

# Littlehampton and Rustington Housing Society Limited

# Rustington Hall

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Rustington Hall is a residential care home providing personal and nursing care to 58 people at the time of the inspection. They support older people, people with physical disabilities and people living with dementia. The service can support up to 62 people across three units in one adapted building.

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

People told us they felt safe when staff supported them but we found inconsistencies in records relating to risk and topical medicines. People spoke positively about the staff who supported them but we made two observations on the day that showed people's dignity was not always promoted through staff practice. Care records were not always personalised and we found shortfalls in governance and auditing at the service.

People told us there were enough staff but they sometimes had to wait for support, the provider was about to introduce a new call bell system in response to this. Feedback about food was mixed and work was underway to involve people in changes to the menu. People's dietary needs were met and we saw evidence of an assessment of people's needs.

People were supported to have 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 did not always support this practice, because we found some records relating to consent were inconsistent. People received an assessment of their needs before coming to live at the service. The environment was adapted to people's needs and we saw examples of innovative practice to make areas of the home more accessible to people.

People's healthcare needs were met and staff supported people to access healthcare appointments where necessary. Aside from the issues with topical creams people's medicines were managed and administered in line with best practice. Staff had received training and support for their roles and had regular meetings. People and relatives had regular surveys and meetings to involve them in the running of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (published 18 March 2017)

### Why we inspected

This was a planned inspection based on the previous rating.

### Enforcement

We have identified breaches in relation to risk, dignity, care planning and governance at this inspection.

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 not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### **Is the service caring?**

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### **Is the service responsive?**

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Rustington Hall

## 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, two assistant inspectors, a specialist nurse advisor and an Expert 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

#### Service and service type

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

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we held about the service, including feedback we received and information from statutory notifications. Statutory notifications are reports of important events providers are required by law to notify CQC of. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people and one relative. We also spoke with the Nominated Individual, the registered manager, the chef, a wellbeing co-ordinator, a nurse and three care staff. We reviewed care plans for seven people, including records relating to risk, medicines, consent and care delivery.

We looked at four staff files, records relating to incidents and complaints and a variety of checks and audits. We looked at records related to activities as well as evidence of best practice and the provider's plans for the service.

After the inspection

We received further email evidence from the provider which we considered.

# 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 Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Risks to people were not always responded to appropriately.
- People told us they felt safe and staff were knowledgeable about risk. However, records relating to risk were inconsistent. Guidance for staff about how to support people safely sometimes lacked detail.
- Charts were not completed accurately. Where risk plans identified needs, staff did not always keep accurate records relating to these. For example, one person was at risk of pressure wounds and their care plan recorded they should be repositioned every four hours. Their daily care records did not show this was taking place.
- Another person was assessed as having complex moving and handling needs. Their care plan said staff were to 'assess at the time'. There was not enough information to tell staff how to support the person to move safely.
- Another person required hourly checks to ensure they were safe, but these were not recorded as taking place every hour. The person's room was near the office so they were regularly seen by staff, but their records did not show hourly checks.
- We also identified a risk of avoidable harm because two sluice rooms were unlocked and unattended. This meant people living with dementia could enter these rooms where they could come into contact with contaminated items.
- There had been low numbers of falls and there had not been any recent pressure sores at the service, which showed the impact of these shortfalls was reduced. However, our findings showed the planning and monitoring of these risks was not robust.
- After the inspection, the provider shared plans with us to review risk records to ensure they were accurate. We will require further action to ensure risks to people are managed safely.

### Using medicines safely

- Where people were prescribed topical medicines, records did not show they were being administered as prescribed.
- Every topical cream administration record seen contained multiple gaps which meant we could not be assured that staff were administering creams in line with the prescriber's guidance.

The shortfalls in record keeping related to risk and topical medicines were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Aside from the shortfalls in topical medicines records, people's medicines were stored and administered

in line with best practice. Medicines were stored securely with regular checks of the environment to ensure it was suitable.

- Staff administered medicines to people in line with best practice. Staff had been trained in how to administer medicines and their competency had been assessed. Staff kept accurate and up to date medicines records for non-topical medicines.

#### Staffing and recruitment

- People told us staff were sometimes rushed, particularly at busy times. One person said, "You have to be careful what times you use the bell, it can be a long wait for someone to come." Another person told us, "Staff are very busy and there are times it's not worth ringing the bell."
- Staffing levels were calculated based on people's needs and records showed the calculated level had been sustained.
- We observed some call bells rang for a long time, but staff had been in to check if people needed support urgently. The provider's policy was to answer non-urgent call bells within 10 minutes, but recent call bell audits showed staff sometimes exceeded this time.
- The provider was aware of some staffing issues and staff had been moved to address the issue whilst recruitment was underway.
- The provider had identified difficulty auditing call bells. There was a plan to introduce a new call bell system in response to this and it was implemented after the inspection. However, people's feedback showed more work was required to ensure enough staff were deployed to respond to people's requests for support.

We recommend the provider reviews their staff deployment to ensure people's experiences are consistent at all times of day.

- Our findings showed more action was required to ensure the governance framework robustly identified and responded to people's experiences of call bell times. We have reported on this in the Well-led domain.
- Checks were carried out on new staff to ensure they were suitable to work in social care. However, we identified two staff where work histories did not accurately show a full employment history. After the inspection we received evidence to show the gaps had been addressed, but for one staff member a gap in employment had been explained at interview but not documented in their staff file.

#### Preventing and controlling infection

- People lived in a clean home environment.
- The home environment was clean with no malodours, people spent time in communal areas or their rooms which we observed to be clean.
- The provider employed housekeeping staff who were cleaning the home during the day. Staff followed a schedule to ensure each area of the service was cleaned regularly.
- Staff used personal protective equipment such as gloves and aprons when required. Staff were trained in infection control and were knowledgeable about measures such as hand washing. Regular audits monitored cleanliness and checked staff practice.

#### Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who knew how to safeguard them from abuse.
- Staff had received training in safeguarding adults and were able to describe how they would identify and respond to potential abuse. Staff were aware of local reporting procedures and how to raise an alert themselves if they were concerned.



- Records showed that where there had been concerns, the provider had shared these with the local authority. For example, staff had recently escalated concerns they had for a person's welfare and this had led to a plan being put in place to ensure the person was safe.

#### Learning lessons when things go wrong

- There were systems in place to monitor and respond to patterns in incidents at the service.
- Staff recorded any incidents that took place, including detail of how the incident occurred and what action they took. Each incident record had been reviewed by the registered manager and they kept a tracker, to monitor for patterns and trends. These also included complaints to ensure the provider could learn lessons from any issues that arose.

# 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 now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- Staff followed the legal process as outlined in the MCA, but records did not always reflect this.
- Care plans contained evidence of mental capacity assessments and best interests decisions, which involved relatives and healthcare professionals where required. Where people faced restrictions, applications were made to the local authority.
- Whilst people's capacity to consent to most care interventions had been assessed, we identified instances where assessments were not decision specific. Two people had bed rails in place and there was no mental capacity assessment about these decisions, but applications had been made to the local authority.
- Staff had been trained in the MCA and had an understanding of how it affected people, we observed them offering choice to people and they were aware of restrictions people faced.
- Our findings showed records relating to consent did not always reflect best practice, we have reported further on record keeping in the Well-led domain.

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

- People did not always receive food that was appetising.
- People's feedback on food was mixed, whilst some said it was satisfactory, others felt the food was not appetising. One person said, "The food is plain, OK in its way. I call it hospital food." Another person told us, "Everything's good here except the food."
- The management team were already aware of this feedback and there had been recent changes to

kitchen staff. We saw evidence of work with people to plan a new menu, based on their preferences.

- Feedback we had received showed these actions hadn't impacted positively upon people by the time of our visit. We will follow up on the impact of changes at the next inspection.
- People's dietary needs were planned for and met. People had nutrition care plans which documented the support they required, such as soft foods or fortified meals.
- One person was at risk of malnutrition and dehydration. They required their fluid intake to be monitored and they were weighed regularly, we observed staff keeping records of this person's fluid intake and records showed their weight was monitored.

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

- People's care files contained evidence of assessments which gathered information about their needs. One person had difficulty expressing themselves verbally and this had been captured in their assessment and added to their care plan.
- Assessments followed nationally recognised formats in area such as nutrition and skin integrity. Clinical staff completed these assessments and demonstrated a good understanding about how they applied to people.

Staff support: induction, training, skills and experience

- People were supported by trained staff.
- People told us staff understood their needs and were competent in their roles. Staff demonstrated a good understanding of people's medical conditions when we spoke with them.
- Clinical staff had been supported to maintain their competencies and they displayed a good understanding of how to meet people's clinical needs. Their training was regularly refreshed to ensure they were up to date with best practice.
- Care staff spoke positively about the training and support they received. They said they had regular performance reviews where they discussed training. Staff said they completed the Care Certificate as well as courses in specific areas of care or medical conditions. The Care Certificate is an agreed set of training standards in adult social care.
- The provider kept a record of training which showed staff were up to date in training in areas such as health and safety, infection control and dementia care.

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

- People's healthcare needs were met.
- Where people had medical conditions, we saw evidence of staff working alongside them to meet their needs. One person had regular appointments with a cardiac nurse which staff attended with them, staff kept an accurate record of the appointments and the outcomes.
- Staff consistently contacted GPs where people's health needs changed and made and followed up on referrals for additional support. People had regular check-ups with opticians, dentists and podiatrists where required.
- Staff regularly supported people to attend appointments and we saw evidence of positive feedback from relatives about this. People living with dementia had 'Knowing Me' booklets in place which documented their needs to ensure continuity of care during hospital admission.
- People and relatives praised staff practice to meet their clinical needs. One relative of a person with a long term condition said, "They are learning how to deal with [medical condition], from my point of view they're doing a very good job."

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

- The building had been adapted to allow people to navigate the service independently. People were observed with enough space to move around the home with walking aids or wheelchairs.
- There was signage around the service to enable people to orientate themselves, including pictures to help people living with dementia to find where they wanted to go.
- Where a person had difficulty orientating themselves in their room at night, staff had put glow in the dark footprints in place to help them to navigate their way around.

# 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 now deteriorated to Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- People were not always supported in a way that promoted their privacy and dignity.
- We observed that most people had their bedroom doors open when spending time in their rooms. Care plans recorded people's preferences at night time but did not record if people wished to have their doors open or closed during the day.
- We observed one person living with dementia undressing alone in their room with the door open, which meant they could be viewed from outside. Their care plan did not document their wishes regarding privacy during the day or how staff should ensure their dignity was preserved at these times.
- Another person had a care plan which said they lived with dementia and required 'timely' staff support to anticipate their continence needs. We noted a significant urinary odour around the person, showing their care needs had not been met promptly. Daily notes showed they had not been supported with personal care for nearly three hours. This showed the person's dignity was not always maintained by prompt interventions from staff.
- Where people told us staff were rushed, they said this sometimes impacted on their wellbeing because staff did not always have time to engage with them. One person said, "I wish staff had time to stop and talk but it's not realistic."

The failure to ensure people's privacy and dignity was always respected was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- After the inspection, the provider shared evidence with us of a review including the introduction of a 'dignity tool', which they implemented in response to our feedback. We will follow up on the impact of this change at our next inspection.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were supported by kind and caring staff.
- People's feedback on staff was positive, they said they were supported by staff who treated them kindly. One person said, "The staff are very caring, I feel lucky to be here." Another person told us, "The staff spend time with me, most of them are very caring."
- We observed positive caring interactions between people and staff. We observed staff chatting to a person about their relatives, they were kind to the person and showed a good understanding of the person's family.
- Another person was supported by staff to make a choice at lunchtime, staff came down to the person's level and allowed them enough time to make an informed choice about meals.

- People were supported to maintain their important relationships. Relatives told us they were made to feel welcome and people had telephones in their rooms which they used free of charge to speak to loved ones.
- Care was planned around people's religion and culture and this information was captured at assessments. Staff told us they provided support to meet people's religious needs, supporting people to attend church services and a multi-faith minister regularly visited the home. A prayer room had recently been developed to allow people space to pray or spend time alone.
- People's care plans lacked information about their sexuality and gender identity. People had sexuality care plans but these didn't explore their sexual orientation or gender identity. We provided feedback and the provider shared plans with us to improve the detail of this section of people's care plans. We will follow up on these changes at the next inspection.

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

- People had opportunities to contribute to decisions about their care.
- People had been involved in assessments and care plans, as well as reviews. Relatives said they had been contacted and had input into care decisions where appropriate.
- There were regular meetings and surveys and people said they valued these. One person said, "We have meetings every month and we can say things we want in advance of the meeting and have our say that way."

# 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 now deteriorated to Requires Improvement. This meant people's needs were not always met.

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

- People received personalised care, but records were generic and lacked detail.
- People told us they received personalised care. One person said, "I feel the nurses and carers care for me as a whole; they recognise the effects of a stroke on my life."
- People's care plans did not always reflect their personalised needs. Care plans were generic with spaces for staff to amend so they were relevant to people, but staff had not always updated these so they were not personalised.
- One person living with dementia had limited information in their care plan. For example, their care plan stated "ensure [person] is given choice of food and his/her likes and dislikes" but did not state what these were. There was also limited information about the person's background and what was important to them, including how to reassure them.
- Another person was living with dementia and was cared for in bed. Despite their needs being complex, there was limited guidance about how to provide personal care or engage with the person, based on their needs and background.
- Some people had life stories and photographs of things which were important to them. However, these were not yet in place for all people so some care files lacked information about people's backgrounds and preferences.
- The impact of the shortfalls in records was reduced because staff knew people well and the care they received was personalised. People said they received care from consistent staff and we noted staff had a good understanding of the people they supported. However, our findings showed more work was required to ensure people's care records were accurate.

The shortfalls in planning care around people's personalised needs was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

End of life care and support

- People's preferences regarding end of life care were documented.
- Whilst some people's records had limited information about end of life care, where people were likely to require this support they had detailed care plans in place.
- The provider had introduced new care plan tools for end of life care, which involved gathering pictures with people and documenting their preferences. At the time of inspection, staff were working with people to gather this information and we saw positive examples of people's preferences being gathered. We will check if end of life care is planned consistently at the next inspection.

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 had access to a variety of activities.
- People said they enjoyed the activities on offer. One person said, "There are always activities on, every day. They encourage you to join in but you don't have to."
- There were staff who took the lead on activities and developed a monthly schedule. There were a variety of activities each day which catered to a range of interests. Activities included arts, entertainment and exercise as well as parties and themed events. At the time of our visit there had been a 1950's party which people said they enjoyed.
- One member of staff said, "We do board games, people particularly like snakes and ladders so we get four or five of them playing, we play skittles and bowls as well."

#### 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.

- People's communication needs were responded to. We observed staff using communication tools with a person who had difficulty expressing themselves verbally. Where another person had a visual impairment, they said staff took time to explain things to them.
- Two staff told us they were trained in British Sign Language (BSL) and had used this to communicate with a person who used BSL who no longer lived at the service.
- Information about the service was available in accessible formats, to ensure people were informed about how to raise concerns.

#### Improving care quality in response to complaints or concerns

- People's complaints and concerns were responded to.
- People knew how to complain and felt confident any issues they raised would be addressed.
- The provider kept a record of all formal complaints, as well as any concerns raised verbally. These were tracked and monitored in order to identify any patterns and trends. Records showed that complaints or issues had been investigated and responded to, with action taken to resolve matters where required.



# 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 Outstanding. 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

- The governance framework had not proactively identified and addressed shortfalls found on this inspection.
- There were a variety of checks and audits, but they had not identified or addressed the shortfalls in relation to topical medicines, and the monitoring and governance of risk.
- Records were inconsistent, with multiple instances of daily care notes not showing care had been completed as planned. The systems to audit these had not prompted actions to ensure records were accurate.
- We saw evidence of care plan audits, with care files containing notes to show which areas needed updating. However, our findings in relation to care planning and consent showed these actions had not yet been taken because records remained inconsistent in these areas.
- Where people had raised issues with call bell response times, the current systems had not proactively identified that people sometimes had to wait a long time for care. Whilst we saw evidence of a plan to change this, the provider's systems had not identified and addressed the issue by the time of our visit.

The shortfalls in governance and auditing were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- People were involved in decisions about their home.
- People spoke positively about the management at the service. One person said, "I think the home is very well run; jobs get finished off." Another person told us, "I think the management want to know people are satisfied, especially about the food, they have been asking our opinions."
- People had regular input into the running of the service through meetings and surveys. We saw evidence of people being consulted about food and activities, as well as asking for their feedback on the planned improvements.
- Staff said they had support from management. One staff member said, "You can go and see [registered manager] whenever you want, her door is always open."
- Staff had support from the registered manager as well as senior care staff and nurses, who we observed

working alongside them throughout the day. Staff gave examples of how they had been supported by flexible working hours and they said they felt confident in raising any issues with management.

- There were daily handover meetings as well as regular staff meetings to ensure important messages were passed to staff. Staff said these meetings helped them keep up to date with changes as well as information about people's needs.

Continuous learning and improving care; Working in partnership with others

- There was a vision to drive improvement at the service.
- There had been recent improvements to the home environment, including signage and items to make it more dementia friendly. There was a courtyard which people spoke positively about, with guinea pigs and spaces for people to enjoy the outdoors.
- Planning permission had recently been granted for further works to develop the courtyard and to extend and refurbish the dining areas. This showed there were continuous improvements to people's home environment.
- We saw evidence of work with the local community, including local authorities and a local GP paramedic.

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 provider shared information about any incidents or concerns openly.
- Records showed that people, relatives and the local authority had been informed about any incidents such as falls or safeguarding.
- The provider had submitted statutory notifications to CQC when they were required to do so. The registered manager monitored all incidents and as part of this process checked if all statutory bodies had been informed of incidents when necessary.

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	Regulation 10 HSCA RA Regulations 2014 Dignity and respect  We made observations that showed people's privacy and dignity was not always promoted.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  People's care records were inconsistent and the governance framework had not identified and addressed issues identified at this inspection.