East Living Limited

Chant Square (15 & 17)

Inspection report

15-17 Chant Square
Stratford
London
E15 4RT

Tel: 02085190551
Website: www.east-thames.co.uk

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21 October 2016

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on the 19, 20 and 21 October 2016 and was unannounced on the first day.

Chant Square is registered to provide support to 8 older people with a learning disability across two sites which were adjacent to each other. Six people received care in the main accommodation and one person lived in a supported living flat on the first floor.

There was no registered manager in post at the time of this inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

We asked the provider about the lack of a registered manager. They told us that there was currently a scheme manager in post. The scheme manager had previously been employed at the home as the deputy manager. The provider told us the scheme manager will apply to become the registered manager and this application has been received.

Risk assessments were not up to date and staff did not demonstrate that they understood the risks people faced especially those with swallowing difficulties. Some staff were supporting people with swallowing difficulties to eat but had not fully read the guidelines.

Moving and handling equipment was not fit for purpose, checks to ensure their safety were not effective. Equipment that had been deemed unsuitable was still being used during our inspection. The scheme manager and team leader advised after the inspection that assessments were taking place but some people were still awaiting new equipment.

Medicines were handled safely and staff understood and could explain how to administer and record medicines appropriately. We found one instance where a cream had not been signed for and this was addressed with the scheme manager and member of staff.

Staff knew how to identify abuse but some staff were not aware how to escalate concerns outside of the scheme manager.

Staff were recruited safely and the service ensured new staff had completed pre- employment checks before they were able to start work.

Staff also performed daily health and safety checks to keep people safe at the service, which included checking water temperatures and fridge and freezer checks.

Staff felt supported but training was not up to date, staff received supervision but this had not been taking place on a regular basis.

Deprivation of Liberty (DoLs) authorisations were lawful and records showed the scheme manager was prompt in applying for extensions for people's DoLS.

Staff sought consent from people before giving care however, in people's care files the consent section was blank where people were meant to sign with no explanation that they were unable to sign the document.

People's choices were not always respected or sought in particular in relation to food and drink. People who could verbalise their choices did so to the detriment of others living at the service. Staff would engage more with people who could speak and were not observed to ask people who could not speak if they would like to change their mind for food or drink. People's choices were respected when choosing clothing as staff would show people options to choose from.

People did not have positive experiences during mealtimes as some staff were observed to not engage with people while they were eating and were speaking to people in an unkind manner.
People's dignity during mealtimes was not respected as people who were unable to wipe food away from their mouth did not have it removed promptly or gently.

During activities such as nail painting some staff were observed to spend time speaking to people in a very kind manner and were helping to relax people.

Staff supported people to maintain contact with their loved ones and took people to visit their relatives in hospital.

Support plans were personalised and contained detailed information on how to support people and how to communicate with them but this was not always followed. Information in support plans was out of date in some cases and referred to old guidance which was no longer applicable.

People took part in activities within the service or out in the community with the support of their key worker. We observed a music session but observations showed that not everyone was engaged in this activity. People also attended the day centre, went shopping at the local centre and did baking at the service.

People relied on the sensitive support of others to be able to make complaints and express their views. Staff supported people to make complaints.

Staff at the service felt they could easily approach the scheme manager for help or with any concern but felt the scheme manager was kept in the office due to the amount of paperwork to complete. Staff and people met regularly and staff stated that learning from incidents took place.

Records of care were not accurate and were missing information. Daily log information did not contain an accurate reflection of how a person had been during the shift. What people had eaten was generalised or had not been completed at all. Checks completed for handovers and daily logs had been signed as completed when information was missing.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not always safe.

Appropriate action was not taken by staff to mitigate known risks to people's health, safety and welfare.

Equipment known to be unsuitable or in disrepair was still in use.

There were appropriate procedures for safeguarding adults but some staff were not always aware of them.

Medicines were handled safely and overall recorded correctly.

Recruitment was carried out safely.

Is the service effective?

Requires Improvement

The service was not always effective.

People's choice for food and drink was not always sought. People who were able to use speech to communicate made decisions regarding food for the rest of the service.

Staff were not receiving regular supervision in line with the policy.

Staff training was not up to date in mandatory areas.

Staff were not following advice from health professionals.

Staff asked people for consent before giving care but some staff did not understand Deprivation of Liberty Safeguards and who had them in the service.

Is the service caring?

Requires Improvement

The service was not always caring.

People did not have a positive dining experience because mealtimes lacked positive staff interaction.

Privacy and dignity was maintained during personal care but

during mealtimes people were left with food around their mouths for some time.

Some staff engaged with people in activities in a caring manner and spoke in a kind way.

Staff supported people to visit their loved ones.

People's end of life wishes were discussed with people and their relatives and documented.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Support plans were personalised and contained detail on how to support people in different aspects of care. Staff were not following guidelines within support plans.

Support plans contained out of date information.

Staff supported people to make complaints where appropriate.

Activities were taking place but people who could not verbalise their choices had a number of domestic tasks recorded as activities.

Is the service well-led?

Requires Improvement

The service was not always well led.

The service had not had a registered manager for a number of months.

Records for care and service checks were not accurate and had missing information.

Staff felt morale at the service was good.

Audits were performed by the service internally and the service was audited by the provider.

Chant Square (15 & 17)

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 19, 20 and 21 October 2016 and was unannounced on the first day.

The inspection was carried out by one inspector and an expert by- experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had personal experience of caring for someone who used registered services.

We spoke with the scheme manager, team leader, four members of staff, one person who used the service, the chef, regional business manager and two relatives.

We reviewed three care files and staff recruitment files for five members of staff.
We looked at how medicines were stored, administered and recorded. We also viewed other records the provider used for managing the service and these included quality monitoring checks and meeting minutes.

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.

Prior to the inspection, we considered information we held on our database about the service and provider. The service submitted a provider information return, this is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make.

We also contacted health professionals to obtain feedback about the service.

Inadequate

Is the service safe?

Our findings

Risk assessments and guidelines were in place but were not always being followed by staff or helped to mitigate risks. The scheme manager told us staff should have signed to indicate they had read and understood care plans and risk assessments. Not all staff had signed care plans and risk assessments which meant they had not indicated they had read or understood the plans. This put people at risk of unsafe care.

Two people had been identified as being at risk of choking due to having a swallowing difficulty. Risk assessments were in place for these people. Observations showed one of the people choked and coughed a lot during mealtimes. Their risk assessment was limited, in that there was no reference for staff to look out for signs of coughing such as watery eyes or choking to be able to escalate concerns further. There was no existing measure to state how the risk was mitigated when new or agency staff worked with this person.

One person also had a swallowing care plan as prepared by the Speech and Language Therapist (SALT) which told staff the consistency food should be pureed to. During our inspection we had to stop staff from giving food as it had not been pureed to the correct consistency as shown in their guidelines. A more experienced staff member confirmed that the food had not been pureed correctly and this was rectified before the person received their meal. This meant the person had been at risk of receiving food that could have made them choke.

In the risk assessment for the other person at risk of choking they had detailed measures to prevent this risk. This included scooping small amounts of food onto the spoon, ensuring new staff and agency staff were inducted and trained on the swallowing difficulties and have read and familiarised themselves with the guidelines. Observations showed staff putting large amounts of food on to the spoon for this person when guidelines stated to give small amounts of food on the spoon. The member of staff who was supporting was asked if they had read the guidelines and they said, "No." This was a risk as staff were incorrectly supporting people with high support needs during mealtimes without following safe practice.

After the inspection we were sent information training to support people with swallowing difficulties to show that guidelines had been updated by the SALT team and that staff were to attend.

The service had a daily audit form to check equipment used for moving and handling people which included hoists and slings. These checks were not fit for purpose as they did not identify which hoists were not safe or suitable for use and if they weren't suitable what action had been taken to prevent them from being used. Furthermore on inspection of the slings used to support people in hoists two were found to have loose stitching around the fastenings which meant people were at risk of falling. There was a hoist that had been condemned as unsafe to use still in a person's bedroom which meant they were at risk of being lifted in this hoist.

The scheme manager informed us that two people were sharing a sling and these two people were of differing weights. This was a risk as a sling is a prescribed piece of equipment specific to individual needs and this practice placed people at risk of harm.

A member of staff later showed us a bag of alternative slings but the records showing that people had been assessed to use these was not provided. The team leader showed us an email to confirm they had sent a referral for sling assessments for three residents however no outcome had been provided.

After the inspection we were sent information to show that one person was currently being reassessed but did not currently have a suitable sling as it still needed to be ordered. This meant that people were at risk of being supporting using equipment that was unsuitable for them.

The above issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One person told us they felt safe at the service. Another person when asked said, "Yes." The same person told us they felt safe as they were taken out into the community to do activities they liked. A relative told us, "[Person] is very safe, well looked after, front door always locked only let people they know in."

Staff told us people were kept safe and they explained this was done by staying with them at all times. A member of staff said, "We can't leave them by themselves, [person] is on one to one support." Staff also told us they kept people safe during handover meetings where they spoke about each person and raised important issues. We observed a handover on the first day of the inspection and noted important information about people was discussed but this was not documented in the handover book. This meant there was a risk of information being forgotten or if another member of staff was not present they could miss an accurate record of the handover.

Safeguarding training was not up to date. Although staff knew the different types of abuse knowledge varied among some staff on how to escalate concerns. Some staff were very clear they would contact the manager, approach social services and the CQC if they had concerns. One member of staff said, "I can go higher to their manager, call CQC, call social services, the number's on the wall and email address, you can use the computer and report abuse." Other staff were not sure who to approach outside of their manager if they had concerns someone was at risk of abuse. One member of staff said, "I would go to my managers', manager." There was a safeguarding policy and staff knew where it was. Safeguarding was discussed during supervisions and records confirmed this.

People's medicines were kept locked in their bedroom and people received their medicines in their bedrooms. Staff explained how they safely administered medicines and checked they were administering the correct medicine to the correct person and that the dosage was correct. Staff we spoke to said if they had any concerns regarding the prescriptions they would contact the pharmacy. Staff told us if people refused to take their medicine they would call NHS direct for advice as this could have an impact on their health.

We looked at MAR (Medicines Administration Records) and they had overall been completed appropriately. Where we had noticed a gap in the recording it related to a cream that had been applied and staff had omitted to sign it as they thought the person in charge of the shift should have signed. This was addressed with the staff member and scheme manager to clarify whoever administers should sign the MAR chart. The team leader advised and records confirmed they performed random weekly checks of the MAR chart and any errors identified resulted in appropriate action taken against staff.

People who could talk to us told us they received their medicines on time. One person said, "Every morning and every night." Records confirmed that people had received their medicines on time.

Recruitment was carried out safely and the service had a recruitment policy. Staff had to complete an interview, detail previous employment history and explain gaps in their employment. Pre-employment checks before they could start work were also performed. Records confirmed this was done and included seeking staff references and criminal records checks, this ensured staff working with people were of good character and of no risk to people.

Staff used appropriate personal protective equipment to minimise the risk of infection which included gloves and aprons. Clinical waste was disposed of safely and sharps boxes emptied. Health and safety checks were performed at the service which included weekly water checks, fire drills and fridge and freezer checks. The service was clean and there was no malodour within the service.

A member of staff also explained how they kept people's finances safe and we observed staff perform a financial handover. Handovers at the end of each shift involved staff discussing how people had been but important information was not always recorded.

We recommend the service follows best practice in recording handovers.

Requires Improvement

Is the service effective?

Our findings

There was a menu on one of the notice boards but it was not clear how people made choices about daily menu options. There was confusion as to whether people were asked what they would like to eat every day. One member of staff told us that meals were chosen every Wednesday for the following week, however there were some people who had dementia and their choice may have changed if not asked. The same member of staff told us that people were not asked everyday what they would like to eat. Observations showed people's choice of food was not always sought. During one meal time one person expressed that they had changed their mind and no longer wanted what was on the menu. Although this person's choice was respected, the other people were not asked if they wanted the food that was on the menu and were served food without being offered a choice. The chef was asked if all the people who lived in the home were offered choices about what they wanted to eat. The chef told us they had not asked them which meant their preferences were not sought or acted upon.

Staff explained people who were unable to verbalise what they wanted for food or clothing would gesture or point towards it. However all choices were not always presented when it came to food and drink. A member of staff said, "I offer them two juices." However the option of an alternative drink was also available but only people who could request it were given it.

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

One person when asked told us they thought staff were well trained at the service. Staff received an induction at the service which consisted of visiting head office for training and to read policies and procedures. Staff told us they shadowed experienced staff for up to four weeks before supporting people on their own. Staff training required staff to book themselves on courses. A number of training courses including, first aid, health and safety, food hygiene, infection control, medication and safeguarding were out of date. The training matrix showed the two most recent staff were booked onto emergency first aid training but this had not been attended as yet.

Staff received an annual appraisal and staff told us they received supervision every four to six weeks and felt supported. Records showed that the team leader had performed the majority of these supervisions with support from the scheme manager. However the records we viewed showed that staff were not receiving regular supervision in line with the four to six week policy. A new member of staff had been at the service for two months but advised they had not had a supervision, only informal meetings with the scheme manager.

We recommend the service follow best practice to ensure staff training and supervisions take place.

People received input from the dietician to help maintain a healthy weight, however weight was not being recorded by the service. People would be weighed away from the home by a health professional. We observed as advised in their care plan that they should eat more vegetables. People who had diabetes had their blood sugar monitored by the service and staff took action to reduce people's sugar intake. A member

of staff said, "[Person] is diabetic, sugary cereals are off limits, we give them porridge or shredded wheat." This meant people were supported to eat healthily.
People had communication passports and health action plans which provided information on how to best communicate with them. People who were able to told us they attended health appointments. One person said, "I'm going to the dentist." We saw evidence that people were seen by health professionals such as dentists, opticians and chiropodists.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and found that assessments had been carried out applications to deprive someone of their liberty had been granted by the supervisory body. Records confirmed that extensions for DoLs had been made to the person's local authority. Some staff did not understand DoLs or who had one at the service. Records showed that not all staff had completed DoLs training.

Staff knew to seek consent before giving care and asked people to decide what they would like to wear. One member of staff said, "You ask, if it is okay to wash your hair now? The clothes that they are wearing, it has to be their choice you pick up something and offer a choice." Within files consent forms were not signed by the person and only the keyworker, this had been identified in audits.

We recommend the service follows guidance in ensuring staff understand DoLs.

Requires Improvement

Is the service caring?

Our findings

During the inspection we observed three mealtimes and saw that two experienced staff supported people well, in that they showed compassion to people when they were eating and interacted with them. For example, we saw one staff ask someone whether they were ready to have some more food and when the person either turned their head away the staff member waited until the person was ready to eat again.

However we did observe some poor interactions as some people received no interaction from staff during mealtimes. During breakfast one member of staff was observed standing over someone feeding them breakfast and not speaking to them, after the staff had finished giving food they were observed to just walk away. During a lunchtime observation we heard a member of staff say abruptly, "Drink, now" and "Food, yes." There was no compassion or politeness when food was offered and this meant people did not have a caring experience.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us the staff were nice at the service. One person said, "[Staff] took me to Westfield, we had fish and chips." The same person also said, "[Staff] look after me."

One relative said, "Some [staff] are indifferent because they are agency. Some are very caring. The ones who bring [person] to me for lunch seem quite attached to her." The same relative also said, "When [person] comes over she looks presentable and happy."

The scheme manager said, "Staff should take the time to talk to people, even if they don't talk they should still say good morning to them." The scheme manager told us that staff were caring and spoke to people like they were their family.

Staff knew people well at the service and could describe what people liked to do and their favourite activities. The service also kept a record of people's birthday's in the office and held celebrations. Staff explained to us that people had a key worker and protected time where people could do activities they wanted. Staff felt this was good and the keyworker had not changed and meant that people were able to build good relationships with staff. One member of staff said "I sit with [person] during one to one and do things she likes to do, spend time with her." We observed this person liked to read magazines. Another member of staff while painting someone's nails was observed to be caring and spoke kindly to the person while they chose the nail polish they would like to wear.

During our inspection staff supported someone from the service to visit their relative, who also lived in the home, who was in hospital. Staff said, "[Person] was happy to see her [relative]." Staff also stayed to support the person in hospital to ensure they received the correct support and to have a familiar face with them while in the hospital. Another member of staff had also visited a person in their own time to see how they were, which showed a caring attitude. Other people were taken to visit siblings and their relatives were

welcome to visit and had come to birthday celebrations. This meant that people were supported to maintain their relationship with their relatives.

People's privacy was maintained and we observed staff close doors when personal care was being given and knock for permission before entering. Dignity was not always maintained as we observed people with food around their mouths and this was not wiped away promptly or gently. On a few occasions during mealtimes staff were asked to wipe food away from people's mouths as they were unable to do so themselves.

People's end of life wishes and any needs they had were discussed with them and their families was respected. The scheme manager explained how they had ensured someone who had recently passed away received a compassionate burial. Records confirmed this took place.

Requires Improvement

Is the service responsive?

Our findings

Before people joined the service an initial assessment was performed to ensure the service could meet their needs. People's support plans were personalised and involved the person's relatives if they were available. Support plans included information about the person, how they communicated and foods they liked. People had their risk assessments reviewed every six months or sooner if required and the support plan was updated annually.

Information about people's needs, wants and life histories was provided so staff could get to know people at the service. Information on how to read people's body language for those who did not verbally communicate was very detailed, for example one care plan said, "I will fold my arms, which means I do not want to continue anymore, I want to stop." Some staff working with this person did not seem aware of this and therefore were not recognising people's needs and preferences.

However some information in support plans was not current, whilst some were reviewed in time we viewed one that was past the due date of September 2016 and out of date information had not been removed. In one support plan reference was made to a person still requiring the use of shoes to stand in a hoist which was not current practice. Also hoisting guidelines were out of date. This meant the current support plan did not meet people's needs.

People took part in activities within the service and out in the community. Pictures of past activities were in people's support plan and showed people taking part in swimming and baking. We observed one person bake with staff in the kitchen. During the week people could participate in a music session. During our inspection one person had gone to the day centre. Another person told us they attend the local shopping centre to buy toiletries and to visit the shops. Records showed that menu planning and folding laundry were documented as activities as opposed to household tasks. This tended to be for people who were unable to verbalise their preferences as those who also received support with this attended other activities outside of the service.

Whilst people had not made any complaints at the service, an accessible format was available to support people to make one. The team leader had identified and investigated one complaint on behalf of someone who was unable to verbalise their concerns. This was due to the team leader being vigilant and observing someone looking unhappy as they had sunburn due to non- application of sunscreen.

Relatives did not know how to make an formal complaint with one advising they had nothing to complain about. Another relative who told us they had not had any feedback regarding an informal complaint. They said, "It's a bit hit and miss."

We recommend the service follows best practice in managing complaints.

Requires Improvement

Is the service well-led?

Our findings

The service had not had a registered manager for seven months. The current scheme manager was applying to be the registered manager for the service. One person when asked who was in charge referred to the previous scheme manager as the person in charge. Two relatives did not know who the current person was in charge at the service.

Records for people's care and for the service were not always accurate or complete. Staff were required to write in daily logs what people had done in the morning and in the evening. Records showed that an accurate record of people's day was not being recorded and there were gaps in some logs where staff had not documented what had happened at all. In some instances staff had recorded what people had eaten and for the person at risk of choking, in all records it had said the person had eaten well. We reviewed daily logs for the three days we had been on inspection and this person had coughed, choked and had not always wanted to eat as they had folded their arms. However this was not recorded in the daily logs. This meant a review may not be requested as promptly and when reviews took place within the service or with health professionals there was not accurate information on people who used the service.

Records showed that daily checks for the completion of a shift had been signed as completed before staff had done them and where there were gaps. We asked why this practice was taking place and were advised that staff were in the process of writing them. However we stated the purpose of the check was to show that it had been done after checking the records and how could this be demonstrated if they had already been signed.

Robust systems were not in place to ensure the delivery of high quality care. During the inspection we identified failings in a number of areas. These included managing risks, record keeping, unsafe equipment, choices for people, supervision and training. These issues had not always been identified by the provider which showed there was a lack of robust quality assurance systems in place.

The above issues were a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff explained if the scheme manager was not available they would approach the regional business manager, who would often visit the service. The scheme manager told us they felt supported by senior management.

Staff spoke positively of the new scheme manager and told us they felt supported by them. One member of staff said, "If I have concerns I go to her." One member of staff advised that due to a lot of paperwork the scheme manager was kept in the office a lot and was not always visible.

The scheme manager said, "If we make a mistake we must learn from it so that it doesn't happen again and we can share good practice in team meetings." Staff explained they had debriefings with the scheme manager where good practice was shared. For example, where there had been a medicine error staff knew

they would need to retrain to ensure the safety of people.

Staff felt the atmosphere at the service was good. One member of staff said, "I like it, it's calm." Another member of staff said, "It's alright, don't see any one with low morale here."

Records confirmed that meetings for staff and residents took place regularly. All meetings covered themes such as safeguarding, finance, reading people's support plans and policies and procedures.

Records showed that the scheme manager, team leader and quality assurance manager performed a number of audits to check the quality of the service which included, monthly medicines audit, support plans, catering, infection control and quarterly health and safety. Where action points had been recorded a deadline date had been stated and what the service were required to do to improve. However support plan audits had not identified that information was out of date especially after a review had taken place.

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 9 HSCA RA Regulations 2014 Person-centred care Regulation 9 Person Centred Care The care and treatment was not appropriate and did not meet service users needs or reflect people's preferences. 9 (1) (a) (b) (c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect Regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Dignity and Respect. Service users must be treated with dignity and respect 10 (1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe Care and Treatment Care must be provided in a safe way for service users by doing all reasonably practicable to mitigate any such risks and ensure that persons providing care or treatment to service users has qualifications, competence, skills and experience to do so safely.

Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 17 HSCA RA Regulations 2014 Good governance

Regulation 17 Heath and Social Care Act Regulated Activities Regulations 2014 Good governance

The registered provider did not maintain accurate, complete records in respect of each service user and other records for the management of the service. 17 (1) (2) (c) (d) (ii)