the quality of the service to identify shortfalls and there was a lack of accurate and robust care records.

Staff told us they felt supported by the management team. During the inspection the management team were honest and open.

Surveys were carried out to gather people's views.

# Gledhow

## 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 comprehensive inspection took place on 9 and 11 January 2019. This inspection was unannounced. The inspection was carried out by one inspector, a medicines specialist and two 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.

Before our inspection, we looked at information we held about the service. The provider sent us a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service, such as notifications we had received from the registered manager. A notification is information about important events which the service is required to send us by law. We sought feedback from the local authority contract monitoring team prior to our visit.

During the inspection, we spoke with six people who used the service, eight relatives, two managers, the area manager, the business quality manager, five staff, activities co-ordinator and the chaplain. We looked at a range of documents and records related to people's care and the management of the service. We viewed three people's care records, medication records, three staff recruitment files, induction and training files and a selection of records used to monitor the quality of the service.

# Is the service safe?

## Our findings

We found medicines were not always managed safely. We found one medicines administration record (MAR) which had been signed to say that a medicine had been administered when the medicine was still in its package. We also found that this person had non - medicated creams stored in their room in a bathroom cabinet where the key to the cabinet was in the lock, the temperature of the room was not being monitored and the creams had not been dated when opened. This meant vulnerable people may have had access to these creams and that medicines may not have been stored at the correct temperature. We also found an unlabelled container of emollient cream on a shelf which had not been prescribed for the person and did not have a dispensing label on it. This was removed from the room at the time of the inspection.

We found one MAR which had not been signed when a medicine had been administered. A check of the stock found that the amount left corresponded with the medicine having been administered. We also noted that sometimes when a pain relief patch was changed only one member of staff signed the template rather than the recommended two.

Similar issues had also been identified by the new management team and actions were being taken to address these at the time of our inspection. The two managers supporting the home had started regular medication checks. 'Resident of the day' was to be introduced as another checking system to ensure medicines management is safe. Retraining and competency checks were being carried out for nurses due to the medication errors identified.

We recommend the provider ensures all medicines are managed in line with best practice.

We found that each person had their own MAR which included their photo and information about allergies. There were additional templates to record the administration of medicines such as non- medicated creams, warfarin, insulin and pain relief patches. We saw that several people had medicines which were prescribed 'as required'. These medicines had separate documentation which included details about when they should be administered and the maximum dose to be given. They were reviewed monthly to ensure that they were not needed regularly. Where a choice of dose was prescribed, for example one or two to be taken, then the amount administered was recorded.

Records were kept of the ordering, receipt and disposal of medicines. Stock checks were carried out on a regular basis. We carried out a stock check of several medicines, including controlled drugs and found that these were correct. Staff who administered medicines were appropriately trained and had access to information about medicines, including policies and procedures at the point of administration.

Risk assessments were carried out and regularly reviewed to prevent risk. Examples of these included, pressure sore, falls, mobility and peg feeding assessments. Peg feeding stands for percutaneous endoscopic gastrostomy, a procedure in which a flexible feeding tube is placed into the stomach to assist people with their food and fluid intake. Guidance was in place for staff to follow to ensure risks were managed. One Person who required peg feeding had guidance that should any respiratory distress occur staff must stop

tube feeding and contact medical services immediately.

We found one person had been identified as having a high risk of skin damage. An air flow mattress had been put in place and regular turning by staff was carried out to heel the skin damage. However, the care plan recorded the person should be turned every two hours but the charts recorded by staff showed this was being carried out every three hours. We discussed this with the manager who told us this was a recording matter and would be corrected immediately. We found this had not impacted on the persons care as body maps showed an improvement in skin integrity.

Accidents and incidents were managed effectively with actions taken to mitigate future risks. However, we found some accidents had not been recorded accurately. We found one person had several incidents stating a person had fallen however, the area manager told us this person had on occasions slipped from their chair and that it had been recorded incorrectly. The area manager told us they were in the process of discussing record keeping with staff to ensure evidence gathered is accurate.

For serious incident and accidents, the provider used 'Time critical reporting' which showed a full investigation into the incident reported. The manager told us this was used for safeguarding concerns, falls resulting in injuries or an unexpected death. We looked at one for an unexpected death which showed a timeline of the events and actions taken by the provider.

People told us they felt safe living at Gledhow, comments included, "Yes (I feel safe) I do. It's a fantastic home, the staff are wonderful. I've been here three years, they would listen if I have a concern over safety' and "I had a bad night and woke up late in the night. I pressed my buzzer and a carer came right away to assure me I was safe."

The service had appropriate systems and procedures in place, which sought to protect people who used the service from any abuse. Staff were aware of the different types of abuse and a safeguarding policy was in place with clear instructions for staff to follow, should this be required. The provider also had a whistleblowing policy. Staff told us they felt confident to raise any concerns and they would be dealt with appropriately by management.

People and their relatives had mixed views on the staffing levels within the home. Comments included, "Well it's hard to say, to be honest with you, you have to wait for assistance as they don't have many staff", "There seem to be enough staff to cater for [Name]'s needs" and "We all get sorted out very quickly they are very good to us. It just depends on what going on, a good five minutes wait."

Staffing levels were sufficient to meet people needs. We looked at the rota's which confirmed this. The area manager said they were currently using more staff to ensure people's needs were met and so training can be carried out with staff to drive improvement within the home. The home also used a dependency tool to determine people's level of support required and this meant staffing levels were adjusted to meet people's needs when required.

Staff recruitment checks were carried out. We looked at three staff files which showed relevant information had been gathered. This included references, identification documents and a Disclosure and Barring Service (DBS) check. These checks help employers make safer recruitment decisions. Permanent agency staff were used at night to ensure consistency. The area manager said they had recruited new employees who were due to start work in the home shortly to reduce the amount of agency staff being used. They had also recently recruited a new deputy manager who was due to start in the home and support the manager.



We found the home was clean and tidy. There was an infection control policy, which staff followed to protect against cross infection. Fire assessments were carried out along with gas and electrical tests to ensure the premises were safe. Every person had a Personal Emergency Evacuation Plan (PEEP) so staff knew how best to support people to evacuate the premises. Fire drills were carried out to make sure staff knew how to evacuate people in a timely manner.

# Is the service effective?

## Our findings

People living in the home and their relatives told us staff had enough skills and knowledge to meet their needs. One relative said, "The staff are amazing, the quality of [Name]'s care is what is keeping them alive."

There was an induction period for new staff. This included a six-month probation period with regular supervisions, training, shadowing of staff and allocated time to get to understand people's needs. All staff received training, which the service felt provided them with the skills and knowledge to care for people living in the home. We found 96% of staff had completed their required training. Some of the core training included, moving and handling, health and safety, COSHH, food handling, fire safety and infection control.

Staff told us they felt supported by the current managers and had regular supervisions to monitor their performance. We looked at three files and found one staff member had not received an annual appraisal. The area manager said they would arrange this. They also told us they planned to increase supervisions following medication errors found and record management issues to ensure there is more oversight of staff practice.

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 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. The authorisation procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

The provider was working within the principles of the MCA. Staff received training and had good understanding of the MCA. We saw capacity assessments and best interest decisions had been carried out. However, we found some best interest meetings had been carried out by only one nurse employed by the home which meant other people had not been consulted. Other best interest meetings had been in consultation with others. The area manager was made aware of this and agreed that this would be reviewed with the relevant people involved in the persons care.

Some people living in the home required bed rails to mitigate the risk of falls from their beds. We found best interest decisions had been carried out for those people requiring bed rails as this is a restrictive practice. We found two best interest decisions which recorded the person required bed rails due to their risk of falls. However, we found no evidence of any falls whilst the people had lived in the home and no history of falls. We discussed this with the provider who told us they would review this best interest to ensure people were not being unnecessarily restricted.

We recommend the provider ensures all best interest decisions follow the Mental Capacity Act.

We found staff followed the care plans relating to consent. For example, one care plan stated, 'Staff is to ask

[Name] for permission on each intervention before proceeding. Person has fluctuating capacity which can make some decisions about choosing food and clothing on some days difficult.' One person told us, "Staff do ask if what they are doing is ok for me, they do this is all the time."

People living in the home were supported with their nutritional needs. The provider used the malnutrition universal screening tool (MUST) to monitor peoples weight and put measures in place to ensure people remained healthy. We found people at risk had been referred to a dietician for further input.

People were offered a choice of food at meal times and peoples preferences were catered for. For example, some people preferred to have their meals in their rooms. People told us they enjoyed the food and comments included, "I like the food, we get snacks at 11am 3pm 7pm, a cup of tea & biscuit if you want before bed time" and "I eat in the dining room mostly. I like the food. The food is good quality and I get enough to eat."

Health professionals were involved in people's care. We saw visits from health professionals had been recorded in peoples care files so staff could see what actions had been taken and if follow up appointments were required.

## Is the service caring?

### Our findings

People living in the home and their relatives told us staff were kind and caring. Comments included, "I feel well looked after. They look after me too well", "The staff are really kind and considerate", "Yes they really are very kind indeed" and "I don't think anybody could be nicer or kinder."

People felt involved within the home. For example, 'resident meetings' took place to ensure the staff communicated any changes within the organisation and to discuss with people how they wish the home to be run. One person said, "There are residents meeting, if it's important I would attend, I receive notification of when."

Relatives told us they were kept informed by the provider about any changes with regards to their relative's care. One relative told us, "My father is very happy here. [Name] is still able to make some decisions. However, the staff discuss everything with me and my sister. We are able to make decisions for Dad but in agreement with him."

Staff were aware of people's diverse needs and respected their privacy. Care plans instructed staff to always respect people in the home. One care plan stated, '[Name] requires repositioning through the day and night and this may wake them so staff do need to be gentle and respectful at all times.' People told us staff always knocked on their door. One person said, "Yes (to treating the person with respect), and I treat staff the same way'.

The provider made reasonable adjustments for people to support their needs. For example, one person prior to coming to the home regularly attended their local church however, due to their mobility this was no longer possible. The provider ensured the chaplain came to visit the person in the home so they could continue to practice their beliefs.

We observed staff supporting people to remain as independent as possible. We saw one staff member supporting a person to walk with their frame. They encouraged the person to walk closer to the frame to ensure their safety and balance whilst encouraging them to walk independently to the lounge. Throughout the walk the staff member provided reassurance to the person and this meant the person was able to walk independently to the lounge.

The area manager told us that should anyone wish to have an advocate they used a local agency, which people had access to. An advocate is a person who can support others to raise their views, if required. The business quality manager said one person had an Independent mental capacity advocate (IMCA) to support the person and family with decisions made about their care.

Information about people was kept securely in locked cupboards at all times and the provider was compliant with the Data Protection legislation. Staff told us they were aware of keeping personal information confidential and they knew how to access this information.

## Is the service responsive?

### Our findings

Initial assessments had been carried out to ensure people's needs could be met before they moved into the home. Care plans followed and included people's likes dislike and preferences. One person said, "They make me a cup of tea, as they know how I like my tea".

Care plans included information about people's risks, mobility, mental health, and physical health. We found one care plan which lacked person centred information and detail. The care plan to support the person's mental health stated, 'Anticipate person's needs' this was not detailed and did not provide guidance for staff. The monthly evaluation had recorded the person suffered from low mood but this had not been addressed on the care plan. We discussed this with the quality business manager who told us this would be addressed and further detail added so the person's mood could be monitored.

Each person had an allocated key worker who took responsibility for conducting reviews of people's care needs. Most people we spoke with said their relatives had been involved with their care planning. However, people told us they had not seen their care plan, one person said, "I have never seen it." The business quality manager said they had recently introduced a new form for people to sign once keyworkers had gone through the plans with people to show this had been carried out and that people were in agreement with their care.

People had plans in place to reduce their social isolation and encourage involvement in activities of their choice. There was a full and varied activities program displayed within the home so people knew what activities were on each week. The activities co-ordinator told us for those who don't want to engage in groups, they make sure people are visited in their room. The activities co-ordinator said they helped people to reminisce, encourage people to share their experiences, help to fulfil a dream and read to people. They used an initiative called 'seize the day' to help people fulfil their ambitions. For example, for one person they arranged a Caribbean day with steel band performers, authentic food, music and dance. One person told us they enjoyed, "flower arranging and pizza making."

The provider respected people's individual needs and choices. We spoke with the chaplain who told us they supported people with their spiritual needs, who are of mixed faiths which included church of England, Catholic, orthodox Jewish faith, Jewish, non-believers and arranged ministers and priests to come in if people required this.

People knew how to complain. Most complaints had been managed with actions taken to address issues raised. This included, changes to people care, investigations, lessons learnt and response letters sent to the complainants. One relative told us, "We did have a complaint when [Name] was taken to hospital after falling in their room because we were not informed before they took them. [Name] has needed to attend hospital many times and we have an agreement that we must know first to ensure that someone goes to meet them. This has been resolved by management and staff to our satisfaction." However, we spoke with one relative who told us their complaint was ongoing and needed further input from management to address their concerns.

Compliments had also been received from people living in the home and their relatives. Comments included, '[Name] seems to be settling in well. The staff have been so kind and welcoming, visitors and me – it has made a massive difference' and 'Thank you to all the staff for making [Name]'s birthday special. The cake, candles and balloon were much appreciated. It was good to see [Name] smiling and in the lounge.'

Some people had end of life care plans in place. The home provided support to people at the end of their lives. Consideration was given to all areas, such as preferences with regards to music, funeral arrangements and medical interventions. One care plan identified a person's preference to have their nails painted purple as this was their favourite colour and specified which music was to be played at their funeral. One relative had written to the home to thank staff for their support. It stated, 'We would like to express our heartfelt appreciation for all love, care and consideration given to [Name] in their final days to enable them to pass away in a peaceful and dignified way.'

## Is the service well-led?

### Our findings

During our inspection we found systems in place to assess, monitor and improve the quality of the service were not always completed to identify shortfalls and there was a lack of accurate and robust care records.

We found some audits, meant to be carried out monthly had not been completed. From October to December 2018 we found medication audits had not been completed. We discussed this with the manager who told us they had identified this previously and had started these audits again in January 2019. We found evidence that these audits had been started and issues identified. For example, medicine issues had been identified.

During our inspection we found issues relating to medicines management which were not identified in a timely way. The provider had already taken some action to address medicine issues found prior to our inspection. To ensure improvements were made the manager had completed a full audit of all medicines within the home and had arranged for all staff to have their medicines competency checks carried out and training updated.

Care plan audits had not always been carried out monthly. We found no audit completed in November 2018 and the audit in December looked at one care plan rather than 10 percent of care plans within the home as required by the provider's policy. The December audit highlighted areas of improvement which were needed but there had been no record on the action plan to say what actions had been taken.

We found shortfalls in a number of areas relating to the lack of record keeping in the service. We looked at one person's care file which had five care plans not signed by the person to agree to their care. The care plan had a section for people to sign and agree to their care but this had not been completed. The area manager told us they were planning a training session with staff to promote accurate record keeping. The provider had also introduced a new care support plan signature record to encourage people to sign if they understand their care or whether relatives have been involved.

One person living in the home had a catheter and a chart in place to record weekly checks of this to prevent against cross infection. We found these had not been recorded in the care file since 5 December 2018. We found one person required turning by staff to prevent further skin damage. The turn charts provided different instruction to the persons care plan. The care plan stated the person should be turned every two hours however, turn charts said to turn every three hours. We discussed this with the quality business manager who said this had been an oversight and a review with the tissue viability nurse would be arranged.

We found one care plan which had recorded a relative had lasting power of attorney. However, this was incorrect as there was no evidence of this and the quality business manager told us the relative was planning to apply for this. This meant accurate records had not been kept. We found the quality business partner had identified this error on their tracker with a view for the care plan to be updated.

We found two care plans which had not included full details of people's personal profile and historical information. We also found a body chart in a person's care file which had not been dated to show when the skin damage had occurred and been recorded. Previous body charts from October 2018 and December 2018 showed improvement in the healing of the persons skin which meant there had not been any impact upon their care.

The quality business manager had put in place a care plan tracker to ensure all care plans were checked and any outstanding actions addressed. At the time of our inspection 15 care plans had been reviewed and actions taken to improve records within care files however we still found instances of poor record keeping unknown to the provider.

Some accidents and incidents had not been recorded accurately. For example, one person had several falls over at two-month period. However, upon further investigation we found these were slips and not falls. The area manager told us they would be addressing these issues with the staff team and plan to continue monitoring of the service.

We concluded the above evidence was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other audits had been carried out and actions taken. We found monthly hoist and sling checks, six monthly kitchen audits, night visits by the managers and activity audits had been completed. We found a health and safety audit had been completed quarterly and weekly call bell checks were carried out.

Staff told us the management were supportive, comments included, "I feel supported by staff and management" and "We feel supported by the manager." During our inspection the management team were honest and open. They were all aware of the need to drive improvement within the home and were in the process of addressing this.

People living in the home and their relatives told us there had been a high turnover of management in recent months which has meant there had not been any consistency. There was no current registered manager in post. Two managers from other homes with the providers organisation were currently supporting the home. There was an area manager who had oversight of the home and told us they were planning to become the registered manager to promote consistency. They were also in the process of recruiting a new manager.

The provider had set values which the management team and staff promoted. There were five elements to the providers values and these included, 'Dignity, respect, be the best we can be, be open and honest and think body mind and spirit.'

Annual surveys were carried out to gather people's views. The last survey had been completed between 2017 and 2018. We found overall there had been positive feedback. From people that completed the survey 100 percent of people said they were satisfied with the overall standard of the care home and 94 percent of people said they were happy living at Gledhow.



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>There was a failure to ensure systems in place to assess, monitor and improve the quality of the service were being carried out to identify shortfalls and there was a lack of accurate and robust care records</p>