

# SheffCare Limited

## Paddock Hill

### Inspection report

625 Gleadless Road  
Sheffield  
S2 2BT  
Tel: 0114 239 1449  
Website: [www.sheffcare.co.uk](http://www.sheffcare.co.uk)

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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?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Good



### Overall summary

Paddock Hill is registered to provide accommodation and personal care for up to 40 older people. Accommodation is based over three floors. Two floors are dedicated to supporting people living with Dementia. All of the bedrooms are single. Communal lounges and dining rooms are provided on each floor. A passenger lift is available to provide access to each floor. The home has a garden and car park.

There was a manager at the service who was registered with CQC. 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.

Our last inspection at Paddock Hill 12 August 2013. The home was found to be meeting the requirements of the regulations we inspected at that time.

This inspection took place on 24 March 2015 and was unannounced. On the day of our inspection there were 37 people living at Paddock Hill.

# Summary of findings

People told us they felt well cared for and safe.

Comments included, “It’s smashing; my room, the food, the staff. It’s all good,” “I feel very safe here. If I have any worries I can talk to them [staff],” “It’s much better here. I like all the staff but some know me better, they are all respectful” and “I don’t think it could be any better. I have nothing to complain about.”

Whilst people living at Paddock Hill told us they felt safe, we found that systems required by regulations to ensure the safe handling, administration and recording of medicines were not always followed, to keep people safe. In addition, we found the provider had not always undertaken all the checks required to make sure people who worked at Paddock Hill were suitable to be employed. This posed a risk to people’s safety.

People told us they felt well cared for by staff that knew them well. However, we found that the provider did not have systems in place to ensure people’s care and welfare was protected.

We found care plans had not been consistently reviewed and some held information that did not reflect staffs understanding of the person. Staff held conflicting views of some people’s support needs. Staff were not consistently adhering to guidance set out in some care plans to ensure people’s welfare was promoted. Some confidential records were found insecurely stored in several areas of the home.

Staff were provided with relevant induction and training to make sure they had the right skills and knowledge for their role. They received supervision and appraisal for development and support. Staff spoken with understood their role and what was expected of them. Staff told us they worked well together and enjoyed their jobs.

The service followed the requirements of the Mental Capacity Act 2005 Code of practice and Deprivation of Liberty Safeguards. This helped to protect the rights of people who may not be able to make important decisions themselves.

People had access to a range of healthcare professionals to help maintain their health. A varied and nutritious diet was provided to people that took into account their individual dietary needs and preferences so that health was promoted and choices could be respected.

People living at the home, and their relatives said that they could speak with staff if they had any worries or concerns and they would be listened to.

We saw people participated in a range of daily activities which were meaningful and promoted independence.

There were systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to. However, these audits had not identified the gaps and inconsistencies found during this inspection, so they could be acted upon and improved. This showed the audits undertaken were not fully effective. People using the service and their relatives had been asked their opinion via surveys, the results of these had been audited to identify any areas for improvement.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

## 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 safe.

Systems for the safe administration and recording of medicines had not been adhered to.

Full and safe recruitment procedures had not been followed.

Staff were aware of safeguarding and whistleblowing procedures.

People living at Paddock Hill felt safe.

**Requires improvement**



### Is the service effective?

The service was not effective.

Guidance in care plans regarding people's health and nutritional needs had not been routinely adhered to. Staff gave some conflicting information regarding people's health needs.

People felt well cared for, and felt their health needs were met.

Staff received training, supervision and appraisal for development and support.

**Requires improvement**



### Is the service caring?

The service was caring.

We saw that staff respected people's privacy and dignity and knew people's preferences well.

Staff were positive and caring in their approach and interactions with people. They assisted people with patience and kindness.

People using the service spoke very highly of the care and support provided. Relatives and friends were encouraged to visit at any time and they said they were made to feel very welcome during their visits.

**Good**



### Is the service responsive?

The service was not responsive.

Care plans were not consistently reviewed. Some care plans identified the need for additional monitoring that was not consistently adhered to.

Confidential records were found insecurely stored in several areas of the home.

People using the service and relatives told us they felt confident to raise any issues with staff and managers and felt their concerns would be listened to.

**Requires improvement**



# Summary of findings

## Is the service well-led?

The service was well led.

There were quality assurance and audit processes in place but these had not identified some gaps and inconsistencies.

The manager and staff told us they felt they had a good team. Staff said the manager and team leaders were approachable and communication was good within the home. The service had a full range of policies and procedures available to staff.

Good



# Paddock Hill

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 24 March 2015 and was unannounced. Two adult social care inspectors carried out the inspection.

Prior to our inspection we contacted commissioners of the service and received feedback from Sheffield local authority contracting and commissioning team. This information was reviewed and used to assist with our inspection.

We used a number of different methods to help us understand the experiences of people who lived at Paddock Hill. We spent time observing daily life in the home, including the care and support being delivered. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection we spoke with 12 people who lived at Paddock Hill, one relative, the registered manager and 11 members of staff including care staff, the cook and domestic staff. We also spent time looking at records, which included three people's care records, three staff personnel records and records relating to the management of the home.

# Is the service safe?

## Our findings

People spoken with said that they felt safe at Paddock Hill. Their comments included, “I think we are all safe here,” “I haven’t the slightest worry” and “I feel very safe here, they [staff] look after us.” People told us there was enough staff on duty to provide assistance and support. Comments included, “If you need help you get it” and “They are always around to help. They sometimes are a bit rushed but I can’t complain.”

We checked the storage and administration of Controlled Drugs (CD’s) and found that one person was prescribed a CD. During the morning of our inspection we found the CD register had been completed for that evening’s medicines administration, and had been signed by the team leader on duty and countersigned by a care worker prior to the medicine being taken. The team leader was aware that Medication Administration Records (mar) should be signed after medicines had been given, but had completed the record prior to giving the medicine. They explained that they had done this because they were leaving work on time that day and this would save her time. They stated that this had not happened before, and all other medicines were signed for after they had been given. This posed a risk to people’s safety as records stated medicines had been given when they had not been administered.

The manager stated that three of the night staff were trained to administer medication. If other night staff were on duty this meant that when a person needed medicines such as pain relief during the night, a trained person had to be contacted to come to the home to administer this. One staff told us that a person had recently been prescribed antibiotics by a GP visiting in the evening. A team leader who lived locally had to go to the home to administer the medication. A rota of trained senior staff and managers was in place so that night staff could contact them when medicine was needed. This meant that some people may have to wait for their medicine.

Whilst the provider had put in place a system to respond to people’s night time needs in relation to medicines administration, having occasion where no night staff trained to administer medicine were on duty meant that people’s needs in relation to medicines administration were not being met in a timely way.

This was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, Management of medicines, which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment.

We checked the recruitment records for three members of staff. One file showed gaps in employment history and there was no evidence found that these had been identified and explored. No reference had been obtained from the person’s most recent employer, which had been a care provider. Another file showed previous employment dates were inaccurate. No evidence was found to show that these had been identified and explored. The file also contained a reference in the form of a tick list. Whilst the form had been ticked, it was not signed or dated which meant it was not possible to determine who the reference was from.

This was in breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, Requirements relating to workers, which corresponds to regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Fit and proper persons employed.

We found there was a detailed medicines policy in place for the safe storage, administration and disposal of medicines. Training records showed staff that administered medication had been provided with training to make sure they knew the safe procedures to follow.

We observed staff administering some of the lunchtime medicines. We saw medicines were given to people from a medicine pot and each person was offered a drink. Staff stayed with the person until they were sure they had taken their medicines. When the person had taken their medicines the member of staff signed the mar sheet. We checked the mar for people living on the middle floor and all were fully completed.

We found the three staff recruitment records checked contained application forms, interview notes and proof of identity. A Disclosure and Barring Service (DBS) check had been carried out before confirming any staff appointments. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the home. The registered manager was aware that if a person’s DBS check was

## Is the service safe?

returned unclear, the provider must carry out a risk assessment to show that they had considered the results of the DBS check and all other information they had about the person before making the decision to employ the person or not.

We found a policy and procedure was in place for infection control. Training records seen showed that all staff were provided with training in infection control. Overall we observed the home to be clean. We saw that communal areas, people's bedrooms, bathrooms, and toilet areas were generally clean and well maintained. Two cleaners were working on the day of our inspection and told us they had enough equipment to do their jobs and were provided with cleaning schedules to follow so that all areas of the home were cleaned. One cleaner was seen to use disinfectant that had a pleasant odour. However, whilst clean, some areas of the home had an unpleasant odour and this was more prevalent on the top floor. The registered manager was informed of this during our inspection and said he would discuss this issue with cleaning staff to resolve.

Staff confirmed that they had been provided with safeguarding training so that they had an understanding of their responsibilities to protect people from harm. Staff could describe the different types of abuse and were clear of the actions they should take if they suspected abuse or if an allegation was made so that correct procedures were followed to uphold people's safety. Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. Staff said that they would always report any concerns to the most senior person on duty and they felt confident that senior staff and management at the home would listen to them, take them seriously, and take appropriate action to help keep people safe.

We saw that a policy on safeguarding people and a copy of the South Yorkshire joint agency safeguarding protocols

were available so that staff had access to important information to help keep people safe and take appropriate action if concerns about a person's safety had been identified. Staff knew that these policies were available to them.

The service had a policy and procedure on safeguarding people's finances. The manager explained that each person had an individual account of their money held at the home and could access funds from petty cash. We checked the financial records and receipts for two people and found the records and receipts tallied.

On the day of the inspection, we found that six care staff, a team leader, the activity worker and kitchen and domestic staff were on duty. We saw people received care in a timely manner and staff were mostly visible around the home, supporting people and sharing conversation. During our SOFI we found there was a period of ten minutes where people sat in the lounge with no staff visible. Two domestic staff were cleaning in the corridor and were seen to reassure one person that wanted to get up from their chair. Both staff working on the floor were attending to a person in their room. This meant there were short periods of time of a few minutes where staff were not available to support people.

We spoke with the registered manager about staffing levels. They said that these were determined by people's dependency levels and occupancy of the home. The registered manager aimed to provide six care staff and a team leader each day. Staff were identified to work on one of the three corridors, with senior staff identified to 'float' (move between corridors) as needed. We looked at the homes staffing rota for the month prior to this visit which showed that these identified numbers were maintained.

We checked four people's care records and found they all contained risk assessments that identified the risk and actions required to minimise the risk. The risk assessments were up to date and had been reviewed.



# Is the service effective?

## Our findings

People living at the home said their health was looked after and they were provided with the support they needed. Comments included, “I see the doctor when I need to” and “They [staff] are lovely. I see somebody about my feet (Chiropodist). They’re very good.”

People told us they enjoyed the food provided. Comments included, “The food is good, you get a choice” and “The meals are very nice.” We found two people that were on a different menu through choice. One person followed a strict diet for their health and another person chose to eat from different food groups through personal choice. These preferences were respected. This example showed a flexible approach to providing nutrition. We spoke to the catering staff who told us that they were in the process of planning a summertime menu so that people had a change. The cook was not aware of any people on special diets. They informed us that some people were diabetic but they did not have meals cooked differently. The manager informed us that people with diabetes were provided with a well balanced diet which included a pudding of their choice, as discussed with GP’s, nurses and other professionals.

We were speaking with one person when staff brought them a hot drink. The person told us, “They [staff] always get it right, they know I like it nice and strong and I don’t have to ask. It’s lovely and makes all the difference.” This showed that staff were aware of some people’s preferences and respected these.

People who used the service had access to healthcare professionals to make sure they received appropriate care and treatment to meet their individual needs. Records showed that people who lived at the care home had access to doctors, dentists and chiropodists to manage on-going healthcare needs.

Staff spoken with gave conflicting information regarding people’s health needs. We asked if any people had been identified at risk of malnutrition. The registered manager was unable to tell us. The team leader informed us that one person had been on food and fluid charts as their MUST (Malnutrition Universal Screening Tool) had identified a risk. The team leader said the person’s health had improved and they had been ‘taken off’ food and fluid charts three weeks prior to our inspection. However, care

staff informed us that two people were on food and fluid charts as there were concerns regarding their health and diet. Whilst food and fluid balance charts were found in their bedrooms, we saw they had not been fully completed.

One person’s charts showed food recorded for breakfast and supper, with no drinks or snacks recorded from 6pm until breakfast. The other person’s food intake sheets showed a five day gap with no record at all about their food and fluid intake.

One person’s care plan held no evidence of nutritional risk, yet staff were completing food and fluid balance charts. We found one person’s care plan stated ‘weigh weekly and review in one month’ but the plan had not been reviewed for three months. This showed people’s health care needs had not always been accurately identified so staff were clear and had a consistent understanding of people’s needs regarding care delivery.

We observed part of the lunchtime meal in one area of the home. Where needed, people were provided with assistance to eat and staff supported them patiently. However, we saw one member of staff standing whilst helping a person to eat. This practice did not support the person in a respectful manner.

Staff told us that they were provided with a range of training that included moving and handling, infection control, safeguarding, food hygiene and dementia awareness. We saw a training matrix was in place so that training updates could be delivered to maintain staff skills. Records seen showed that staff were provided with supervision and annual appraisal for development and support. Staff spoken with said supervisions were provided regularly and they could talk to their managers at any time. Whilst one staff told us they couldn’t remember if they had been provided with induction, other staff spoken with confirmed this took place.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the MCA (Mental Capacity Act 2005) legislation which is in place for people who are unable to make all or some decisions for them. The legislation is designed to ensure that any decisions are made in people’s best interests. Also, where any restrictions or restraints are necessary, that least restrictive measures are used. The manager was aware of the role of Independent Mental Capacity Advocates (IMCAs) and how they could be contacted and recent changes in



## Is the service effective?

DoLS legislation. Staff we spoke with understood the principles of the MCA and DoLS. Staff also confirmed that they had been provided with training in MCA and DoLS and could describe what these meant in practice. This meant that staff had relevant knowledge of procedures to follow in line with legislation. The manager informed us that six DoLS had been referred to the Local authority and they were in the process of submitting further applications in line with guidance.

Two floors of the home were dedicated to supporting people living with a diagnosis of dementia. These areas

consisted of one long corridor which meant that people were unable to walk continuously and were faced with a locked door at the end of their corridor. We saw there were some dementia friendly signs and pictures in some areas of the home, each person had a 'memory box' attached to their wall, either inside their room or on their door. However, we did not see any other specific adaptations or additions to the environment for people living with dementia, such as sensory areas, reminiscence areas, colour coding or rummage boxes in line with best practice recommendations.

# Is the service caring?

## Our findings

People told us that staff were very caring and they felt well looked after. Comments included, “They [staff] are genuine people. I am very happy here. I am [number] years old and I’ve still got all my faculties but get the help I need. We are very well looked after,” “You can’t fault this place, nothing is too much trouble,” “I like it here. I didn’t think I would, I like to be quiet in my room and they [staff] see I am all right but let me be. I have no worries at all. If I had I could talk to them” [staff] and “I am cared for by people that treat me like family.”

People said staff responded to their needs and knew them well. They told us they chose where to spend their time, where to see their visitors and how they wanted their care and support to be provided. Comments included, “They [staff] give me all the help I need, they are lovely, smashing people,” “We are all very well looked after. I don’t think you could get better” and “I like a nip of brandy at the same time each day, staff know and see I get it. They look after you all right.”

A relative spoken with said they had no worries or concerns and were always made to feel welcome. They commented, “The staff seem very kind. They know the people that live here and always seem patient. They care about them [people living at the home.]”

During our inspection we spent time observing interactions between staff and people living at the home, and how staff spoke with people. We saw that in all cases people were cared for by staff that were kind, patient and respectful. We saw staff acknowledge people, ask how they were and share laughter with them.

We saw that staff spoke to people with dignity and respect. Staff were observant and attentive to people’s needs. We saw that a care worker noticed a person wanted to move and helped them do this in an unobtrusive and quiet manner.

All assistance with personal care was provided in the privacy of people’s own rooms. We heard staff speaking to people and explaining their actions so that people felt included and considered. People told us they chose when to get up and go to bed, what to wear and what they ate and this was respected by staff.

We did not see or hear staff discussing any personal information openly or compromising privacy.

Staff told us that the topics of privacy and dignity were discussed at training events. A member of Staff told us, “It’s about treating people how you would want your mum or dad to be treated; being well mannered doesn’t cost anything.”

The care plans seen contained information about the person’s preferred name and some information on how people would like their care and support to be delivered.

People who used the service could not recall being involved in their care planning, but none of the people we spoke with wanted to be more involved. One relative told us they had been fully involved in the care planning when their relative had first gone to live at the home.

The registered manager told us and we saw evidence that information was provided to people who used the service about how they could access advocacy services if they wished. An advocate is a person who would support and speak up for a person who doesn’t have any family members or friends that can act on their behalf.

The registered manager said that visiting times were flexible and could be extended across the 24 hour period under certain circumstances and with the agreement of and the consent of the person using the service. A relative spoken with said that they visited regularly and at different times of the day.

# Is the service responsive?

## Our findings

Peoples care records included an individual care plan. The care plans seen contained some details of people's identified needs and the actions required of staff to meet those needs. However, plans did not fully reflect people's care needs or the need for some actions undertaken. Care plans held gaps and had not been reviewed on a monthly basis to make sure they were up to date.

One person repeatedly told us about something that was important to them throughout our visit. We checked their care plans and found no information had been recorded to reflect this so that staff were aware. We discussed this with the registered manager who told us that this person "changed their mind every day." However, the care plan did not reflect this, or how staff could reassure and support the person with their repeated conversation.

Staff spoken with said people's care plans contained enough information for them to support people in the way they needed. However, staff spoken with had some conflicting views regarding people's needs.

We found some records and sections of care plans were insecurely stored in no order throughout the home which meant some records would be difficult to locate. A team leader desk was situated in the ground floor function room. We found that some confidential papers such as people's medical details, a letter from a consultant and weight charts were available for people to see. In addition, we found a pile of documents on the table in the kitchenette on the top floor, and papers and 'daily record' files insecurely stored in other kitchenettes. Insecure records seen in kitchenettes included entries to daily records reflecting named people's mood and health, such as 'unsettled', 'sore under breasts' and 'constipated'. The insecure records also included named people's completed screening tool for nutrition, a staff professional development review, part of a care plan and information about medical appointments. Visitors to the home had access to these areas and all of these records could easily be viewed.

This was in breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, Records, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance.

The manager told us that care plans were in the process of being updated. We informed the registered manager of the insecure storage of documents at the team leader station and some of these were stored securely so that people's privacy was respected.

We saw and heard staff asking people their choices and preferences throughout the day so that these could be respected. Staff were heard asking people where they would like to sit, what they would like to watch on television or if they would like to join in an activity.

We found an activity coordinator was employed at Paddock Hill. People told us a range of activities were provided, and said the activity coordinator was 'very good'. During our inspection we saw that a craft activity to make Easter bonnets was taking place. People appeared to enjoy the activity and shared laughter and conversation was overheard. We spoke to the activities coordinator who showed us individual journals they were creating with people, about their life and interests.

A relative spoken with said that they could speak with staff and found them approachable and friendly.

There was a clear complaints procedure in place and we saw a copy of the written complaints procedure on display in the entrance area of the home. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. We saw that people were provided with information on how to complain in the 'service user guide' provided to them when they moved into Paddock Hill. This showed that people were provided with important information to promote their rights and choices. We saw that a system was in place to respond to complaints. A complaints record was maintained and we saw that this included information on the details of the complaint, the action taken and the outcome of the complaint.

# Is the service well-led?

## Our findings

The manager had been in post since April 2014 and was registered with CQC.

We found that some staff had worked at the home for many years and staff told us that they were 'a good team.' All the staff spoken with said they were well supported by the management. They told us that communication was good and they could speak up and be listened to.

During our visit we found the atmosphere in the home was lively and friendly. We saw many positive interactions between the staff on duty, visitors and people who lived in the home.

A relative told us that staff were approachable, friendly and supportive.

We found that 'resident's meetings' regularly took place. We looked at the minutes of the most recent 'residents meeting'. We saw that a range of topics had been discussed including plans for social activities and the planning of meal choices. These showed systems were in place to seek people's views and include them in the day to day running of the home.

We found that a quality assurance policy was in place and saw that audits were undertaken as part of the quality assurance process. We saw that a senior manager external to the home had undertaken monthly visits to check procedures within the home. In addition to routine audits, each visit had a different focus, such as meals and menu planning, dignity in care and infection control.

We saw that checks and audits had been made by the registered manager and senior staff at the home. These included care plan, medication, health and safety and infection control audits. We saw that the manager undertook monthly infection control audits which showed

that any issues were identified and acted upon. We saw that records of accidents and incidents were maintained and these were analysed to identify any on-going risks or patterns. However, we found that gaps in records and systems identified during this inspection had not been identified from the audits and checks carried out by the management of the home. We discussed this with the manager who gave assurances that more robust audits would take place to ensure all issues were identified.

People who used the service, relatives and healthcare professionals were asked for their views about their care and support and these were acted on. The registered manager told us that surveys been sent to people living at the home and their relatives in recent weeks. Staff told us that they had been asked to complete a survey anonymously so that they could share their views. The registered manager confirmed that returned surveys would be audited and the results made available for people to read. The manager told us that any specific concerns highlighted from the surveys would be dealt with on an individual level to respect confidentiality.

Staff spoken with said staff meetings took place so that important information could be shared. The minutes seen showed a variety of topics regarding the running of the home and meeting people's needs took place. Records indicated that staff meetings took place approximately every six weeks and this was confirmed by staff.

The home had policies and procedures in place which covered all aspects of the service. The policies and procedures had been updated and reviewed as necessary, for example, when legislation changed. This meant changes in current practices were reflected in the home's policies. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training programme.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

How the regulation was not being met:

Procedures for the proper and safe management of medicines were not always adhered to. Reg. 12

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

How the regulation was not being met:

Effective recruitment procedures were not in operation to ensure full information in respect of a person employed and as required by regulation was available. Reg. 19 Schedule 3

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

A secure, accurate and complete record of the care and treatment provided was not always maintained. Reg. 17