

Centurion Health Care Limited

69 Chartridge Lane

Inspection report

69 Chartridge Lane
Chesham
Buckinghamshire
HP5 2RG

Tel: 01494810117
Website: www.centurioncare.co.uk






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Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

About the service

69 Chartridge lane is a residential care home providing personal care up to six people with mental health and/or learning disabilities and autistic spectrum disorder.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

Six people were using the service at the time of our visit. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

People told us they felt safe living in the service. Risks had been identified but action had not always been taken quickly to address and minimise the risk. We were concerned the staffing levels for night time were insufficient. We have made a recommendation about responding to the findings of risk assessments in a timely way.

Care documents were not always up to date or accurate, the registered manager had been away from the service for six months in 2019, a new manager was in post during this time. When the new manager left the service, the registered manager returned. They told us since their return some records had gone missing. Records were not always explicit in their detail, this meant it was difficult for the registered manager or others reviewing the information to get a clear picture of what care had been provided.

Improvements had been made to the storage and administration of medicines since our last inspection in 2017. At this visit we found the storage, administration and records related to medicines were safe.

Staff understood and practiced good infection control. Staff had received training in safeguarding people. Staff understood their responsibilities in protecting people from abuse. Safe recruitment processes were in place to ensure people were protected as far as possible from being cared for by unsuitable staff.

People were 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 received support, training, supervision and appraisal in order they could provide care to a high standard. Care plans identified people's food and drink preferences. Specialist professionals and agencies were involved in care provision where required, People were supported to healthcare appointments when needed.

The building was well maintained. People were able to personalise their own rooms with their chosen decorations and accessories.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. From our observations and through discussions with staff, we ascertained care was person centred and focussed on people's needs rather than the needs of the service. People were treated in a respectful and caring way by staff. Staff completed training in diversity and equality. This enabled them to understand the importance of respecting others.

The service was meeting the requirements of the Accessible Information Standard (AIS). People who had sensory losses such as a hearing loss or sight loss, had equipment to assist them to communicate with others

People were supported to participate in community activities and resources to fulfil their ambitions and interests. These included attending adult education classes and college, doing voluntary work at food banks and charity shops and enjoying social time in cafes, pubs and shopping.

People could live the life they had chosen. Staff offered them support to fulfil their own goals and aspirations.

The registered manager knew and understood their responsibility to implement duty of candour as part of the service provision. Staff and the registered manager understood the requirements of their roles and their responsibilities.

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

Rating at last inspection

The last rating for this service was Good (published June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well led sections of this full report.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 69

Chartridge Lane on our website at www.cqc.org.uk.

Enforcement

We have identified a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because systems to assess, monitor and mitigate risks were not always effectively operated. Records were not always up to date and accurate.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement 

69 Chartridge Lane

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

69 Chartridge Lane 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 used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with three members of staff including the registered manager, assistant manager, and support worker.

We reviewed a range of records. This included three people's care records and multiple medication records.

We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider regarding end of life care and what action if any had been taken regarding risks. The provider sent us information regarding immediate improvements they had made.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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 safety and well-being had been considered by the service and steps had been taken to minimise the risk of harm in most areas. People had risk assessments in place for areas such as falls, moving and handling and medicines amongst others.
- Although risk assessments were in place, the registered manager had overlooked one specific area, the decking at the rear of the premises was slippery and required treatment. A notice clearly stated people should not access the garden via this route. However, in the event of a fire which required people to vacate the premises via this route, there was a high risk of injury.
- Once we had brought this to the attention of the registered manager they arranged for a cover to be placed over the decking to ensure people could vacate the service safely if required.

The provider must follow health and safety good practice to ensure the risks to the premise are managed for people's safety.

- People told us they felt safe living in the service and could turn to staff for guidance or reassurance.

Staffing and recruitment

- Staff told us there were enough staff, however, one staff member felt it would be useful to have more in the afternoon to assist with appointments or activities. We were concerned the staffing levels for night time were insufficient. This was because three out of the six people required assistance if there was a fire. At the time of our inspection there was only one awake staff on the premises at night.
- The fire emergency contingency plan stated, three people needed verbal direction from staff to evacuate, one person needed full staff support to evacuate, one person needed staff support to evacuate, and another needed one to one support for evacuation.
- When we discussed this with the registered manager they told us there were staff living locally who could be of assistance. We were concerned this was unrealistic given the time pressures of dealing with a fire.

We recommend the provider finds out more about training for staff, based on current best practice, in relation to risk management within the service.

- Safe recruitment processes were in place to ensure people were protected as far as possible from being cared for by unsuitable staff. Checks included Disclosure and Barring Service (DBS) checks, written references, health declarations, and proof of identity and of address. Interviews were carried out with candidates prior to employment being offered.

Using medicines safely

- At the previous inspection in May 2017 we raised concerns about medicine cabinets not being secured and the use of out of date medicines. During this inspection we found this had improved. We undertook checks to ensure the storage, administration and records related to medicines were safe. Records of the medicines administered were up to date and accurate. Protocols were in place for as required medicines, for example pain relief.
- Photographic identification was available for all people receiving medicines and allergies were recorded. Documentation for creams or lotions was available and we saw that administration records were up to date.

Preventing and controlling infection

- Staff received training in infection control and food hygiene. Equipment was in place such as colour coded mops and buckets to reduce the risk of spreading infections. The purpose of having colour coded equipment is to prevent cross contamination during the cleaning process. Each colour is related to an area of the building. This prevents mops used in the bathroom being used in the kitchen.
- Staff were supplied with personal protective equipment (PPE) such as gloves and aprons. This protected both staff and people from transferring germs and viruses. We observed the service was clean and tidy apart from black mould in the shower room. The registered manager told us they were aware of this and had purchased mould remover, but due to its toxicity, they had to plan when to use it, so it didn't affect people.
- We were sent photographic evidence following the inspection that this had been removed.

Learning lessons when things go wrong

- The current registered manager left the service in May 2019 and returned in November 2019. A new manager was in place during their absence. Staff raised concerns with the provider about how the service was being run. Action was taken, and the registered manager returned to their previous post at 69 Chartridge Lane. In discussion with the registered manager lessons had been learnt, solutions were being investigated to prevent a re-occurrence. Accidents and incidents had been recorded, we discussed with the registered manager the importance of clear records when incidents and accidents occurred, to enable further development and learning.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding people. Staff understood their responsibilities in protecting people from abuse. People told us they felt safe living in the service. Staff also understood how to whistle blow, and when they put this into practice, this had been taken seriously and action was taken immediately.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs had been assessed and care plans and risk assessments had been designed to enable the care to be delivered in the most appropriate way.
- "Records in relation to people's health and care needs were not always promptly available when we requested them. For example, when we asked to see a person's specific health care plan this was not available. When we spoke with staff about the person's specific health need, they were well informed and knew exactly how to support the person. The registered manager assured us they would produce the care plan as a matter of urgency.
- From our observations and through discussions with staff, we ascertained care was person centred and focussed on people's needs rather than the needs of the service. For example, people had their individual interests and hobbies supported, and people were able to speak freely about any aspects of their care they were unhappy with.

Staff support: induction, training, skills and experience

- Staff received support, training, supervision and appraisal in order they could provide care to the expected standard. Staff told us they felt supported by the registered manager. Comments from one staff member told us "I trust [registered manager], we have supervision monthly but if we have concerns, we can ask for it earlier."
- Staff told us they felt they had received enough training to carry out their role competently. Documents demonstrated the registered manager had checked with staff how much they had understood of the training. One staff member required further support with the subject matter of a training course they had completed. They were going to complete the training again as the registered manager felt this would help their development.

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

- Care plans identified the food and drinks people preferred. Nobody at the service required support with eating or swallowing. One person told us, "Sometimes I don't like the food, but they give me something else." Others said, "I like the food" and "The food is good. It's very nice."
- During our visit, a person was involved in a baking session making scones. They were very proud of their achievements. We observed people had access to drinks and food throughout the day.

Staff working with other agencies to provide consistent, effective, timely care

- Specialist professionals and agencies were involved in care provision to people living in the service when required. For example, some people were funded by the local authority.

- People who had specialist health needs for example, diabetes or visual impairments received support from external professionals. We read documentation related to health appointments with external professionals to assist people with their mental and physical health needs.

Adapting service, design, decoration to meet people's needs; Supporting people to live healthier lives, access healthcare services and support

- People's rooms were personalised with their chosen decorations and accessories.
- The remainder of the house appeared well maintained and people could access the facilities with ease.
- People were supported to healthcare appointments when needed. Care records showed that people were supported to attend routine healthcare appointments with GPs, dentists, opticians, and mental health specialists.
- Records showed where people required support from external professionals this was provided. The GP worked with the service to ensure people's health was maintained. Guidance received from professionals was documented.
- All staff received training in oral health care and completed a Smile for life programme, which helped care professionals to understand the importance of oral care and how to support people in this area. Care plans documented how this should be carried out, we saw people received support from dental practitioners.

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 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.

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.

- Where people were being deprived of their liberty this had been approved by the supervisory body. It is the role of the supervisory body to ensure any deprivations are legal and the least restrictive. Not all staff understood MCA, and the registered manager was ensuring through training this situation improved. Staff were aware of the DoLS and why they were being implemented.
- The service was acting within the principle of the MCA, as mental capacity assessments had been completed and best interest meetings were held to make certain any decisions made on people's behalf were in their best interest.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People were treated in a respectful and caring way by staff. Staff completed diversity and equality training. This enabled them to understand the importance of respecting others. We observed how people's privacy and dignity was maintained by staff who knocked on people's doors before entering, and by speaking discreetly to people when it was appropriate to do so.
- Staff told us they respected people and protected their privacy and dignity. One staff member told us, "I never share information on the phone about staff or residents when out." They also told us, "This is their home, I ask if I can do things, can you imagine someone coming into your home and doing what they want to do, this is their home and we are working for them." Another staff member told us, "We listen to them [people] and to what they want. For example, ask them where they want to take their meds."
- We observed people had positive relationships with staff. We observed people were relaxed and were seen to be laughing and joking with staff. Staff were kind and caring towards people and used appropriate eye contact and touch when encouraging people with a task such as eating their meal.
- Staff addressed people by their preferred names. Staff respected people's choice for privacy and independence. We noted some people preferred not to join others in communal areas but liked to stay in their rooms or move around the home as they wished. One person told us "I like coming to my room to put my feet up."
- Staff supported people to attend religious services in locations of their own choosing.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to participate in discussions about their care and how the service developed. For example, we asked one person if they would like to change anything about the care they received. they told us "No". Another person told us how they enjoyed all the activities they were involved in during the week. They told us how they were able to communicate with staff about their likes and dislikes, and how staff included them in the activities within the service, For example, "They [staff] knock on my door when it is time for tea, They also ask if I want to go into town with them or if there is anything I want whilst they are there."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Records of support provided by staff were not always explicit in their detail, this meant it was difficult for the registered manager or others reviewing the information to get a clear picture of what care had been provided and whether support had been offered in line with the care plan. For example, one person's behaviour was sometimes challenging to others, particularly staff. Although care plans and risk assessments were in place, they did not adequately describe what actions the staff needed to consider and records of staff support were unclear.
- The registered manager accepted our comments and felt the upcoming training for staff in dealing with situations involving challenging behaviour would assist them in carrying out this task.
- There were a variety of care plans and risk assessments in place that recognised people's needs, these recorded the provision required to help keep them safe. There were a wide range of assessment tools and care plans in place to mitigate risk. The information in these documents was up to date, accurate and was being monitored regularly.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service was meeting the requirements of the AIS. People who had sensory losses such as a hearing loss or sight loss, had equipment to assist them to communicate with others. For example, one person who had a visual impairment had objects of reference to enable them to better understand what was being asked of them, and to enable them to make informed choices.
- Objects of reference are objects that are consistently used with a person to represent people, places, objects and activities. They are used alongside the spoken word. The service provided pictorial care plans to assist people to understand what was written, and easy read documents for example, the complaints procedure. One person used Makaton, and some staff had received training in how to communicate using this sign language.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to participate in community activities and resources to fulfil their ambitions and interests. One person told me about the activities they were involved in, this included a college course doing arts and crafts, working in a charity shop and participating in adult learning centre classes for music and computer work. They told us they also enjoyed visiting a local market and doing domestic duties around the

service.

- Another service user attended art therapy, drama and enjoyed lunches out. Other activities enjoyed by people included visiting cafes, working at a food bank, cooking, knitting and puzzle games. Family members were welcome to visit at any time.

Improving care quality in response to complaints or concerns

- We were told there had been no formal complaints made in the last year. Staff told us they knew how to deal with a complaint. One person told us ""If there is any problem I can go straight away to the staff." The complaints procedure was in a written and a pictorial format to enable people to be able to understand it. There appeared to be an open culture within the service, and people did not appear uncomfortable saying what they wished to in front of staff.

End of life care and support

- People had end of life care plans in place. These detailed all the preferences people had regarding their end of life wishes. This included where they wished to be cared for either in the service, hospice or hospital. One person had chosen their coffin and flowers. For people who were not able to make these choices, the service would look to their relatives to advocate for them. Staff were trained in how to provide non nursing care to people at the end of their life.

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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

- Staff and the registered manager understood the requirements of their roles and their responsibilities. The service had been through a period of instability when a new manager had been in place. Staff had not been certain of their roles or that of the manager during that time.
- Although we were confident in the registered managers ability to provide good quality care, we found a few concerns that had not been identified in audits carried out by the registered manager.
- For example, we asked to see a care plan related to a person's health need, this was not available and could not be found. Other records we read related to the support a person needed and received with their behaviour was not detailed enough to prove the care had been provided in a safe and appropriate way.
- Personal emergency evacuation plans (PEEPS) were inaccurate. We were shown each person's peeps at the time of the inspection; an updated version was sent to us following the inspection. The updated version did not include the information in the original peeps. For example, one person's peep dated 2 January 2020 stated: "needs full support from staff to evacuate the building. [named person] has limited awareness of dangers. She may get flustered in an emergency which will make her rush or become anxious. [Named person] will need full staff support to evacuate the building.
- On 5 January 2020, three days later, a new peep was recorded for the same person stating: "[Named person] has relatively good health and safety awareness and generally responds well to the sound of the fire alarm and knows she needs to immediately evacuate the building at the sound of the alarm bell.
- We found there was a fault with the fire risk assessments, which meant the assessed risk was not correct. The fire risk was recorded as tolerable; however, the assessed risk should have been recorded as medium. This had not been identified by either the registered manager or the provider.
- We found risks related to the decking and the fire evacuation plan had not been acted upon, the records stated there was a problem with the decking in July 2019, yet the provider had failed to take any action until our visit. Consideration had not been given to the safe evacuation of people at night in the event of a fire, and we were concerned the staffing for night time was insufficient.
- The registered manager had failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others. Records were not always accurate, complete and comprehensive.

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

- Staff spoke positively about the registered manager and their ability to support staff to give of their best. One service user told us "I like it here, I get on with the [name of registered manager], she is a good manager." A staff member told us "We are a good staff team, we come together to make a good working environment and to make this their [people's] home." The registered manager told us "I only ask they[staff] put the residents first and make sure they [people] can achieve their goals."
- We understood the registered manager had also been overseeing the management of three services including 69 Chartridge Lane in recent months. We discussed with the registered manager how work was needed at the service to rectify the issues we found and for the standards to improve. We were told the registered manager would only be managing two services in the future.

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 knew and understood their responsibility to implement the duty of candour as part of the service provision. However, when we spoke with the staff, they told us they did not know about this legislation. The registered manager was surprised when we informed them.
- Following the inspection, the registered manager emailed us to tell us they will be following this up in the next staff meeting. There had been no incidents that required the application of duty of candour in the last year.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's equality characteristics were considered in the planning and carrying out of care. Staff received training in equality and diversity. The provider's PIR stated "We regularly review individuals support plans to ensure that we are responsive and that all service users receive appropriate care and support. Individuals we support are regularly supported to their chosen place of worship to ensure that their religious needs are met based on their preferences."

Records reflected this to be accurate.

- Staff interacted with people in a way that was respectful and courteous. There was no discrimination shown towards people because of their age, disability, sexuality or gender.

Working in partnership with others

- The providers PIR stated "We work closely with the local GP surgery, audiology, gastroenterology, adult mental health services, dental surgery, physiotherapy and other services to ensure that all health needs of the people we support are met. We are responsive to any changes in needs and seek immediate support (of a referral to a specialist service) if required." This was verified in records we examined.
- Where professionals gave advice, these were recorded and followed through by staff. Where staff had concerns about people's health, they were proactive in seeking advice from specialist professionals. This ensured people maintained their health.

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

- People received care that was person centred and provided good outcomes. People could live the life they had chosen. Staff offered them support to fulfil their own goals and aspirations. People were encouraged to be as independent as possible and care plans reflected this. Service user meetings enabled people to discuss what activities they would like to do in the upcoming month. For example, one person wanted a party with balloons, food and a cake.
- One person told us "I love it here, I like the staff looking after me." Another said, "They [staff] know how to

care for me, if I am having a bath, they check the bath water." Staff were very knowledgeable about people's needs and how their particular care needed to be provided. This ensured outcomes were positive for people.

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>The provider failed to maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.</p> <p>Regulation 17 (1) (2) (a) (b) (c)</p>