Mills Family Limited

Fairlight & Fallowfield

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?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 02 and 03 February 2016 and was unannounced. At our last inspection in December 2014 we found a breach of regulations because records relating to decisions made on people's behalf when they lacked capacity themselves did not always clearly demonstrate that the provider had followed the requirements of the Mental Capacity Act 2005. At this inspection we found that improvements had been made to meet the requirements relating to consent.

Fairlight and Fallowfield is a home providing nursing care and residential support for up to 55 people in the London Borough of Bromley. At the time of our inspection there were 45 people living at the home. There was a registered manager in post at the time of our inspection. 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.

At this inspection we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because risks to people's health and safety had not always been assessed and action had not always been taken to ensure risks were safely managed. You can see the action we have asked the provider to take in response to this breach at the back of the full version of this report.

Staff were supported in their roles through regular supervision and an annual appraisal of their performance. They received an induction when they started work for the provider and completed training in a range of areas which gave them the skills to undertake their roles effectively. There were enough staff available to meet people's needs although people had mixed views about the use of agency staff within the service. The provider undertook appropriate recruitment checks on new staff before they started work.

Medicines were safely stored but improvements were required in the recording of administered medicines and to ensure people consistently received their medicines as prescribed. People were protected from the risk of abuse because staff were aware of the potential signs to look for and the action to take if they suspected abuse had occurred. Staff sought consent from people when offering support and the service worked within the requirments of the Mental Capacity Act 2005 (MCA) but improvement was required to ensure that conditions placed on people's Deprivation of Liberty Safeguards (DoLS) were met.

People were supported to maintain a balanced diet, although, their views on the food on offer at the service were mixed. People had access to a range of healthcare professionals when required and visting healthcare professionals told us that staff made appropriate referrals promptly when needed. We observed caring and friendly interactions between staff and people. People's privacy was respected and they were supported to make decisions about their care and treatment.

People were involved in the planning of their care and care plans were person centred. There were a range of activities on offer for people to enjoy and the feedback from people about the activities offered was

positive. People were aware of how to make a complaint and told us they were confident that staff would address any concerns they had promptly and effectively.

Senior staff undertook audits in a range of areas in order to monitor the quality and safety of the service and we saw action had been taken in response to audit findings. However, some improvement was required to the frequency at which people's care plans were audited to ensure the process was sufficiently robust to identify potential issues promptly.

The service held regular staff meetings to ensure staff were aware of the requirements of their roles and staff handover meetings were conducted between each shift so that staff we kept up to date with people's conditions and day to day needs.

People and staff told us that the service well led and there was a positive culture with in the service which focused on good team work. People were able to express their views about the service through regular residents meetings and an annual survey and we saw action had been taken to make improvements to the service in response to feedback.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Risks to people had not always been assessed and action had not always been taken to ensure risks were safely managed.

Medicines were safely stored but improvements were required to ensure they were consistently administered to people as prescribed, and in the records of medicines administration.

There were enough staff on duty to meet people's needs and the service conducted appropriate recruitment checks before staff started work at the service.

People were protected from the risk of abuse and the provider had procedures in place to deal with foreseeable emergencies.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff sought consent when offering support to people and the service worked within the requirements of the Mental Capacity Act 2005 (MCA).

Authorisations had been sought where appropriate to lawfully deprive people of the liberty when it was in their best interests. However, conditions placed on their Deprivation of Liberty Safeguards (DoLS) authorisations had not always been met.

People had access to a range of healthcare professionals when required in support of their good health and well-being.

Staff were supported in their roles through regular training and supervision.

People were supported to maintain a balanced diet and professional advice had been sought, where appropriate to ensure people's nutritional needs were met.

Is the service caring?

Good

The service was caring.

People told us they were treated with kindness and consideration People were supported to express their views and were involved in making decisions about their care and support.

People's privacy was respected.

Is the service responsive?

Good

The service was responsive.

People and relatives had been involved in the planning of their care and people's care plans were person centred.

People spoke positively about the range of activities that were on offer at the service, and were supported to maintain the relationships which were important to them.

The provider had a complaints policy and procedure in place and people told us they were confident that any concerns they raised would be address promptly and to their satisfaction.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider had quality assurance systems in place although improvement was required to ensure they were used with sufficient scope to comprehensively monitor and mitigate risks to people.

People and staff spoke positively about the management team and told us they were encouraged to work well as a team. The service held regular staff meetings to ensure staff were aware of the requirements of their roles.

People were invited to express their views about the service through an annual survey and regular residents meetings, and action was taken to drive improvements in response to their feedback.

Fairlight & Fallowfield

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 02 and 03 February 2016 and was unannounced. The inspection team consisted of three inspectors and an expert-by-experience on the first day. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. A single inspector returned on the second day to complete the inspection.

Prior to the inspection we reviewed the information we held about the service and the provider. This included notifications received from the provider about deaths, accidents and safeguarding. A notification is information about important events that the provider is required to send us by law. We also contacted the local authority responsible for commissioning services at this location. We used this information to help inform our inspection planning.

During the inspection 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. We also spent time observing the care and support being delivered. We spoke with 17 people using the service, five visiting friends and relatives, and two visiting health care professionals. We also spoke with nine members of staff on duty during our inspection, including the registered managed and looked at records, including care records of seven people using the service, ten staff members' recruitment files, staff training and supervision records, and other records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

People and relatives told us they felt secure living at the service and that the support they received was safe. One person told us, "I have nothing to worry about here; I'm not concerned about anything." Another person said, "If I was worried I would shout and someone would come." A relative told us, "The service is very good, I have no complaints." However, despite the positive feedback from people and relatives, we found some concerns because risks to people had not always been properly assessed and safely managed. Improvements were required to ensure people's medicines were administered as prescribed and in the recording of medicines administration.

People's care plans included risk assessments which had been conducted in areas including moving and handling, skin integrity, malnutrition and falls. We noted that risk assessments had been reviewed on a regular basis to ensure they remained reflective of people's current needs. However, we found that areas of risk had not always been assessed in order to ensure people's safety. For example, we found that a risk assessment for the use of bed rails had not been conducted prior to their use on one person's bed. Records showed that one of the person's legs had become trapped between the rails, resulting in a minor injury which may have been preventable if the assessment had been conducted beforehand. In another example we observed staff using a hoist to transfer one person onto a chair, although the use of the hoist had not been covered as part of their moving and handling risk assessment. This placed the person at risk of unsafe care or treatment because there was no guidance in place for staff to follow on the use of the hoist when supporting them.

These issues were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). You can see what action we have asked the provider to take at the back of this report.

In other areas we saw that people were supported to manage risks in ways which respected their views and wishes wherever possible. For example, we saw a risk assessment had been conducted for one person as they did not wish to use a pressure relieving mattress on their bed despite this being recommended by staff as the safest way to manage their skin integrity. A care plan had been developed with the person's input to manage this risk which gave advice to staff to encourage mobilisation and to closely observe and record any changes to their skin integrity.

Medicines were safely stored within the home but improvements were required in the recording of medicine administration and to ensure people consistently received their medicines as prescribed. Medicines were stored in locked medicines trolleys which were kept securely in locked clinical rooms when not in use. Regular temperature checks had been conducted of storage areas, including medicines refrigerators, to ensure that medicines were kept within at an appropriate temperature for the safe storage of medicines. We saw guidance was in place for staff on how to administer 'as required' medicines where they had been prescribed and one person confirmed, "They [staff] often ask if I am ok and whether I would like any pain relief to be administered."

People's medication administration records (MARs) included details of any known allergies and their

photograph to help reduce possible risks associated to the administration of medicines. Most people's MARs showed people had received their medicines at the appropriate time as prescribed and were reflective of remaining medicines stock levels. However, we found that a single dose of one person's medicine from the previous week had been signed for as administered, despite the medicine still being in the monitored dosage system received from the pharmacy. This meant they had not received this medicine as prescribed and this had not been noticed by staff.

The service had procedures in place to protect people from the risk of possible abuse. Staff told us, and records confirmed that they had received training in safeguarding adults. They were aware of the different types of abuse that could occur in a care home setting and could describe the action they would take if they suspected a person was at risk. Staff also told us that they would be willing to escalate any concerns they had to external authorities if they felt that appropriate action had was not taken by the management team within the service. However, they also confirmed that they were confident that the management team would take action if they raised concerns. The registered manager was also aware of the correct procedures to follow when they reported any allegations to the local authority safeguarding team and when they notified CQC.

There were sufficient staff deployed within the service to meet people's needs, although people we spoke with had mixed views about the use of agency staff within the service. We observed staff to be available to provide support to people when needed throughout the time of our inspection. One person told us, "Staff respond quickly," to meet their needs. A visiting relative told us, "There are always enough staff available when I visit." Some people had concerns about some of the agency staff that had been used by the service recently and the management team took action to stop one agency worker from working further shifts in the home in response to one person's feedback. Senior staff explained that there some staff had recently left the service at short notice which had led to an increase in agency staff, but that more permanent staff were in the process of being recruited and would be available to start shortly, once their criminal records checks had been received.

The provider had an effective recruitment and selection process in place. Thorough recruitment checks were carried out before staff started working at the home. Staff files contained completed application forms that included details of their qualifications and their previous health and social care experience, their full employment history and explanations for any breaks in employment. Files also contained copies of photographic identification, completed criminal records checks and confirmation of each staff member's right to work in the UK where applicable.

The provider also had a system in place to confirm that nursing staff employed by the service maintained their professional registration and we saw that regular checks of the Nursing and Midwifery Council website were carried out to ensure they were registered with the appropriate professional body.

There were arrangements in place to deal with foreseeable emergencies. Each person had and personalised emergency evacuation plan in place and staff we spoke with were aware of the provider's fire procedures. Staff had received fire safety training and records showed that the service conducted regular fire drills. Staff had also received first aid training and could describe the action they would take in the event of a medical emergency.

Requires Improvement

Is the service effective?

Our findings

At our last inspection in December 2014 we found a breach of regulations because mental capacity assessment records lacked detail about the outcome of the assessment and evidence of people's involvement in the assessment process had not always been recorded. It was also not always clear who had been involved in making decisions in people's best interests where they lacked capacity to make a decision themselves. At this inspection we found that improvements had been made to meet the requirements relating to consent.

People told us that staff sought consent when offering them support. One person told us, "Staff respect my wishes." Another person told us, "They [staff] check to make sure I'm happy when they help me." Staff we spoke with were aware of the need to seek consent before assisting people with their care. One staff member said, "It's important to communicate with the person you're supporting, to be sure they're happy with what you're doing."

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Senior staff demonstrated an understanding of the requirements of the MCA, and were working in line with the MCA code of practice. We saw mental capacity assessments had been conducted where there was a reasonable belief that a person may not have the capacity to make a specific decision about their care and treatment. Where a person had been assessed as lacking capacity, we saw that decisions had been made in their best interests, with the involvement of their family or a health, or social care professional where appropriate. For example, we saw a mental capacity assessment had been conducted for one person regarding the use of bed rails and that the decision to use the bed rails had subsequently been made in their best interests by senior staff at the service, a family member and the person's GP.

We saw that DoLS authorisations had been correctly submitted to the relevant local authority where required, but improvement was required to ensure that conditions placed on DoLS authorisations were met by the service. For example, one person's DoLS authorisation contained a condition requiring the service to move them to a ground floor room as soon as one had become available but we found that this had not happened, despite the condition having been in place for almost a year. Senior staff confirmed that ground

floor rooms had been available during the previous 12 months but told us they were not aware of this condition being placed on the authorisation. This meant we could not be assured that the service had done everything to ensure that the person was deprived of their liberty in the least restrictive way possible.

People told us they thought that staff employed by the service had the skills and training to meet their needs. One person told us, "They [the staff] know what they're doing." Another person said, "The staff here are very good." A staff member we spoke to explained, "We get a wide range of training here and it's definitely helped me to develop."

Staff told us, and records confirmed that they had completed an induction when starting work at the service. This included a period of orientation and reviewing key policies and procedures, as well as time spent shadowing more experienced staff members. Staff also undertook training in a range of areas considered mandatory by the provider, including moving and handling, fire awareness, infection control, first aid, health and safety, and safeguarding adults. Records showed that most staff were up to date with their mandatory training and we saw plans in place where staff needed to attend refresher courses to ensure they remained up to date with best practice.

Staff were supported in their roles through regular supervision and an annual appraisal of their performance. Staff confirmed that they found supervision to be useful in giving them an opportunity to feedback to senior staff as well as receiving feedback about their work. One staff member said, "Supervision is really helpful. I can discuss any issues I have and feel that I'm listened to." Another staff member told us, "The meetings are supportive; they help me identify areas for improvement."

People's views on the food at the service were mixed. One person told us, "It's good, wholesome food." Another person said, "The food is adequate and there's a good variety." However a third person told us, "The food leaves a lot to be desired." Although we received a range of opinions about the food available to people within the service, we found that people's nutritional needs were met.

People's nutritional needs had been assessed and we saw that advice had been sought where required from relevant healthcare professionals, for example a dietician or speech and language therapist (SALT). We observed staff following any advice that had been provided. For example, we saw one person was correctly positioned by staff prior to being supported to eat, in line with the guidance provided by a SALT. Kitchen staff had information about people's dietary needs, for example which people were diabetic, required a soft diet or had any known allergies, and we saw that they prepared their meals accordingly in order to safely meet their needs.

People were offered a choice of meals each day and kitchen staff confirmed that they were able to prepare alternatives if people didn't like what was on offer. The registered manager told us that a new menu had been developed based on feedback they had received from people and that this was shortly to be rolled out across the home. For example they told us that the new menu included a greater number of fish options which was something people told us they'd like to have more often.

We observed the lunchtime meal which was conducted in a friendly and relaxed atmosphere. Staff were available to support people where required and we noted that people were offered a choice of drinks when being served. People were encouraged to be independent when eating where appropriate. One person told us, "They [the staff] have given me large-handled cutlery so I can eat by myself." We also noted that snacks and drinks were available for people and visitors to help themselves to if they so wished throughout the day.

People were supported to access a range of healthcare professionals when required, including a GP, District

Nurse, Dietician and dentist, in order to maintain good health. A visiting district nurse told us, "If there's ever a problem with someone, the staff will refer them to us promptly and follow any guidance we provide them." One person also confirmed that staff supported them with their appointments, telling us, "They [the staff] are very good when it comes to escorting me to the hospital as they know my family are not always available."

Good

Is the service caring?

Our findings

People and relatives told us that the staff were kind and caring. One person said, "The main reason I stay here is the carers are so lovely. They're cheerful and hard working." A visiting relative told us, "The staff are caring. They show concern if things aren't right." We observed numerous interactions between staff and people which were friendly and engaging during our inspection. Staff took their time when offering people support and communicated their actions clearly in a relaxed manner. For example, we observed good interactions between staff and people while they were being transferred onto chairs in the lounge using a hoist. One person commented that "Staff are very good with it," in reference to their operation of the hoist. In another example, we saw staff respond quickly to calm one person who had become agitated and noted that their interaction had a positive effect.

Staff we spoke with demonstrated a good knowledge of the people they supported. They were aware of people's likes and dislikes, the things and people that were important to them and their preferences in their daily routine. It was clear from many of the conversations we heard that people were comfortable in the company of staff and we saw frequent examples of staff sharing jokes or displaying affection to people whilst offering them support. One staff member told us, "I love working here. I enjoy making people happy and they know who I am."

People and relatives where appropriate, were supported to express their views and were involved in making decisions about their care and support. One person said, "The staff are very receptive if you ask them anything." A relative told us, "We've been involved in care reviews and are kept well informed." We observed staff giving people time and appropriate information to enable them to make decisions. For example, we noted that one person was unclear as to what an activity proposed by staff involved on the first day of our visit and we saw a staff member take time to talk through the details and show examples in order to help the person decide whether they wished to be involved.

People were provided information about the service in the form of a service user guide and monthly newsletter. The service user guide included information about the service's vision and values, the type of support people could expect, and details about the facilities available to people. The newsletter included information about changes within the services, details of people's birthdays and information about activities which had taken place and which were planned.

People's privacy was respected. Staff we spoke described the ways in which they worked to ensure that people's privacy was respected, for example knocking on their bedroom doors and waiting for a response before entering, or ensuring doors and curtains were closed when supporting people with personal care. One person told us in respect of their privacy, "I have no concerns." A relative said, "I think staff respect people's privacy. They always knock before coming into the room while I'm visiting and I've never seen anything inappropriate." We observed staff to be following this good practice during our inspection.

Good

Is the service responsive?

Our findings

People and relatives told us they were involved in the planning of their care as much as they wished to be. One person told us, "We go through and review my care plan about once a month and I'll sign it." Another person said of their care plan, "They [staff] record what I like and don't like." A relative commented, "We've discussed [their loved one's] care plan."

People's needs were assessed prior to their admission to the home to help determine their individual needs and suitability of the service in being able to meet those needs. We saw care plans had been developed based on people's needs in areas including mobility, personal hygiene, pain management, continence and communication. Care plans had been reviewed on a regular basis and had been signed at each review by the person, or where appropriate, by a relative to confirm their agreement to the proposed support.

Care plans were person centred and contained information about people's life histories and preferences in the way they received support and in their daily routine. The focus throughout the care planning was on promoting people's independence wherever possible and ensuring support was provided with care and dignity. We also noted that care plans had been reviewed and updated more frequently where a person's health had deteriorated, to ensure that their current needs and preferences were being met.

Staff provided support to people based on their wishes, and worked to meet their individual preferences. For example, we noted that one person's preference to have a bath in the afternoon on one of the days of our inspection was catered for by staff after they had declined the offer of support that morning, despite this varying from the normal routine.

People were supported to engage in a range of activities enhancing physical and mental well-being. One person told us, "There is always something going on." Another person explained, "I suggested going to the Science museum and we did; we had a fantastic day." There were a range of activities available to people including meals out, trips shopping, tea dances, and entertainment such as singers who visited the home. The service also offered facilities such as a well-stocked library which people commented positively about. We observed people engaged in a quiz run by staff during our inspection which was lively and good humoured throughout, whilst others enjoyed a pampering session. One person told us happily, "I have posh hair and posh nails."

The service encouraged people to maintain relationships that were important to them. People told us that they were welcome to have visitors whenever they wished. One person said, "My family can visit anytime." Visiting relatives also told us they were welcome to visit as often as they liked and many visited several times a week. One relative confirmed, "I'm always welcomed by the staff and I visit every other day."

People and relatives told us they knew how to make a complaint and that they were confident that staff would address any concerns they had if they needed to do so. One person told us, "I would talk to the manager." A relative said, "I've not needed to complain but the manager would sort things out if I had a problem. Any minor issues have always been promptly addressed." The provider had a complaints policy

and procedure in place and on display within the service to provide people with information about how to raise concerns. Records showed that any complaints raised had been investigated and responded to appropriately, although we noted that one complaint was outstanding. However, this related to a safeguarding concern and was therefore subject to an external investigation by the local authority which was still on-going. We were therefore unable to check on the outcome of this at the time of our inspection.

Requires Improvement

Is the service well-led?

Our findings

People and relatives told us that they thought the service was well led. One person said of the management team, "They're very approachable." A relative told us, "The manager is very efficient; she knows what's going on when I speak to her." Another relative explained, "They [the management team] are available to talk to me when needed. We have a good line of communication." All the people and relatives we spoke with had confidence that any issues they had would be dealt with promptly by senior staff if needed. However, despite the positive feedback, we found that some improvement was required.

The provider undertook audits and checks in range of areas, including care planning, cleaning, medicines, infection control, equipment safety checks and a range of health and safety checks. We saw that action had been taken where issues had been identified. For example additional work on the building's electrical system had been undertaken following an electrical safety check to ensure it remained safe and fit for purpose. However we found improvements were required to the scope of the auditing processes used within the service. For example, we noted that checks had not been made on people's DoLS authorisations. This had resulted in the conditions placed upon one person's authorisation not being met meaning that the method used to deprive them of their liberty may not be the least restrictive option, in line with the requirements of the DoLS.

The provider had also implemented a new system for auditing people's care plans and we noted that this had successfully identified issues which had been previously missed. For example, an audit of one person's care plan in September had not identified that a bed rail risk assessment was missing, but we saw that this had been identified under the new process just prior to our inspection and was listed as an area to be addressed. However, the frequency at which care plan audits were being conducted had significantly reduced under the new process. For example, we noted that in the previous four months only four of the current 21 people's care plans had been audited on the nursing unit, two of which had been audited twice. Therefore improvement was required because we could not be assured that any potential issues in people's care plans would be identified promptly at the rate they were currently audited.

There was a registered manager in post at the time of our inspection. They demonstrated a good understanding of the requirements of being a registered manager and their responsibilities with regards to the Health and Social Care Act 2008. Staff we spoke with spoke positively of the management team and confirmed that senior staff were available for support when needed. Another staff member told us of senior staff, "There's always someone who will take time if you're feeling stressed to make sure you're OK." Staff also told us that the culture of the service was open and that they were encouraged to support each other. One staff member told us, "We work very well as a team here. I have no worries, otherwise I'd work somewhere else."

The service had also achieved accreditation from the Gold Standards Framework, which is a nationally recognised accreditation for the provision of end of life care, assessed against a range of best practice standards. The registered manager and senior staff told us they saw this as one of the service's key strengths and we noted that the service had received a number of letters and cards containing positive feedback from

relatives about the end of life care and support that had been provided by staff.

Regular staff meetings were held at the service to share information about the running of the service. Minutes from a recent meeting showed that areas of discussion had included updates on changes in documentation used within the service, actions taken in response to a recent environmental health inspection and information about activities for people. Information about the day to day operation of the service was also shared with staff during shift handover meetings, during which staff discussed people's current conditions and any support they may require during the upcoming shift.

People were able to express their views on the service during regular residents meetings and via an annual survey. The current annual survey results had only recently been collected at the time of our inspection so we were unable to check whether the feedback helped drive improvements, but we noted that overall the feedback indicated an improved level of satisfaction from the previous survey.

We saw that action had been taken in response to feedback received during the residents meetings. For example, minutes showed that some people had wanted to make changes to the table arrangement at mealtimes so that they could sit together and we saw that this had been implemented. There was also facility for relatives to offer feedback by booking appointments at regular surgeries scheduled by the management team. However, relatives we spoke with told us that senior staff were available to talk to them whenever they wished and were happy that any issues they raised were prompt addressed.

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 did not take formal enforcement action at this stage. 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 Risks to the health and safety of people had not always been assessed, and action had not always been taken to ensure any such risks were mitigated.