

Parkside Residential Homes Ltd

Hambleton Court Care Home

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?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 14 December 2015 and was unannounced.

At the last inspection on 14 May 2014, the service was not meeting Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 medicines which corresponds to Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) 2014 Safe care and treatment and Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 record keeping which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 Good governance. We also recommended

the service review their implementation of the Mental Capacity Act (2005). A follow up inspection took place on 14 August 2014 and the service was found to be meeting the regulations.

Hambleton Court Care Home provides residential care for up to 18 older people. The service is a converted house, which has been extended, the service is provided over two floors and there is a passenger lift. The majority of rooms are en-suite. It is located in the village of Hambleton near Selby. There is a car park to the front and a large secure garden at the rear of the property.

Summary of findings

At the time of our inspection there were 17 people living there.

The service had a registered manager. 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.

The service was not consistently applying the principles of the Mental Capacity Act (2005), although we saw staff routinely sought consent, there was some information within people's care plans which suggested they may not be able to make an informed decision with regard to their care and treatment. We did not see mental capacity assessments or best interest decisions recorded in these instances. Some people were subject to constant supervision without the necessary safeguards in place. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although people told us they received a good standard of care we saw some care which was not delivered in line with the person's care plan. We saw some out of date information in care plans. We did not see involvement of the person and their families in the development and review of care plans. This was a breach of Regulation 9 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.

People were protected from harm, the registered manager and care staff knew how to recognise abuse and what action to take if they suspected it. Risks assessments and risk management plans were in place to support people to remain safe. People were supported to take their medicines safely.

There were times of the day when there were only two members of care staff on duty they undertook other roles in addition to this. Although no one we spoke with told us this had an impact on the care and support they received we were concerned because one person needed care from two care staff, and three people needed supervision to ensure they were safe. We have made a recommendation in relation to staffing levels.

The service was clean and well decorated, bedrooms were personalised and we found the service to be 'homely'.

Staff told us they felt well supported by the registered manager and they had access to a variety of training. However, staff did not receive regular formal supervision and they had not had a recent appraisal. We have made a recommendation in relation to supporting staff.

People told us the food was good. The service sought support from relevant health care professionals when required.

Staff knew people well and we saw care was kind, compassionate and dignified. People told us they felt well cared for.

There was a range of activities available to people. Everyone we spoke with knew how to make a complaint, and the service displayed the complaints policy so people and visitors could see it. The registered manager told us they had an open door approach and had not received any formal complaints since our last inspection.

The registered manager was 'hands on' in their role and people knew them well. However, there was room for improvement across the service. The registered manager needed time to commit to this and to develop formal systems and structures to ensure they delivered safe, effective and responsive care. We have made a recommendation in relation to formal quality audits to be introduced as well as updates to the service's policies and procedures.

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 consistently safe.

Staffing levels needed to be reviewed, there were times of the day when care staff undertook multiple roles.

People were protected from avoidable harm. Staff and the manager were aware of the types of abuse and what to do if they suspected abuse. Medicines were managed safely.

Requires improvement



Is the service effective?

The service was not consistently effective.

The service was not consistently applying the principles of the Mental Capacity Act 2005. People were provided with constant supervision without the service having the required authorisation in place.

Staff did not have access to regular and planned supervision. Despite this they told us they felt well supported and we saw staff had access to training to support them to deliver effective care.

The service ensured people received support from health and social care professionals as required. People told us the food was good.

Requires improvement



Is the service caring?

The service was caring.

People told us they were well cared for. Care staff had a positive rapport with people who used the service and knew people well.

We saw people's dignity and privacy was respected and people were supported to be as independent as was possible.

Good



Is the service responsive?

The service was not consistently responsive.

Care plans contained out of date information. They were task orientated and did not provide care staff with information about the person and what was important in their life. This meant the service could not be sure it provided support which was in line with people's wishes.

People knew how to make a complaint and the registered manager encouraged feedback via 'resident meetings' and a monthly 'open door' session with relatives.

People had access to a range of activities.

Requires improvement



Summary of findings

Is the service well-led?

The service was not consistently well-led.

The registered manager had a 'hands on role'; people said they were approachable. Staff described feeling well supported. The registered manager demonstrated a sound awareness of the services strengths and areas for further development.

Some of the key policies within the service needed to be updated. This meant the provider could not be sure staff were delivering support in line with good practice guidance.

Some effective systems to audit the service were in place but there was room for improvement to include formal audits of care plans.

Requires improvement



Hambleton Court Care Home

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 14 December 2015 and was unannounced.

The inspection team consisted of one inspector and an expert by experience who had personal experience of accessing support from older people's services.

Before the inspection we reviewed all of the information we held about the service. We contacted the local authority commissioning team and Healthwatch. Healthwatch

represents the views of local people in how their health and social care services are provided. Neither provided feedback regarding the service. We reviewed all of the notifications we had received about the service since our last inspection.

During the inspection we spoke with six people who used the service and three visiting relatives.

We reviewed four care plans and associated records. We interviewed the registered manager, deputy manager, and one member of care staff, the chef and the provider.

We completed a tour of the building and we looked at three staff files; which contained employment and training records. We looked at documents and records that related to people's care and support, and the management of the home, such as training records, audits, policies and procedures.

Is the service safe?

Our findings

All of the people we spoke with told us they felt safe. One person said, “I feel much safer here because I had lots of falls at home but there are people here to help.” Another person told us, “I feel very safe here because the staff are here all the time and I like the fact that I can lock my door at night.” A relative said, “My Dad is much safer here than when he lived alone, he is well looked after.”

People were protected from avoidable harm. Staff demonstrated a good understanding of how to safeguard people who used the service, they were aware of the types of abuse and how to report concerns. Staff told us they would ensure any immediate action was taken to keep the person safe and then they would share the concerns with the registered manager.

Services registered with the Care Quality Commission (CQC) have a legal responsibility to notify the commission of any safeguarding incidents within the service. The last safeguarding notification made by the service was in July 2014. We spoke with the registered manager about this because it seemed like a low number of safeguarding incidents for a service of this type. However the registered manager demonstrated a good understanding of safeguarding policy and associated legislation. They said there had been no incidents of a safeguarding nature within the service since the last notification.

The service had a safeguarding policy, which offered guidance to staff. There was a blank copy of a safeguarding referral form for staff to complete to alert North Yorkshire County Council of any safeguarding concerns. All of the staff we spoke with told us they had received safeguarding training and training records we saw confirmed this. Staff were able to tell us about the types of abuse and what action they would take if they were concerned.

The service had a whistleblowing policy which had been reviewed in 2014. This provided staff with guidance about who they could contact if they had any concerns about practices which might place people at risk of harm. None of the staff we spoke with had ever needed to raise concerns. However, they were all confident if they did have to the registered manager would deal with them effectively.

Risk assessments were in place to ensure people had the support they needed should there be an emergency event within the service. The service had a fire safety policy and we saw regular fire tests and associated checks took place.

The service had individual risk assessments in place for people such as moving and handling assessments which provided staff with guidance about the support people needed to keep them safe.

People told us there were sufficient staff available to meet their needs. One person said, “Whenever I ring the call bell they come straight away.” Another person told us, “I like to be independent but there is always someone on hand if I need help.”

There were two members of care staff overnight and during the day there was a senior member of care staff and a member of care staff. The registered manager worked Monday to Friday and we saw they provided ‘hands on’ support to people who used the service and the staff team. The service provided a chef and cleaning staff seven days a week.

We reviewed the rota for the last four weeks; staffing was at the level the registered manager had explained to us. We spoke with the registered manager about the level of care staff during the weekend. The registered manager was not on duty and this meant there were two members of care staff throughout the day and night to provide the support people required. They told us the cleaner also worked as a member of care staff and therefore they could provide support as needed.

Despite this we were concerned about the level of staff particularly during the weekend, as the chef finished at 2.30 pm which meant care staff had to heat up food for the evening meal. One person needed support from two members of staff to meet their personal care needs, and three people needed supervision because of their care needs. This meant people could be at risk of not having their care needs met in a timely manner, and we could not be sure adequate supervision was provided.

We recommend the service review staffing levels to ensure they have sufficient staff available to meet people’s needs.

The registered manager and the majority of the staff team had worked at the service for a number of years. Staff told us the team was consistent and there was a low turnover of

Is the service safe?

staff. The registered manager explained they were in the process of recruiting one new member of staff, and once they were in post they would be fully staffed. They told us they did not use agency staff, and said the team were committed to covering for each other when this was needed.

The service had effective recruitment and selection processes in place. We looked at three staff files and saw completed application forms and appropriate checks had been undertaken before staff began work; each had two references recorded and checks through the Disclosure and Barring Service (DBS). The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with people who needed 24 hour care.

Medicines were managed safely. Some people were able to administer their medicines independently. Others told us staff brought their medicines at the same time each day. However, one person told us, "They (care staff) give me two tablets a day and I have no idea what they are for."

Medication was administered from a managed dosette system (MDS), this was pre filled by the pharmacy. We reviewed the medication administration records (MARs) for three people who used the service and found these were up to date and accurately completed.

We observed medication being administered. This was done in a kind and patient manner. However, we saw the member of staff signed to say they had administered the medicine as soon as they had taken it out of the MDS. This meant they were signing to say they had administered the

medicine when they had in fact not. Good practice would be to sign for the medicine once it had been administered. This could have resulted in errors in recording the administration of medication, for example if the person refused the medicine. We spoke with the registered manager after the inspection and they assured us they would address this issue.

The registered manager and deputy manager completed a weekly audit of medicines. This meant they monitored the management of medicines within the service and if any errors were identified they could be rectified in a timely manner. Controlled drugs are drugs, which are liable to misuse. We saw they were stored securely and administered by two members of staff.

The service had a medication policy which provided staff with guidance, in addition to this staff received medication training. Once this had been completed staff were observed, by the registered manager, administering medicines on three separate occasions before being signed off as competent to administer medicines. This meant the registered manager ensured staff had the skills required to safely administer medicines.

The service was clean and had a warm homely feel. It was decorated throughout for the Christmas season, it was evident a lot of care had gone into making the service feel homely. It was well decorated. Bedrooms were clean and well decorated and people had personal possessions which made the rooms feel homely. A relative told us, "It is home from home for Dad." We saw staff had access to gloves and aprons to reduce any risk of spreading infection.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

During the inspection we saw staff routinely sought consent from people. People were asked whether they wanted to join in with the afternoon activity and people told us they could make decisions about their care. Examples we were given included people making decisions about the time they got up out of bed, and when they had a bath.

Care staff had received mandatory training on the MCA and the staff we spoke with were aware of the principles of the legislation. The registered manager told us everyone who lived at the service could give consent to care and treatment, and the service had not applied for a DoLS for anyone who used the service.

However, some of the care planning documentation we reviewed contained information which was contradictory to this. For example three people's care plans referred to them having short term memory problems. One person's care plan stated, '[Name] is very forgetful and confused and will ask the same question several times' and '[Name] has started wandering around the home staff to observe [name] whereabouts at all times.' There was also reference to a sensor mat being in place to alert staff should the person leave their room overnight. The registered manager told us the information about the sensor mat was out of date and it was no longer in use. However, the repeated reference to this person needing reassurance and supervision from staff suggested they may have been

subject to 'constant supervision' which may mean the service could have been depriving the person of their liberty without having the necessary authorisation in place to do so.

The service did not have a MCA policy this meant care staff did not have access to guidance about the legislation and how to apply this.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they felt well supported by the registered manager who worked alongside them within the service. The service had a supervision policy which stated: 'Supervision should take place tri (three) monthly or more frequently if required. The session should enable managers to ensure that staff are performing satisfactorily and provide opportunities for constructive criticism and understanding support.' This had been reviewed in August 2015.

The registered manager told us that supervision records and appraisals were out of date. They told us the staff team was small and they saw them on a regular basis and worked with staff, therefore the importance of formal supervision was reduced but they accepted this was something they needed to improve. Of the three staff files we reviewed only one member of staff had received supervision in the last 12 months, and none of the records contained recent appraisals. This was important as supervision enables the registered manager to assess the ongoing competency of staff, and provide any additional support and training if this is identified.

We recommend the registered manager reviews the current systems in place for supervising staff.

Staff had completed mandatory training and additional training. All of the staff files we checked contained up to date training records and certificates. Training courses included; fire safety, basic first aid and CPR, safer people handling and Mental Capacity Act training. We saw some staff had also completed end of life care and dementia awareness training.

People were supported to eat and drink well. One person told us, "The food is good, we have a roast dinner twice a week and if we don't like what is on the menu the chef will make us something else." Another person said, "The food is spot on, there is something different every day."

Is the service effective?

The kitchen had a recent hygiene inspection by the local council, this took place on 17 November 2015 and it had been awarded the highest score of five stars. We spoke with the chef who explained they had a list of people's preferences within the kitchen and that everyone who used the service was on a normal diet. They explained the food ordering system and told us they enjoyed working here, and said, "I have been a chef for many years, and have worked here for the last year. If I had any concerns I would let the [registered] manager know, but I haven't."

We observed lunch being served and the meal looked appetising, plentiful and nutritious, with fresh vegetables. The tables in the dining room were set out nicely with cutlery, crockery and napkins, they had a Christmas theme. The atmosphere was relaxed and people chatted with each other and staff. Food was served promptly and one person was provided with an alternative meal as they did not like the main meal option. Some people had their meals taken to their room and we were told this was the individual's preference.

Throughout the inspection we observed care staff regularly ask people if they wanted drinks and biscuits, and we saw people had their own snacks in their room.

We reviewed the weight records for three people, for two people there was a gap in the records of their weight checks from July to October 2015. One person had lost weight and we saw the doctor had been consulted regarding this. We were able to see a record of their advice and staff followed this throughout our inspection. The registered manager was unable to account for the gaps in recording and said they would ensure this was rectified.

People were referred to health care professionals as required. We saw detailed records following visits by doctors and the community nursing team. One person moved into the home with a pressure ulcer and had been treated by the community nursing team. This had healed with the treatment and care provided. One person told us, "The staff will get a doctor whenever I need one. The doctor visited last week and tried to get me to go into hospital, but I wanted to stay here. I had a couple of days in bed and the staff looked after me. I'm much better now."

Is the service caring?

Our findings

Throughout the inspection we observed staff treated people with compassion and kindness. They spoke patiently with people and it was clear from the interaction between people and staff that they knew each other well. One person said, “The staff are all very nice.” Another said, “The staff are marvellous, I have no complaints at all.”

All of the people we spoke with gave positive feedback about the care they received and told us they enjoyed living at the service. One person said, “I stayed here for Christmas last year and the staff made sure we all enjoyed it.”

We saw one person needed support with their personal care, the member of staff provided this in a dignified and respectful manner. They discreetly supported the person to return to their bedroom so that the care could be provided in privacy. We saw staff knock on people’s bedroom doors and wait for permission before they entered.

Staff had worked at the service for a number of years and told us, “I love working here. We all get along, people and staff.” All of the staff we spoke with told us they would be happy for their relatives to live at the service if they needed this kind of care or support.

We observed people were supported to be independent. People told us they went out on their own and some people looked after their own medicine. One person said they wanted to be as independent as they could be even though it was a struggle at times, they told us staff respected this decision and only intervened when they asked for help.

In the main entrance the service displayed information about advocacy services. Advocacy services ensure people receiving support have an independent voice. It was positive this information was accessible to people.

Relatives were welcome to visit the service at any time and we saw a number of visitors coming and going on the day of our inspection. People were supported to maintain relationships with family and friends, some people had a telephone in their own room so they could make and receive calls when they wanted to.

Is the service responsive?

Our findings

The registered manager completed a pre admission assessment before people could move in. This included information about the person's current needs and how the decision had been reached that the person needed to be supported in 24 hour care. It meant the service considered whether they could support the person before they agreed they could move in.

Care staff knew people well. This was clear from observing interactions and the feedback we received from people about the care they received was overwhelmingly positive. Care staff could tell us about people's lives and their individual preferences. However, we did not see this information recorded in care plans. This meant newer staff would not have access to this information and care may not be delivered in line with the person's wishes. People we spoke with did not know about their care plans and could not recall being involved in developing these.

Care plans were written in a task focused way. They included information about the support people needed to meet their care needs but they were not person centred and did not contain information about people's life histories or personal preferences.

We did not see any evidence of people or their families being involved in the development of care plans or reviews. The evidence of reviews we saw was minimal. This meant some of the care practices were different to what we saw recorded within people's care plans. We would expect to see involvement of the person, and or their families in reviews of their care, as this would enable people's previous choices and wishes to be taken into account when staff were providing care.

We observed a member of care staff supporting someone from the lounge into the dining room, the member of staff was kind and reassuring. However, they were moved in a wheelchair and the care plan made no reference to using a wheelchair and referred to the person sitting on a pressure relieving cushion, however this was not used throughout the inspection.

We reviewed the daily records for one person and saw repeated reference to the person, 'banging on the wall overnight', staff told us this was to summon their attention and the person could be anxious and needed reassurance. However within the person's care plan there was no

reference to this behaviour, what staff should do to reassure the person or how they could support the person to manage their distress and anxiety. For another person we saw there was repeated reference within the daily notes to them being 'argumentative', 'verbal' and needing a significant amount of reassurance. We checked their care plan and there was no reference to this behaviour, This meant there was no consistent plan of care.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On the day of our inspection we saw some people spent time in their bedrooms watching television or listening to the radio, whilst other people spent the majority of time in the communal lounges. The service had a main lounge where the majority of people spent time, however they also had a smaller lounge and the registered manager told us people utilised this room to spend time with their families and visitors if they wanted some private space.

In the afternoon the service had a singer and people were invited to come and watch. We saw people enjoyed this and we heard people reminiscing about music. We asked the registered manager about the activities which were available to people and they gave us a variety of examples which included; visits to the nearby pub and restaurant, manicures and external activities. People told us the hairdresser came every week. However the service did not have an activity timetable so we were not able to see what activity took place on a day to day basis.

Holy communion was held once a month for those who wished to attend, and the local church arranges a 'sing along' session every few months. People told us children from a local school had visited last week to sing Christmas carols and they told us how much they enjoyed this.

The service had a complaints policy which was provided to people when they moved into the service and was on display in the main entrance. This meant people had access to information about how to raise any concerns. The registered manager told us there had been no complaints since the last inspection. They said they had an open door approach and if people approached them with any issues or concerns they resolved it as soon as possible.

The service advertised a 'relative's coffee morning' once a month, the registered and deputy manager were available to answer any questions people may have. The service also held meetings with people who lived there, we read the

Is the service responsive?

notes from the last two meetings and could see there was a good attendance and people gave feedback and suggested improvements. We could see this was followed up at the next meeting. This showed the service was keen to offer people and their families the opportunity to give feedback on the service and to make improvements.

Relatives told us they knew how to make a complaint. One person said, "If there was ever anything wrong I would have

a word with the boss and they would sort it out." A relative told us the registered manager had been helpful and responded well to requests. They said, "We have asked for a ground floor room so that [relative] feels more at home and not disorientated. They obliged as soon as it became possible."

Is the service well-led?

Our findings

The service had a registered manager who was supported by a deputy manager and ten care staff and ancillary staff. The registered manager was helpful and provided us with the information we required to complete our inspection. They understood their responsibilities and were aware of the requirement to submit notifications to CQC.

People who used the service knew the manager well and we could see they had a positive rapport with people and their relatives. Everyone we spoke with provided positive feedback about the manager, comments included, “The manager is very good and helpful”, “She is very nice and friendly. If I have a problem she sorts it out for me” and, “The manager is very approachable and helpful.”

The registered manager told us they had recently started to spend each Wednesday morning with the deputy manager reviewing care and completing audits of the service. We reviewed the weekly medicines audit and the monthly infection control and premises audit. Where issues were identified we could see action had been taken to address them. We asked the registered manager how they audited care plans and associated records and were told this was done by reviewing the information but it was not written down. This meant there was no evidence of the review and if any issues for improvement were needed we could not see what had been implemented to address this. The registered manager told us this is something they planned to set up more formally.

We recommend the provider follows good practice guidance to ensure formal quality audits and systems are in place.

We asked the registered manager about their view of the strengths and areas for development within the service. The registered manager told us the staff team was stable and consistent and because it was a small service this meant they and the staff team knew people and their

relatives well. They told us the service was committed to providing good quality care in a homely environment. However, they also told us they found it difficult to have time to complete all of the necessary paperwork and preferred ‘a hands on approach’. They said they had spoken to the provider about the need to improve some of the systems such as supervision records and audits.

It was evident throughout the inspection that the registered manager had a proactive role within the running of the service, we saw they supported people with their care needs and spoke to people about doctors’ appointments. The staff we spoke with told us the registered manager was supportive. However, the registered manager had not held regular supervision sessions or completed appraisals with staff. This meant there may be areas for staff improvement which were not identified.

Although people were positive about the care the staff provided we saw some examples of poor care planning, which could impact on people who used the service, particularly if they were supported by new staff.

Some key policies and procedures needed to be updated and contained out of date references to organisations whose name had changed. The service did not have a policy in relation to the application of the MCA (2005). This meant the provider could not be sure staff were following best practice guidelines when delivering care.

We recommend the provider review the policies in place to ensure they are in line with relevant legislation and good practice guidelines.

The registered manager told us they had a positive relationship with the provider, who we spoke with briefly during our inspection. The provider told us they visited twice a week and had a financial role in the running of the service, however the provider did not complete any audits to assure themselves the service was running well and people were being provided with good quality care.

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 11 HSCA (RA) Regulations 2014 Need for consent

The service was not consistently applying the principles of the Mental Capacity Act (2005), although we saw staff routinely sought consent, there was some information within people's care plans which suggested they may not be able to make an informed decision with regard to their care and treatment. We did not see mental capacity assessments or best interest decisions recorded in these instances. Some people were subject to constant supervision without the necessary safeguards in place.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

We saw some care which was not delivered in line with the person's care plan. We saw some out of date information in care plans. We did not see involvement of the person and their families in the development and review of care plans. Care plans were task orientated and did not contain information about the person's life history and preferences in relation to receiving care and support.