Lifetime Opportunities Ltd

North View

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We inspected on 9 and 18 February 2016. North View is a converted house which provides accommodation and support for up to five people with learning disabilities. There were four people living in the service at the time of our inspection.

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

People and relatives we spoke with said people were safe living in the home. Safeguarding procedures were in place which were understood by staff. Risks to people's health and safety were assessed with appropriate protocols and plans of care put in place to help ensure people's safety. These were detailed and well understood by staff.

Medicines were managed safely and people received their medicines as prescribed. The support people were offered with medicines was robustly documented. Regular checks took place to ensure people continued to receive their medicines safely.

Although there was a shortage of staff employed, there were sufficient staff deployed at all times to ensure people received their contracted hours of care and support. Arrangements were such that people were able to develop and maintain strong relationships with staff. Robust recruitment procedures were in place.

The premises was appropriately managed and people were supported to personalise their environment with possessions and décor chosen by them.

People received care from staff who had a good level of knowledge about the people they were caring for. Staff received a range of training which was tailored to the needs of the people that used the service.

People had access to a variety of food and were encouraged to be involved in the sourcing and cooking of food as part of initiatives to improve their skills and independence. Healthy living choices were promoted by the service.

The service worked with healthcare professionals to develop care plans and protocols to help ensure effective care and support was provided.

People received dignified and respectful care from staff who understood their individual needs, likes and preferences. Relatives we spoke with praised the staff team and said they treated people well.

People's needs were assessed and appropriate plans of care put in place. These contained a high level of

person centred information on how to care and support people. These were understood by the staff team.

The service used tailored communication techniques to help ensure effective communication with people. People's independence was promoted through the setting of short and long term goals to help people develop life skills.

People were supported to achieve a range of goals, which were evaluated on a weekly basis. People were fully involved in the planning of these goals. Goals centred around life skill development and providing worthwhile activities to people. People had access to a good variety of activities on a daily basis.

People, relatives and staff praised the unit manager who they said created a good atmosphere within the home. A range of audits and checks were undertaken to assess and monitor the service.

The service had failed to report all statutory notifications to the Commission as it had not reported safeguarding referrals made to the local authority to us.

Documentation of staff supervisions and body map charts was not sufficiently robust to demonstrate that concerns or injuries had been fully investigated.

We found one breach of the Health and Social Care Act (2008) Regulated Activities 2014 Regulations. You can see what action we told the provider to take at the back 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?

Good

The service was safe.

Medicines were managed safely. People were supported to receive their medicines as prescribed and this support was clearly documented.

The premises was safely managed .People had access to appropriate space and facilities and were able to personalise their living environment.

Risks to people's health and safety were assessed and clear plans and protocols that were well understood by staff were in place.

Is the service effective?

Good

The service was effective.

Staff received appropriate training tailored to supporting people with learning disabilities. Staff demonstrated a good level of knowledge about the people they were supporting.

The service was compliant with Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act (MCA).

People's healthcare needs were met by the service. The advice of external health professionals was appropriately sought and their advice used to formulate plans of care.

Is the service caring?

Good

The service was caring.

People and relatives spoke positively about the attitude and kindness of staff. They said that staff listened to them and acted on their comments.

The service used a range of communication techniques to ensure effective communication with people that used the service.

People's independence was promoted through people assisting

with daily tasks and through the development of short and long term goals.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and detailed, person centred plans of care put in place which were well understood by staff.

People had access to a range of varied activities and social activities on a daily basis.

People were supported to make and achieve both short term and long term goals to aid their development.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Statutory notifications had not been submitted to the Commission. Documentation regarding staff supervision and body charts needed improvement.

Systems were in place to assess and monitor the quality of the service. People's views were regularly sought and these were used to make positive changes to the service.

North View

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 look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 9 and 18 February 2016 and was unannounced. The inspection team consisted of one inspector.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with two people who used the service and three relatives. We spoke with six support workers, the registered manager, and the unit manager.

We looked at three people's care records and other records which related to the management of the service such as training records and policies and procedures.

As part of our inspection planning we reviewed the information we held about the home. This included information from the provider, notifications and speaking with the local authority contracts and safeguarding teams.

We also spoke with two health and social care professionals who regularly worked with the service.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was completed and returned to us in a prompt manner.

Good

Is the service safe?

Our findings

Prior to the inspection we received an anonymous complaint regarding the conduct of some staff that worked at North View and subsequently made an alert to the local safeguarding team. During the inspection through discussions with people, relatives and staff we found insufficient evidence to substantiate these concerns, although one person told us they didn't like one member of staff. Relatives we spoke with told us they all felt people were safe in the company of staff, and said their relatives had never raised any concerns about their safety. Staff told us they had never witnessed anything of concern whilst working within the service. We raised the concerns we received along with the comment from one person about a staff member with the registered manager and provider who conducted an investigation which we reviewed as part of the inspection. This was a thorough and detailed investigation which concluded the concerns were not substantiated, however the service put in place further recommendations to further improve safeguarding and quality assurance processes. Following the inspection we spoke with the local safeguarding team who told us that following their investigation they felt assured that people were not at risk.

During the inspection we observed people's body language and saw people appeared relaxed and comfortable in the company of staff. Both people we spoke with told us they were generally happy living in the home. We spoke with one person in detail about their experiences in the home. They told us that they liked all staff, and particularly the unit manager and their key worker. They told us staff were kind and friendly. A relative we spoke with told us, "[person] has never raised any concerns about the service, they are very happy" and another relative told us, "They treat them well no concerns about that [safeguarding] they are good with them." Staff told us that people who lived in the home had not raised any concerns with them for example, one staff member told us "I have a good relationship with the service users and they would tell me if any concerns."

Safeguarding procedures were in place. We saw these had been followed to keep people safe with contact with the local authority over incidents which had occurred in the service. Staff understood how to recognise and act on allegations of abuse and had received safeguarding training. Safeguarding was also discussed as a set agenda item at staff supervisions giving them an opportunity to raise any concerns. People who used the service had the opportunity to raise concerns through regular key worker meetings. Audits undertaken by the manager also looked at staffs understanding of safeguarding matters.

Care records showed that risks to people's health and safety were assessed. For example risks associated with going out into the community or behaviours that challenged. Where risks were identified, clear protocols were in place which were well understood by staff.

People and their relatives told us the service had enough staff deployed at all times to ensure people's safety. Everyone within the home received significant periods of one to one support in line with their contractual arrangements. Staff told us that people always received their allocated support and planned staffing levels were always met. This was confirmed by the rota's we viewed. This high level of staff support allowed people to develop strong relationships with staff and enabled them to take part in a range of

activities and other social opportunities. Some staff raised concerns that there were not enough staff employed and as a result they were having to work long hours. The registered manager confirmed the service had three support worker vacancies, however as shifts were also covered we concluded this did not impact on people's safety. We saw evidence the service was taking action to recruit to these vacancies. The service was also able to utilise staff from the providers other services should they require additional staff. This meant that it did not have to utilise agency staff who would be less familiar with the service and people's needs.

Systems were in place to ensure the safe management of medicines. The registered manager told us that no person received their medicines covertly however procedures were in place should this need to be considered in the future. Staff administering medicines had received training in the safe administration of medicines and competency assessments were undertaken to check staff had retained the skills and knowledge required.

People's capacity was assessed to determine whether they were able to self-medicate. Nobody living within the home was deemed to have the capacity to self-medicate. The decision to administer medicines to people who lacked capacity was evidenced as a best interest process in line with the legal framework of the Mental Capacity Act 2005.

We looked at medication administration records (MAR) and saw these were completed and showed people received their medicines as prescribed. MAR's were checked and signed by two staff members as an additional check that people were receiving their medicines as prescribed. Stocks of medicines were robustly monitored to identify any discrepancies. We counted a random selection of medicines and found the number of medicines present matched with the stocks recorded, indicating people had received their medicines consistently as prescribed.

'As required' protocols were in place which detailed when people should receive these types of medicines. This helped ensure these medicines were offered by staff in a consistent way. Systems were in place to order, and dispose of medicines.

Some people took medicines that are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs. We saw that controlled drug records were maintained. The giving of the medicine was checked and signed by two appropriately trained staff. However the controlled drug register did not record the stock levels of these medicines with this information recorded separately from the administration record. We asked the registered manager to ensure this information was recorded within the register.

Where medicine errors had occurred we saw these had been recorded and investigated with route cause analysis undertaken to help prevent a re-occurrence. Medicine audits took place and external audits had been conducted by a local pharmacy.

Safe recruitment procedures were in place. This included ensuring people completed an application form detailing their previous employment and qualifications. A thorough selection process was in place which included face to face interviews which included meeting people who used the service to determine whether they interacted appropriately with them. The provider told us that they only recruited people with previous care backgrounds to help ensure they had the correct skills and knowledge to care for people. Checks on people's backgrounds took place including ensuring a Disclosure and Barring Service (DBS) check and references were undertaken Staff we spoke with confirmed that when they were recruited the required checks had been undertaken.

We found the premises to be safely managed. People's bedrooms were spacious and had been personalised to their individual tastes and preferences. The service helped people personalise rooms with décor, pictures and furniture which suited their individual preferences. We spoke with one person who told us they liked their room and was proud of the way it had been decorated. . There was sufficient communal areas which included a lounge, spacious dining kitchen and a large secure garden area. Goal posts had been set up in the garden to help support one person to play football. The building was appropriately maintained. We looked at records which provided evidence that a range of checks on systems such as fire, electrical and gas were carried out. Weekly health and safety checks were undertaken by the team leader to help ensure the building was maintained safely.

Good

Is the service effective?

Our findings

Staff were provided with a range of training to help ensure they had the required skills to support people effectively. New staff without previous experience were required to complete the Care Certificate. This is a recognised training qualification for new care workers to ensure they achieved a standardised set of skills and knowledge. In addition new staff were required to read and sign the services' policies and procedures, complete additional training specific to the service and demonstrate their competency before working with people alone.

Existing staff received periodic training updates in subjects such as dignity and respect, epilepsy, health and safety, Mental Capacity Act 2005, safeguarding and moving and handling. We found most staff to be up-to-date with training with a system in place to flag up when training had expired which notified the registered manager who ensured it was promptly provided. Staff were supported to achieve further qualifications in health and social care.

Specialist training had been provided to help staff support the individuals who lived in the home. For example all staff had received training in autism. Some staff we spoke with told us they thought the autism training was rather basic, and would like more comprehensive autism training provided. We saw plans were in place to role this out to staff in the near future. Some people who used the service displayed behaviours that challenged. Staff received in-house training in 'team teach' which provided them with the skills on how to manage these types of behaviours in the least restrictive way possible. Staff were not permitted to work on a one to one basis with people who were likely to display these behaviours until they received this training. We spoke with staff about this training who told us it was useful and had given them the correct skills to help manage these types of behaviours.

Staff we spoke with demonstrated a high level of knowledge about the topics and people we asked them about. Due to the high level of support provided to people, this had allowed staff to develop extensive and in depth knowledge of people, how to reduce their anxieties and meet their preferences and needs. For example one staff member was able to tell us in extensive detail about how they assessed one person's mood and then deployed a range of techniques to deescalate their anxiety. It was clear that this knowledge had come from extensive experience of working with the person.

Clear protocols were in place which informed staff on the preferred strategies to use to reduce anxiety and keep people safe if people displayed behaviours that challenged. These were detailed for example categorising behaviour into 'high,' 'medium' and low' with clear guidance provided for staff. Care plans focused on strategies to help people 'have a positive day' and promote positive behaviour.

People were supported appropriately to maintain good diet and nutrition. People and relatives told us the food was good in the home, and that nutritional needs were met. For example one relative told us staff were, "On the ball with diet and nutrition." A varied weekly menu was in place which was planned in conjunction with people who used the service. We looked at the menu and saw there were a range of options available with a focus on helping support people to eat healthily. People's culinary likes, dislikes and preferences

were clearly recorded with any cultural needs explored with each individual.

Staff and the registered manager told us the menu was developed with people who used the service to ensure it met people's individual preferences. The menu was flexible in that if people didn't like the food on offer, arrangements were in place to provide an alternative. People had access to a range of snacks between meals. The service was aware of cultural requirements and ensured that people could choose meals from a range of cultural backgrounds

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 application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS requires care homes to make applications to the local authority where they suspect they are depriving people of
their liberty.

The service had put DoLS applications in for three people who lived at the home. One person living in the home was deemed to have capacity, an application had not been made for them, showing good understanding of the process. Our scrutiny of people's care records demonstrated that all relevant documentation had been completed.

We saw care and support focused on ensuring people were supported in the least restrictive way to protect people's freedom and rights. This included ensuring people were able to live an active social life in the community and work to achieve independence improving goals.

We checked whether the service was working within the wider framework of the MCA. Where people lacked capacity to make specific decisions, mental capacity assessments were in place. In these cases, we saw evidence a best interest process had been followed involving a multidisciplinary team to help ensure that the decisions made were in people's best interests.

Each person who used the service had a clear health action plan in place. A health action plan is a personal plan about what people with learning disabilities need to do to stay healthy. It lists any help that they might need in order to stay healthy and makes it clear about what support they might need. We did identify that some of these were due an update. The service regularly liaised with external health professionals to help ensure effective care was provided which met people's individual needs. For example in consulting with behavioural specialists and clinical psychologists. We saw their advice had been translated into clear and detailed plans and protocols to guide staff.

Hospital passports were in place. A hospital passport contains key information about the person's needs to ensure effective care and support should they be admitted to hospital.

Good

Is the service caring?

Our findings

People and their relatives generally told us that people were treated with a high level of dignity and respect by staff that used the service. For example one person told us, "I like all the staff [staff name 1] takes me swimming and [staff name 2] is good and friendly, they are nice to me." One relative told us "I think the staff here are very kind, I wouldn't leave [relative] here if I had any doubts". Another relative told us, "I trust staff they are all very kind."

We observed staff treated people with dignity and respect and engaged in friendly interaction with them. For example in talking to them about their interests, the activities they wanted to do and their goals over the next few days. Where people became distressed staff acted appropriately and helped to calm people down. Staff demonstrated a commitment to providing a high level of person centred care and demonstrated they genuinely cared about enabling people to develop life skills and achieve their goals.

Due to the extensive one to one support provided, staff were able to build up strong relationships with the people they were caring for. Each person had a named key worker in order to provide them with a familiar face who would regularly discuss their care and support requirements. Care plans contained a high level of person centred information which demonstrated staff had taken the time to listen to people, learn about their past experiences and life history and their individual likes, dislikes and preferences. Staff we spoke with had a good understanding of the people they were caring for.

Care and support plans had a strong focus on helping people to increase their life skills and independence. People were involved in daily home life for example preparing drinks for staff and visitors, helping to tidy up and prepare meals. People were supported to assist with shopping so that they could gain experience of this important weekly task, be involved in the selection of food and appreciate the steps that it took to prepare a meal. One person was supported to cook their own meals to help increase their independence, life skills and confidence. Independence increasing goals were set with people both on a weekly basis and more long term. People were fully involved in this process, through the creation of slimmed down care and support files which people were able to regularly consult.

People and relatives told us they were listened to and their views for care and support taken on board. During the inspection we observed this to be the case with people given opportunities to air their views. Care records also demonstrated people were involved in regular reviews of their care and support options and discussions over their goals.

The home used a range of communication techniques to communicate effectively with people. Some people could verbalise and we saw staff patiently took the time to listen to people and let them express their views. Some information was translated into an easy read format to aid understanding. Picture boards were used within the home to clearly show people who used the service which member of staff they would be working with that day.

During the inspection we saw one person used the Picture Exchange Communication System (PECS). Staff were seen supporting the person effectively and competently using the system to express their views, likes and preferences. Staff we spoke with were able to confidently describe how they used this system to support the person. We spoke with one person's relatives who told us they thought staff were 'upping the game' regarding the use of the PECS system but that they thought staff could still utilise it more effectively.

Good

Is the service responsive?

Our findings

People's needs were regularly assessed and plans of care put in place to help staff provide a consistent level of care and support. These covered a range areas for example eating and drinking, behaviour, medication and social activities. These were highly detailed and contained a good level of personalised information to help staff provide care and support that met people's individual needs.

People were encouraged to be involved in their plan of care. A slimmed down version of their care records was available for people to consult which was less bulky and easier to read to promote involvement. We spoke with one person who told us that they liked to view their weekly planner which helped them remember the activities they were doing each week. During the inspection we saw them regularly consult with their planner.

People who used the service had autism. The service took appropriate steps to plan appropriate and compassionate care for people with autism. This included assessing people's sensory needs, and considering their sensory experience when reviewing behaviours and incidents. People's routines were important to them and staff provided regular assurance and information to people on their daily and weekly activities and routines.

The service currently had a vacant bed which they were looking to fill with a suitable person. We saw a thorough and detailed pre-admission assessment process was in place to ensure that any new person would be compatible to the living environment and would get on with the other four people that lived in the home. It was clear the provider was very diligent to ensure they could meet the person's needs and continue to meet the needs of the other people living in the home before accepting a potential placement.

We saw people were helped to achieve weekly goals and also longer term goals through a series of small steps. For example one person was undertaking a series of leisure's activities gradually increasing the intensity of the experience to achieve a larger goal. We spoke with the person about this who told us they were very happy with how staff were supporting them to achieve these goals. People's activities and achievements were reviewed at the end of each week. We saw evidence people had developed as individuals in achieving goals and in becoming more independent and self-confident. Where people had achieved goals we saw photographs had been taken and placed in their care plans to help them remember the experience.

The service focused on ensuring people were enabled to undertake a large range of activities and social opportunities which met their individual needs. One relative told us, "They are really good at keeping up with activities" and the two people we spoke with also said they undertook a range of activities. Staff told us that the service took care to ensure people lived interesting and varied lives and were kept suitably occupied. The home had access to a vehicle and also supported people to use public transport which ensured activities which supported a healthy lifestyle took place outside of the home on a daily basis. For example people regularly went swimming, for walks, shopping, to the pub and to other events such as football matches or car racing. There was a strong focus on ensuring the activities were what people

actually wanted to do.

Links were in place with the local community with people encouraged to get to know their surroundings and engage in events and activities which took place in their community such as in the pub or at community centres. The unit manager told us the service believed it was important for people's safety, wellbeing and development that they were known in their local community.

People's needs were constantly evaluated which helped ensure responsive care. People had regular meetings with their key workers where feelings, goals and ambitions were regularly discussed. Plans of care and support were then appropriately adapted.

People's cultural needs were considered for example we saw evidence that the service had supported one person to visit a restaurant based on their cultural background.

A system was in place to log and respond to complaints. People and relatives we spoke with said they were generally satisfied with the service. One relative told us they had previously complained. They said although they felt things hadn't been adequately addressed in the past they were hopeful now that a new manager was in place that things would improve having received assurances from the home. We saw evidence that where complaints had been received, action had been taken to address by the management team. Systems were in place to bring the complaints process to the attention of people who used the service through signage and at service user meetings. The service also kept a list of compliments so it knew the areas where it exceeded expectations.

Requires Improvement

Is the service well-led?

Our findings

We found the provider had not submitted all required notifications to the Commission. We saw safeguarding referrals had been made to the local authority within 2015. Although we were satisfied that appropriate action was taken to investigate these and keep people safe, these incidents had not been reported to the Commission which is a legal requirement. This meant we did not have accurate information on occurrences within the service. We warned the registered manager of the need to ensure all notifications were reported to us in the future.

We found staff were up-to-date with supervisions. Supervisions are important to ensure staff progress and quality can be monitored and any concerns can be addressed. However where supervisions had taken place, we saw a number of instances where negative comments had been recorded for example comments raised by staff about other staff performance and also comments raised by the supervisor about staff attitude. However it was unclear what action was taken to address the concerns raised and further monitor performance. The registered manager told us they would ensure action taken in response to these comments was better documented in the future.

A system was in place to document incidents which occurred within the service including the use of any restraint. These were generally well completed, for example we saw where incidents were recorded preventative measures were put in place. However we identified one incident whilst recorded on a body chart, had not been transferred to an incident form which meant it was not formally recorded and investigated as an incident and included in incident analysis.

Body charts were completed where people sustained injuries. On the majority of these, documentation showed possible causes were investigated and the person was asked how the injuries occurred, however this was not consistently the case. In some instances body charts had not been fully completed, for example one did not contain the date of the incident and another just stated 'bruising and swelling' but the body map section had not been completed and there was no further record of investigation. Injuries people obtained noted on body maps could have been better analysed and centrally collated as with other incidents to monitor for any trends or themes.

This was a breach of Regulation 17 2(c) (d) of the Health and Social Care Act 2008 Regulated Activities 2014) Regulations.

The registered manager was responsible for the unit and also other services run by the provider. A unit manager was also in place who worked shifts and also had supernumerary time allocated to management tasks. People and staff spoke very positively about the unit manager for example one staff member said, "[unit manger] manages well, fantastic." Some staff told us that morale was not good due to having to pick up additional shifts as a result of a general lack of staff available. For example one staff member told us, "Staff morale not good because we are tired and fed up, we need to do team building." A relative told us, "No real improvements are needed to the service, they just need more staff on the books." Another relative told us, "Staff morale is low from what I can gather as they are picking up a hell of a lot of shifts."

Relatives we spoke with provided mixed feedback about the overall quality of the service but said things were improving. For example one relative told us, "Lady in charge is beginning to get a grip." Another relative told us, "I would give the service 6/10 for the last year, hoping for 9/10 this year. I think there have been issues due to a lack of strong management." A third relative told us the service was very good and met their relative's needs well.

Systems were in place to monitor the quality of the service. The unit manager undertook a weekly check of the home which looked at a range of areas including medicines management, finances, activities and health and safety. The registered manager completed a more comprehensive monthly check which looked at a range of areas. An external consultant was employed to complete a further detailed audit and report their findings to the provider. This looked at a range of quality indicators including accidents, health and safety training , safeguarding, care documentation and people's experiences. We saw action plans were produced as a result of these visits which the provider asked the manager to work towards.

The service was committed to continuous improvement of the service. For example recent work had been done on making care plans more person centred and further improvement of the service was planned through signing up to recognised accreditation and quality schemes. For example the service had recently signed up to The British Institute of Learning Disabilities (BILD) and were looking to achieve autism accreditation in the near future.

People's views were regularly sought and their feedback acted on. Periodic surveys were undertaken asking relatives for their views in relation to the service. We saw where issues had been previously raised the service had taken action to address and ensure improvement. People's views were also sought through regular group and individualise meetings with their views and suggestions clearly recorded. Service user meetings were also held monthly. We looked at the most recent meeting which asked service users if they were safe and if they had any concerns following a recent bereavement in the service. The minutes showed people were involved in discussions about future activities and the menu.

Periodic staff meetings were held. These were an opportunity to discuss any changes needed to people's care and support and for any quality issues to be addressed.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance 17 (1) 2 (c) (d) The service did not fully maintain a complete record in respect to each service user. It did not fully maintain other records as are necessary in relation to persons employed in the carrying out of the regulated activity and the management of the regulated activity.