

# Cherry Wood Grange Chelmsford Limited

# Cherry Wood Grange Care Home

## Inspection report

196 New London Road  
Chelmsford  
Essex  
CM2 0AR

Tel: 01245293800  
Website: [www.cherrywoodgrangecarehome.co.uk](http://www.cherrywoodgrangecarehome.co.uk)






Date of inspection visit:  
19 February 2019  
21 February 2019

Date of publication:  
27 March 2019

## Ratings

Overall rating for this service

Requires Improvement 

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

# Summary of findings

## Overall summary

About the service: Cherry Wood Grange is a care home providing accommodation, personal care and nursing for up to 66 people. At the time of our inspection there were 64 people using the service.

People's experience of using this service:

People received care from staff who knew them well. People told us staff were kind, caring in their approach and promoted their independence.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

There was a new manager who had been in post since December 2018. The manager had a visual presence. People, their relative's and staff were positive regarding the management of the service.

The management team had systems in place to monitor the quality and safety of the service provided, and to drive improvements where this was required. The service considered people's feedback and was continuously trying to improve the service.

We received mixed views from people regarding the availability of staff at all times. The manager used a dependency assessment tool and kept staffing levels under review.

Staff and the management team completed a variety of checks. However, some areas for development had not been monitored by the clinical management team. These included the monitoring of people at risk of choking, pressure care and those at risk of inadequate food and fluid intake. The management team agreed to review their approach and make necessary changes.

Staff had received some training relevant to their roles and responsibilities. Further training was planned to ensure nursing staff had the required skills and updated knowledge to meet the needs of people at the end of life.

People were supported to take their medicines in a safe way, but staff did not always have robust details on when to give medicines that were prescribed 'as and when required'.

The management team worked well to lead the staff team in their roles and ensure people received a good service. People, their relatives and staff told us they were approachable and that their views were listened to.

People had access to a variety of nutritious meals and snacks.

Staff were aware of people's life history and preferences and they used this information to develop positive

relationships and deliver person centred care.

We recommended consideration be given to the risk of isolation when planning care for people isolated in their rooms.

There was a varied range of social activities on offer. Staff encouraged people to participate in group and one to one activities of interest to the individual.

Rating at last inspection: This was the first inspection of this service since it registered as a service.

Why we inspected: This was a planned comprehensive inspection.

Improvement action we have told the provider to take:

Please see the 'action we have told the provider to take' section towards the end of the report

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe

Details are in our Safe findings below.

**Requires Improvement** 

### Is the service effective?

The service was effective

Details are in our Effective findings below.

**Good** 

### Is the service caring?

The service was caring

Details are in our Caring findings below.

**Good** 

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

**Good** 

### Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

**Good** 

# Cherry Wood Grange Care Home

## **Detailed findings**

### Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

This inspection was carried out by two inspectors, one of whom was a bank inspector, two specialist advisors, one with a specialist in end of life care and a dementia care specialist. The inspection was also supported by an expert by experience with expertise in caring for older people. 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:** Cherry Wood Grange is a care home with nursing for up to 66 people. People in care homes receive accommodation, nursing and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The layout of the building consisted of three floors. The middle floor was designated to support people living with dementia and the top floor nursing care.

The service had a manager who was not yet registered with the Care Quality Commission. The manager told us they had submitted their application to register and were shortly to attend their fit person interview. A registered manager 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 was an unannounced inspection.

#### What we did:

We reviewed the information we had received about the service. This included details about incidents the provider must notify us about, such as abuse and serious injury. We sought feedback from the local authority, clinical commissioning group (CCG) and other professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan our inspection.

We spoke with 14 people who used the service. Not everyone using the service was able to verbally express their views and we spent time observing care within the communal areas. We also spoke with 12 relatives, the manager, deputy manager, the regional manager, clinical lead, one agency cook, kitchen assistant, bistro assistant, administrator and eight care staff.

We reviewed a range of records. These were:

Notifications we received from the service, Nine people's care records, Records of accidents, incidents and complaints, audits and quality assurance reports, Six members of staff recruitment records, staff training and medicines management.

# Is the service safe?

## Our findings

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

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

- ☐ Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe. However, further work was needed to ensure clinical audits on the nursing unit included checks of daily care records.
- ☐ The records used to evidence the monitoring of people at risk of inadequate food intake, hydration, oral and pressure care were not always well maintained.
- ☐ Where people needed regular checks on their welfare and safety there were significant gaps in staff recording of these checks on the nursing unit. The care plan for one person cared for in bed stated they needed hourly checks from staff with one to two hour oral care. They had a diagnosis of epilepsy requiring monitoring and a risk of choking due to a build up of secretions which needed suctioning. There were significant gaps of up to five hours within their daily staff contact records.
- ☐ People at risk of inadequate food and fluid intake were not always sufficiently monitored. Follow up what? had not evidenced when people had declined offers of food and drink.
- ☐ For two people cared for in bed there were gaps of up to six hours recorded between staff observations and support provided.
- ☐ People with capacity to use one did not always have easy access to a nurse call bell.

The lack of arrangements in place to evidence a response to people's needs demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

- ☐ Risk assessments in relation to the environment had been carried out. Our observation of the building and grounds showed no apparent risks. Where oxygen was in use appropriate safety control measures were in place.
- ☐ External audits in relation to fire safety had identified shortfalls. Actions had been taken to ensure compliance and keep people safe.

Systems and processes to safeguard people from the risk of abuse

- ☐ Staff had been provided with training in safeguarding people from the risk of abuse and understood what they should do in response to safeguarding concerns. Contact information for the local safeguarding authority was available for staff should they need to refer concerns to them.
- ☐ The manager demonstrated their knowledge of local safeguarding protocols as they had managed previous incidents, reporting appropriately and carrying out investigations when required.
- ☐ People told us, "I feel safe with all of the staff but some are better than others. Some rush you and others

go at your pace. I like living here, I think it is better than it used to be." And, "I feel safe with all of the staff, there isn't anyone I don't like. They are all kind and caring." A relative told us, "We do not have any concerns about [person's relative's] safety. They can call for help when they need to."

### Staffing and recruitment

- ☐ People, their relatives and staff provided mixed views regarding the availability of staff to meet people's needs. One person told us, "I get my pills twice a day, they are never late except when a new member of staff starts." Another told us, "I am well looked after, I have no complaints, they are kind, sometimes in a hurry they have a lot to do, night staff say sometimes they are busy when I ring the bell, not told in an unpleasant way, waiting time is OK, I have not complained."
- ☐ Staff told us, "There can be problems at the weekends with not enough staff around. There are no manager's around to support at the weekends and some staff finish earlier than others leaving us short on the floor." A relative said, "[Person's relative] is not always encouraged out of their room to socialise with others, I suspect this is because they don't have enough staff. There doesn't appear to be enough staff around particularly at weekends. You struggle to find someone when you need to speak to them [staff]."
- ☐ We discussed our findings with the manager. They told us a dependency tool was used to calculate the number of staff needed to support people safely and meet their needs. We saw this was kept under review and staffing rotas showed other than one day that the number of staff deployed were in accordance with this.
- ☐ The regional manager told us the provider's policy allowed recruitment of staff above dependency levels to avoid gaps in staffing levels when staff leave. This they told us avoided the use of agency staff, which helped to ensure people received consistent care from regular staff who knew them well.
- ☐ Staff told us and records confirmed the provider carried out checks to ensure staff were suitable to work with people. These included checks of references and the Disclosure and Barring Service, a national agency that keeps records of criminal convictions. The manager also checked and monitored nurses' registration with the National Midwifery Council. These checks assist employers in making safer recruitment decisions.

### Using medicines safely

- Further work was needed to improve the management of people's medicines.
- ☐ PRN protocols for as and when needed medicines were not person centred and contained only generic information. The reason medicines had been prescribed was not recorded for each person and did not contain information as to how and where people chose to take their medicines. We discussed this with the manager who told us on day two of our inspection that work was being carried out to rectify this shortfall.
- ☐ Daily peer audits did not always identify where medicines errors had occurred. For example, when checking remaining stock against records we found some shortfalls had not been identified.
- ☐ Handwritten additions and changes to medicines had not always been double signed on MAR records as per the provider's medicines management policy
- ☐ On day one of our inspection, morning medicines were still being administered at 10:45 am on the ground floor. The member of staff responsible for the medicine round told us they had just returned from long term leave and were getting back into their role and this was the reason for the length of time taken. When we later checked records, we found the time of administration for seven people's medicines had not been recorded correctly.
- ☐ Staff received training to administer medicines. Recent competence checks had been carried out on some staff including nurses. Staff responsible for these assessments told us they were working through a back log of staff who had not been assessed within six months as required.

### Preventing and controlling infection

- ☐ The environment throughout was clean and well maintained. Staff had been provided with infection



control training. Staff washed their hands, including before food preparation. Protective clothing such as aprons and gloves were readily available for staff and worn.

- ☐ Infection control and food safety measures were not always followed in the kitchen. There was an uncovered freshly baked cake stored next to vegetables in the kitchen store room.
- ☐ Staff did not always follow good practice guidance to ensure equipment was clean and protected people from the risk of infection. There were significant gaps in records to evidence temperature probing of foods as well as daily and weekly cleaning in the main kitchen. We discussed this with the manager who told us due to kitchen staff vacancies records had not been properly maintained to evidence checks had been carried out. A new head chef had been appointed in the last week who had identified these shortfalls as an area for improvement.
- ☐ Further work was needed to ensure recorded checks of suction machines to ensure they were clean, in good working order and ready for use when next needed in an emergency.

#### Learning lessons when things go wrong

- ☐ The manager had introduced systems to record and investigate accidents and incidents and staff were clear about their responsibilities to report any safety concerns. Staff were encouraged to raise concerns and when incidents occurred, there was a prompt investigation which involved a root cause analysis. Lessons learnt were shared with staff.

# 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

People's outcomes were consistently good, and people's feedback confirmed this.

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

Staff support: induction, training, skills and experience

- ☐ Staff received supervision and an annual appraisal to enable them to review their practice and consider any training needs.
- ☐ Staff described their induction training, which was in line with the nationally recognised Care Certificate. This equips staff with the skills needed to work in health and social care settings.
- ☐ Staff received a range of training deemed mandatory by the provider which was relevant to the needs of people they supported.
- ☐ Staff were provided with additional training to keep up to date with current good practice. Nursing staff were provided with opportunities to update their skills and knowledge in relation to catheter care, syringe drivers to support people to have a pain free end of life, diabetes and verification of death.
- ☐ Further training was scheduled for staff to update their skills and knowledge in end of life care.
- ☐ Staff received supervision and an annual appraisal to enable them to review their practice and consider any training needs.

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

- People were provided with a choice of food and drink.
- ☐ Dining rooms were located on each floor, made to look homely and welcoming with tablecloths, napkins, flowers, and condiments on each table. People were supported to exercise choice as to where they ate their meals.
- ☐ Dining rooms during the lunchtime period had a relaxed atmosphere. People were provided with a choice of meals with alternatives offered if people did not want what they had previously chosen from the menu.
- ☐ On the dementia unit plated meals were presented to provide people with the opportunity to visualise the choices on offer.
- ☐ People had access to water or juice throughout the day as well as regularly offered hot drinks. We saw snacks of prepared fresh fruit on the tables and a variety of snacks were made available during the day and night.

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

- ☐ Staff worked with intensive behavioural support teams, hospice teams, GP's, dieticians and continence advisors to ensure people's needs were met.
- ☐ Links had been developed with the local hospice teams who carried out regular visits to the service to review people's care and provide specialist advice.

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

- The environment was purpose built and well laid out with sufficient communal space to meet people's needs.
- Bathrooms were homely with sensory lighting to the ceiling above the bath to aid relaxation. People could access gentle music which they told us enhanced the bath time experience and contributed to a calming environment.
- People had access to personal ensuite shower rooms as well as access to an integrated fridge in their rooms and lockable spaces to secure their belongings.
- Technology had been provided such as a smart speaker, a voice activated personal assistant. This enabled people to talk to this device and ask specific information and request music according to personal taste. People told us they enjoyed choosing music they like.
- The floor, designated for people living with dementia, was homely, bright and airy with sensory items such as handbags, hats, scarves and reminiscence items. People had access to outside, secure balconies with seating areas, decorated with raised vegetable and planting areas. Further work was needed to support people to orientate around the building and find their rooms. The manager told us this had been recognised as an area for improvement.

Supporting people to live healthier lives, access healthcare services and support

- Where people required health or social care services, staff made referrals and liaised with professionals to attend appointments and request assessments. For example, referrals to access support and advice from physiotherapists, occupational therapists, dieticians and continence advisors.
- Referrals to health and social care were made in a timely way to enable people to maintain their health and independence.
- Staff supported people to attend hospital appointments.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- An assessment of people's capacity to make specific decisions and best interests were documented. Consideration was given to the least restrictive option.
- Staff offered people choices and obtained/ sought their permission before providing support.
- Staff told us they had completed training on the MCA and DoLS but they were not always able to tell us what the training covered.
- Discussions with the manager demonstrated they recognised when people were being potentially being deprived of their liberty and applications had been made for legal authorisation. No authorisations had yet been received from the local safeguarding authority.

# 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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- ☐ People had good relationships with staff and looked comfortable in their company. One person said, "Staff are really lovely, and always greet me and ask me how I am, make eye contact with me." A relative said, "They [staff] always seem very kind and caring, they know if [person's relative] is anxious about anything."
- ☐ There was a caring culture with positive interactions between people and the staff who supported them. Where people were unable to communicate their needs and choices, staff understood their way of communicating. Staff observed body language, eye contact and simple sign language to interpret what people needed. One relative said, "The staff are the friendliest and nicest people. I have been here at 8pm and most of the staff come and said goodbye as they are leaving their shift. They have a nice rapport with [person's relative]. There is an excellent blend of friendliness and caring, very sweet when washing and shaving [person's relative], they are in excellent hands. You hear them [staff] singing there's a nice vibe here."

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

- People and their families were involved where able in their assessment and care planning arrangements.
- People's likes, dislikes and preferences were considered and respected. As well as regular meetings and surveys the provider organised events, annually during carers week where people their relatives and staff were invited to complete comment cards which were displayed in the reception area for people to view.
- Staff supported people to make decisions about their care; and knew when people wanted help and support from their relative. One relative told us, "They involve you. When we first came here they asked [person's relative's views. We talked about their likes and dislikes and about their end of life wishes."

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected by staff. One person told us, "All the staff are ever so friendly. I've never had any problems, they always knock, tell me a bit about what they are doing, and treat me with respect."
- People's needs were recorded in a respectful way and they were supported to have choice and control in their day to day lives.
- Staff enabled people to have opportunities to spend time as they chose and where they wanted. One person told us, "I get up at the time I chose to do so. My room is mine to spend as much time as I wish to and have my things around me."
- People were supported to maintain and develop relationships with those important to them. Relatives told us they were welcomed at any time and people supported to visit their families. A relative told us, "They are very caring staff. They repeatedly ask [person's relative] if they are in pain. They treat [person's relative] with dignity and respect." People's confidentiality was respected. Guidance was in place to ensure staff

knew how to protect people's information.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Feedback from people and their relatives on the nursing unit told us it was not always evident why people stayed in their room or in bed. They told us they felt isolated at times in their room and would value the opportunity to be with others but needed staff support to do so.
- In response to our feedback the manager told us an additional activities coordinator had been recruited to provide more one to one activities on the nursing unit, personalised to individual's needs.

We recommend when planning care, consideration be given to the risk of isolation. For care plans to evidence the reasons why people would need be cared for in bed, and steps for staff to take, including equipment needed to enable people to get out of bed if they wish to do so.

- People's needs were assessed prior to admission to ensure the service could meet individual needs and plan their care. Staff were aware of people's life history and preferences and used this information to develop positive relationships and deliver person centred care.
- Care plans were held electronically in a secured office located on each floor.
- Care plans had been reviewed and updated regularly to reflect people's changing needs. People and their relatives told us they were sometimes involved in the review process.
- Care staff recorded the care provided into hand held devices, but did not always know what was written in people's care plans. They said this was because they did not have the time to view care plans. However, they also told us updated information regarding people's care needs was shared during daily handovers.
- Activities were provided by staff known as 'Lifestyle coordinators'. Activities were varied and person centred. A weekly plan of activities was distributed to people and were made available on notice boards.
- People told us, "There is always something going on and you can choose to get involved or not." And, "We are well catered for. There is a buzz about the place with lots going on. My only complaint is the music they play on those loud speakers is too loud when all you want is some peace and quiet."
- Regular events were planned, with celebrations for events such as a visit to a local care home to join in a party to celebrate Valentine's day. Special events were celebrated such as birthdays with the environment decorated with balloons, colourful ribbons decorating people's doors birthday cake provided.
- The service had a hair and beauty salon where people enjoyed regular manicures and pampering sessions.
- People had access to the local community. The service shared the use of a minibus with another home. This enabled people to enjoy trips out such as, shopping, visiting garden centres, day trips to Southend and bowling.
- Church groups visited the service which enabled people from different denominations access to practice their faith.

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

- The complaints and feedback procedure was provided to people. Guidance for people was provided on notice boards located in the lifts and entrance area.
- Staff were aware of the procedure and what action to take if they received a complaint.
- The manager had a system in place for logging complaints. However, for some complaints received there was a lack of audit trail. This meant for some complaints it was unclear what if any actions had been taken to avoid a repeat occurrence. In response to our feedback the manager took immediate action to rectify this.

#### End of life care and support

- Some care plans showed consultation had taken place regarding people's preferences for end of life care. Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) were in place for people who had expressed a wish not to be resuscitated.
- The manager told us that they worked alongside other services such as the Farleigh hospice team and community nurses to provide the support that people needed.
- The manager told us that they were planning to implement the Gold Standards Framework (GSF). The GSF is used to enable an integrated approach to planning care for people at the end of life with timely recognition of people with life limiting conditions, helping them to plan for their care and live as well as possible in the last days of life.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There had been a recent change in manager. The new manager had been in post since December 2018. They had applied to be registered and were shortly to attend their fit person interview with CQC.
- People, their relative's and the majority of staff were positive about the manager and the changes they had made. Staff told us, "They [the manager] are a breath of fresh air. They really care about the people who live here. They don't just sit in the office all day, they are hands on and if we are short they get involved in supporting people with their care." And, "It is much more organised around here now. Things get done. it is so much better than it was before with previous management. We are a good team. I love my job." One relative told us, "We know who the manager is, they are approachable and we feel confident in their ability to do a good job well."
- There was effective leadership at all levels within the service. The regional manager was present during the inspection and supported the management team with regular visits.
- The manager told us they and their staff team were valued and respected by the provider with a range of initiatives to enable staff to air their views and involvement in planning for improvements.
- Staff described the culture of the service as; "Just like a family", "A supportive team." And, "Our focus is centred on the care of people who live here. They are our priority."

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Leaders and managers demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service and stakeholders. Planning with timescales were in place to address shortfalls identified in management audits. People and staff were positive about the changes made since the new manager had taken up their post.
- The management team positively encouraged feedback and acted on it to continuously improve the service, for example by seeking people's views when planning menus and activities.
- The culture of the service was open and transparent. Staff understood the provider's vision for the service and told us they worked cohesively as a team to deliver high standards.
- The provider held interactive days called, 'Carebase day school'. This involved inviting a range of care and domiciliary staff from each of their care homes to showcase and share their vision and values with a focus on person centred care provision.
- The provider also operated a staff recognition awards scheme called 'heart of gold' which were given where staff had gone the extra mile to support and enhance people's wellbeing. An awards ceremony was organised where staff were presented with an award of recognition for their work and a gift.



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

- People, relatives and visiting professionals completed a survey of their views and the feedback had been used to continuously improve the service.
- The provider had forged good links for the benefit of people within the local community such as church groups and had approached nurseries and schools. This reflected the needs and preferences of people.

Continuous learning and improving care

- The management team had systems in place to monitor the quality and safety of the service provided, and to drive improvements where this was required. The service considered people's feedback and was continuously trying to improve the service.
- Some of the areas we have noted as needing development as described in the 'safe' and 'responsive' section of this report had not been picked up by the provider's quality assurance system. We discussed this with the management team who demonstrated an openness and honesty, stating they were committed to reviewing their approach following the inspection.

Working in partnership with others

- Actions were taken to learn from accidents and incidents. These were monitored and analysed to check if there were any emerging trends or patterns, which could be addressed to reduce the likelihood of reoccurrence.
- Health and social care professionals told us that they had a good relationship with the management team and that communication was good.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	There was a lack of arrangements in place to evidence a response to people's care and support needs.