Cliffe Vale Residential Home Limited

Cliffe Vale Registered Care Home Limited

Inspection report

228 Bradford Road
Shipley
West Yorkshire
BD18 3AN
Tel: 01274 583380
Website:

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Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Good**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Overall summary

We inspected Cliffe Vale Registered Care Home on 29 October 2014 and the inspection was unannounced.

The last inspection of this service was on 12 September 2013 and at that time the home was meeting all the regulations we inspected.

Cliffe Vale Care Home is located close to the centre of Shipley and is on a bus route. The home provides personal care to predominantly older people and people living with dementia. Nursing care is not provided. It is a detached, converted property and the accommodation is on three floors linked by stair lifts. Access for people using wheelchairs is provided at the rear of the building. There are 23 single and two shared bedrooms. The bedrooms do not have en-suite facilities, communal toilets and bathrooms are located throughout the building. Communal lounges and a separate dining room are located on the ground floor.

Summary of findings

The home has 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.

People living at the home, their relatives and staff told us people were safe and well cared for. Staff had been trained on safeguarding and whistle blowing and knew how to recognise and respond to allegations or suspicions of abuse.

There were enough staff on duty to meet people's needs. We observed staff were attentive to people's individual needs. Staff were trained to care and support people safely and to a good standard. There were very few changes to the staff team which helped to ensure people received continuity of care. When new staff were recruited the required checks were done to make sure they were suitable to work in a care home.

People were supported to have their medicines safely. However, to reduce the risk of inconsistencies in the use of "as required" medicines there should be written guidance for staff to follow.

The home was clean, free of unpleasant odours and well maintained.

People who lacked capacity were not always protected under the Mental Capacity Act 2005 and the service was not meeting the requirements of the Deprivation of Liberty Safeguards. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

Daily routines were flexible to take account of people's preferences. There was a varied programme of social activities which included card games, bingo and visiting entertainers. People's dietary needs and preferences were catered for.

People's health, care and support needs were assessed and there were care plans in place to show how people were supported to meet their needs. People had regular access to the full range of NHS services. The people we spoke with told us they were involved in discussions about their care and treatment, however, this was not always reflected in people's care records. This was discussed with the manager who said they would address it.

One person we spoke with told us they had a complaint about the laundry service which they had raised with the manager. The rest of the people we spoke with said they had no reason to complain about the service. They all said they would not hesitate to speak to the manager if they had any concerns. The home had received one formal complaint in the last 12 months. This had been investigated and a response had been sent to the Local Authority. The complaints procedure was not up to date. The manager said they would change this immediately.

People living in the home, relatives and staff told us the manager was approachable. The manager told us they were involved in all aspects of the day to day running of the home and encouraged people to talk to them if they had any concerns.

During the inspection we observed the atmosphere in the home was calm and relaxed. People who lived in the home looked comfortable and at ease with the staff.

The manager told us there was a lot of informal consultation with people who used the service but this was not recorded. There were no meetings for people who lived in the home or their relatives. People were asked to complete a quality assurance questionnaire once year to share their views about the service.

Audits were carried out to check the quality of the service and identify any shortfalls. However, we found improvements were needed to the way the quality of the services provided were monitored.

This was a breach of Regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. The people we spoke with told us they felt safe living in the home. The relatives of people living in the home at the time of the inspection told us they were confident that their loved ones were safe and well cared for. Staff had received training on safeguarding and whistle blowing and were aware of how to recognise and respond to allegations or suspicions of abuse.

There were enough staff on duty to meet people's needs. We observed staff were attentive to people's individual needs. Staff were recruited safely.

Medicines were managed safely and people received their medication at the right times. However, to help ensure that medicines which were prescribed to be taken on an "as required" basis are used consistently there should be written guidance for staff to follow.

The home was clean, free of unpleasant odours and well maintained.

Is the service effective?

Requires Improvement

The service was not always effective. People who lacked capacity were not always protected under the Mental Capacity Act 2005 and the service was not meeting the requirements of the Deprivation of Liberty Safeguards.

Staff had a programme of training and were trained to care and support people who used the service safely and to a good standard.

People's nutritional needs were met. The menus offered variety and choice and provided a well-balanced diet for people living in the home.

The records showed people had regular access to healthcare professionals, such as district nurses, tissue viability nurse specialists, dieticians and GPs.

Is the service caring?

Good

The service was caring. People said staff were kind and caring, treated them with dignity and respected their choices. This was confirmed by our observations, which showed staff displayed warmth and compassion towards people and were attentive to their needs.

Staff were able to tell us in detail about the care and support people who lived in the home required. However, there was very little information about people's past lives in the care records.

People's relatives told us they always felt welcome and could visit at any reasonable time.

Summary of findings

Is the service responsive?

Good

The service was responsive. People's health, care and support needs were assessed and there were care plans in place to show how people were supported to meet their needs. The people we spoke with told us they were involved in discussions about their care and treatment, however, this was not always reflected in people's care records. This was discussed with the manager who said they would address it.

People were offered a varied programme of social activities which included card games, bingo and visiting entertainers.

People told us they would not hesitate to talk to the manager if they had any concerns. The manager told us they had received one complaint in the last 12 months and we saw this was being dealt with. The complaints procedure was not up to date; it did not have the right information about who people could contact if they were not satisfied with the way the service had dealt with their complaint. The manager said they would change this immediately.

Is the service well-led?

Requires Improvement

The service was not always well-led. The manager told us they had an open door policy and encouraged people who lived in the home, relatives and staff to talk to them if they had any concerns. People living in the home, relatives and staff told us the manager was approachable.

Quality assurance questionnaires were sent to people once a year to give them the opportunity to share their views on the service.

Audits were carried out to check the quality of the service and identify any shortfalls. However, we found improvements were needed to the way peoples care records were checked and to the way accidents and/or incidents were monitored.

Cliffe Vale Registered Care Home Limited

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 29 October 2014 and was unannounced.

The inspection was carried out by two inspectors, one of whom was a bank 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.

Before the inspection we reviewed the information we held about the home. This included information from the provider, notifications and speaking with the local authority contracts and safeguarding teams. It also included information of concern which we received from the relative of a person who had used the service within the last 12 months. Before our inspections we usually ask the provider to send us a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We did not ask the provider to complete a PIR on this occasion because we planned the inspection at short notice.

On the day of the inspection we spoke with seven people who lived at the home and three relatives. We spoke with three care staff, the cook, the deputy manager and the registered manager. We spent time observing how people were supported and cared for in in the lounges and observed the meal service in the dining room at lunch time. We looked around the building including a random selection of people's bedrooms, communal bathrooms and toilets and the lounges and dining room. We looked at records which included five people's care plans, two staff recruitment records, staff training records, records relating to the management of the home and policies and procedures.

Good

Is the service safe?

Our findings

The people we spoke with said they felt safe living in the home. People's relatives told us they were confident that their loved ones were safe and well cared for. The staff we spoke with told us people who lived at Cliffe Vale were safe.

The staff we spoke with told us they had received training in safeguarding adults and were clear about how to recognise and report any suspicions of abuse. Staff were also aware of the whistle blowing policy. They knew how to report serious concerns to the appropriate agencies outside of the home if they felt they were not being dealt with effectively. This showed us staff were aware of the systems in place to protect people and raise concerns.

We asked the manager how they decided the staffing levels for the service. They told us the staffing numbers were based on the needs of the people who used the service. They said they reviewed people's needs all the time by being closely involved in the day to day running of the home, talking to the people who lived there and their relatives and by talking to staff. They explained they had the flexibility to change the staffing levels in response to changes in people's needs. None of the people we spoke with raised any concerns about the availability of staff. During lunch time we observed there were three staff serving 16 people and no one was left waiting very long between courses. We saw staff were attentive and encouraged people to eat, offering an alternative if needed. This showed us there were enough staff on duty to meet people's needs.

The manager told us the service had a very low staff turnover which helped to make sure people received continuity of care. We looked at two staff recruitment files and they showed the required checks were carried out before new staff started work. The manager told us that new staff started their induction training following receipt of an initial DBS (Disclosure and Barring Service) clearance and worked under supervision until a full DBS clearance was received. This was confirmed in the job offer letters sent to staff and by the staff we spoke with. This helped to make sure people who lived at the home were protected from individuals who had been identified as unsuitable to work in a care home.

There were no interview notes in the recruitment files we looked at. It is good practice to keep interview notes so that the provider can demonstrate their recruitment processes are fair and equitable. We discussed this with the manager and they said they would make sure that in future notes of staff interviews were maintained.

During our visit we looked at the systems in place for the ordering, storage, administration and disposal of medicines. We found medicines were stored securely and there were appropriate arrangements in place for the safe management of controlled drugs. There were suitable arrangements in place for ordering repeat prescriptions and for obtaining medicines which were prescribed for people outside of the normal monthly cycle. Any medicines carried over from one month to the next were accounted for to make sure there was an accurate record of the amount of each medicine in stock.

Senior staff told us if people refused to take prescribed medicines they were referred back to their GP for a medication review. They told us medicines were not hidden, disguised or crushed so that people did not know they were taking them. No one using the service was administering their own medicines at the time of the inspection.

Records for "as required" and variable dose medicines showed the times and number of tablets administered. There were no care plans in place to guide staff on the use of "as required" medicines, this meant there was a risk medicines prescribed in this way could be given inconsistently. The senior care worker who was administering medicines on the day of the inspection was aware of the precautions that needed to be taken when people were prescribed Paracetamol to be taken "as required". There were no other medicines prescribed on an "as required" basis at the time of the inspection. This was discussed with the manager who said they would address it.

All the staff who were involved in the administration of medicines had been trained and had annual training updates. The senior care worker told us the pharmacist who supplied medicines to the home was very supportive and always willing to answer any questions they had about people's medicines. The records showed people's medicines were reviewed by their GP on a regular basis.

Good

Is the service safe?

One of the senior care workers told us they checked the medicines records and stock balances at least twice a month to make sure they were correct. We saw evidence of this in the records.

In people's care records we saw that risk assessments had been carried out in relation to areas of potential risk such as moving and handling, falls, nutrition and pressure sores. When people were identified as being at risk there were care plans in place to show what action was being taken to reduce or eliminate the risk of harm.

We looked around and saw the home was well maintained. We saw that checks were carried out on the premises, installations and equipment. These included checks on the fire safety systems, gas, electricity, water temperatures, stair lifts and hoists. There were guidelines in place to inform staff on the action they should take in the event of an emergency. This showed there were suitable arrangements in place to protect people from the risks of unsuitable or unsafe premises.

When we looked around we found the home was clean and free of unpleasant odours. The Local Authority infection control team carried out an inspection of the service in May 2014. The service achieved a compliance rate of 94%. The manager told us they were addressing the areas where shortfalls had been identified. For example, they said they had updated all the cleaning schedules and were in the process of putting paper towels in all the bedrooms. This helped to make sure people lived in a clean and pleasant environment and were protected from the risks of infection.

People's bedrooms were located on three floors. Access to the first and second floor was provided by stair lifts. This meant people who occupied the rooms on the top floor had to go up two flights of stairs in a stair lift. We asked the manager about this and they told us they carried out a risk assessment before people were offered accommodation in this part of the home. They told us people were only offered these rooms if they were independently mobile and were able to operate the stair lift. They said people who were at risk or who had impaired capacity were not accommodated in this part of the home.

Requires Improvement

Is the service effective?

Our findings

Staff were given information about the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) during their induction training but had not done any specific training on these topics. The manager told us they and the deputy manager had undertaken training on safeguarding, the MCA and DoLS in 2009 and attended an update approximately 18 months ago. The manager told us they were aware of the recent Supreme Court ruling which could mean people who were not previously subject to a DoLS may now be required to have one. They said they had obtained the relevant paperwork but had not done anything further to assess if any of the people living in the home should have a DoLS in place.

The manager told us there were a number of people living in the home that could not go out alone because of concerns about their safety. They also told us there was one person who repeatedly asked to go home; the person was living with dementia and was not considered to have the capacity to understand the implications of this decision. It was clear from our discussions with the manager and staff they believed they were acting in people's best interest, however, there was no documentation in place to support this or to evidence the best interest decision making process had been followed. There was no information in people's care records about their capacity to make decisions and/or give consent to their care and treatment.

This meant the service did not have suitable arrangements in place for acting in accordance with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

This was a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The staff we spoke with told us they received the training they needed to help them understand and meet people's needs. We looked at the training records and saw that staff had regular training updates on safe working practices such as fire safety, moving and handling, infection control and safeguarding. Staff had also received training on areas such as diabetes, nutrition, pressure area care and dementia. Ten staff had achieved a National Vocational Qualification (NVQ) at level 2 or level 3. This showed staff were supported to develop the skills and knowledge they needed to meet people's needs.

Staff told us they had regular supervisions (one to one meetings) and appraisals with the manager or deputy manager. The supervision records showed staff were given the opportunity to discuss their training needs and issues or concerns they had about their work. However, there was nothing in the records to show that any issues which had been raised had been dealt with. We discussed this with the manager who gave us an assurance that any such concerns were followed up. For example, they told us they had introduced a rota for organising activities following feedback from staff in their supervisions. They acknowledged this was not reflected in the records and said they would address it.

The home had a four weekly menu cycle. People were offered a choice of food at breakfast and tea time. There was one main course at lunch time; however, the cook told us alternatives were available for people who did not like or want the meal on the menu. We observed the meal service at lunch time and saw that some people were offered an alternative meal. The food was nicely presented and looked appetising. People were given time to enjoy their food and when necessary we saw staff supported and gently encouraged people to eat. The cook was aware of people's dietary needs and preferences, for example, they told us one person liked a boiled egg for their breakfast.

When we looked at people's care plans we risk assessments had been carried out to check if people were at risk of malnutrition. The records showed people's weights were checked at either monthly or weekly intervals depending on the degree of risk. We saw that people were referred to the district nurse of their GP if there were any concerns about their nutrition. We saw two people had been prescribed dietary supplements to improve their nutritional intake. This showed there were suitable arrangements in place to make sure people's dietary needs and preferences were catered for.

Staff told us they worked closely with the district nurses and GPs to make sure people's health care needs were identified and met. We saw people had access to the full range of NHS services. Visits from health and social care professionals, such as district nurses, tissue viability nurse specialists, dieticians and GPs were recorded in people's care plans. We saw people had been provided with appropriate equipment such as pressure relief cushions and mattresses and mobility aids to support their health and well-being. There clear procedures for staff to follow

Requires Improvement

Is the service effective?

when people needed medical attention outside of the normal surgery hours. Staff told they contacted the out of hours GP, the palliative care team out of hours service or 999 depending on the circumstances. This showed there were appropriate arrangements in place to make sure people were supported to meet their health care needs.

Good

Is the service caring?

Our findings

The staff we spoke with were able to tell us about people's individual needs and preferences and how they supported people to meet their needs. They explained how they supported people to maintain their privacy, dignity and independence. For example, by making sure people were able to get up and go to bed at their preferred times. One of the staff we spoke with said it was important to speak to people in the correct way and remember, "Not everyone is the same". Another said, "It's not just a job, we love them as well." Most of the staff we spoke with had worked at the home for several years and had built good relationships with people who lived in the home and their relatives.

During the visit we observed a lot of friendly and caring interactions between staff and people who lived in the home. One person who lived in the home said, "I like living here, the staff are like family" and another said "On the whole it is very good".

The relatives we spoke with told us they were happy with the quality of the care provided. One person's relatives said, "I am so glad he is here, the staff are very good" and another said "It's lovely here, Mum is very happy" and added the "Staff are so helpful and nice".

Further comments from relatives included, "It's absolutely fantastic" and "Staff are brilliant, they are very patient with my Mum and they go above and beyond."

Relatives were able to visit at any reasonable time and from our observations we saw they had built relationships of their own with the staff. One visitor baked cakes and took them in for people living in the home to eat. The same person also baked for fund raising events and another knitted items to be sold at fund raising events. This showed the home supported people's relatives and friends to take an active part in the day to day life of the home.

We observed all the staff were very respectful when talking with people who lived in the home. We saw staff responded quickly when one person needed an item of clothing changing. We observed staff asked people if they wanted to wear clothing protectors at lunch time.

People looked well cared for. We saw people's clothing was clean and well fitting, people's hair had been combed and men had been shaved. When we looked around we saw people had personal belongings in their rooms such as pictures, ornaments and items of furniture. People's bedrooms were clean and tidy which showed that staff respected people's belongings.

The manager told us they were in the process of implementing the Gold Standard Framework (GSF) for end of life care. The GSF is a nationally recognised model of good practice for end of life care which has been designed to ensure the care people receive at the end of their lives is safe, appropriate and in keeping with their wishes.

Good

Is the service responsive?

Our findings

We looked at five people's care records. People's needs were assessed before they moved into the home to make sure the service could provide the care they needed. After people moved in their needs were assessed using a "long term needs assessment" record. The assessments included information about all aspects of people's lives, such as personal care, physical health and their psychological and social needs. The assessments were updated every month to take account of any changes in people's needs.

People had care plans in place which included information about their personal needs, preferences and abilities. However, we found there was very little information about people's past lives and personal histories in the care records we looked at. However, when we spoke with staff it was evident they knew people's individual life stories. We observed staff talking to people about their families, friends and interests.

There were care plans in place to show how people were supported to meet their identified needs. The staff we spoke with were able to tell us about people's individual needs and preferences. They told us they read the care plans regularly and had daily handovers between shifts to make sure they were kept up to date with any changes in people's needs.

It was evident from our discussions with people who lived in the home, their relatives, staff and management that people were involved in discussions about their care and treatment. However, this was not reflected in people's care records. This was discussed with the manager who said they would address it.

We saw that daily routines were flexible to take account of people's individual needs. People could choose to spend their time in one of the two communal lounges or in their bedrooms. There was a separate dining room and throughout the day we saw some people used this area to sit with their visitors.

The home offered a varied programme of social activities which included card games, bingo and visiting entertainers. One person who lived at the home had an electric scooter and used this for regular outings to the local shops. On the day of the inspection we saw the home was decorated for Halloween and staff told us they always celebrated special events and occasions such as people's birthdays. People told us they enjoyed the activities.

One person who lived in the home said their only concern was, "My shirts keep disappearing from the laundry and I have had to buy new ones." They said they had raised this with the management. All the other people we spoke with told us they had no reason to complain. They all said they would feel comfortable taking any concerns to the home's management and were confident they would their concerns would be dealt with.

The home had a complaints procedure; however it was not up to date. It did not have up to date information about who people could contact if they were not satisfied with the way the provider had dealt with their complaint. The manager said they would deal with this as a matter of urgency.

The manager told us the service had received one formal complaint in the last 12 months. The Local Authority had sent the complaint to the home on behalf of the relatives of a person had lived at the home within the last 12 months. The manager told us they had completed their investigation and had a meeting scheduled with the Local Authority to discuss the investigation findings.

Requires Improvement

Is the service well-led?

Our findings

The service had clear lines of responsibility and accountability. All the staff we spoke with demonstrated a good understanding of people's needs and how best to support them. They said they enjoyed working at the home. One of the staff said they all worked together to create a homely atmosphere for people and another said "It's just like home from home".

During the inspection we observed the atmosphere in the home was calm and relaxed. People who lived in the home looked comfortable and at ease with the staff.

The home did not have formal meetings for people who lived there or their representatives. The manager told us they had an open door policy and regularly spoke with people who lived in the home and their relatives. They said they encouraged people to talk to them if they had any concerns so that they could be sorted out. The people we spoke with told us they would not hesitate to speak to the manager if they had any concerns and were confident their concerns would be dealt with. However, the relative of one person who was no longer using the service told us their experience had been different. They said they had repeatedly raised concerns with the management and they felt their concerns had not been addressed.

The service sent questionnaires to people who lived there and/or their representatives once a year to give them the opportunity to share their views of the service. The last surveys were sent in March & April 2014. We looked at a selection of the completed surveys and saw the feedback was positive. One person said their relative "Really likes the staff and the activities", and added "It gives the family peace of mind knowing she is safe and most of all, happy". Another person's relative said "We are always made very welcome when we visit my Mum. We are very much at ease because we know she is very happy and content at Cliffe Vale".

The manager told us they reviewed all the questionnaires and followed up any areas of concern. For example, they told us the questionnaire results had shown that some people did not know there was level access for wheelchair users at the rear of the building. As a result they now made sure that people were told about this.

The staff we spoke with told us they did not have regular staff meetings and the manager confirmed this. The manager said they had tried staff meetings in the past but found they did not work very well. They said they preferred to communicate with staff in small groups, for example at the handover between shifts. However, one of the staff we spoke with said they thought staff meetings might be helpful in providing staff with an opportunity to put forward ideas about improvements to the service.

The manager told us there was a programme of audits and checks in place which included checks on the fabric, furnishing, maintenance and cleanliness of building and on the medication systems. When we looked at the management of medicines we saw that one of the senior care workers checked the medicines records and stock balances at least twice a month to make sure they were correct. However, we found there were no care plans in place to guide staff on the use medicines which had been prescribed to be taken "as required". During our inspection of the service in September 2013 we advised the provider they should have this guidance in place to reduce the risk of inconsistency in the use of "as required" medicines. This showed us the provider had not taken account of the findings of the last CQC inspection.

They told us the deputy manager and one of the senior care workers carried out monthly checks on the care plans. However, the care plan audits were not recorded. When we looked at people's care plans we found a number of examples of entries which were not signed or dated. In the case of one person who lived in the home we found that although action had been taken in response to a significant weight loss their care plan had not been updated to reflect this.

We discussed this with the manager and recommended they implement a more robust and documented system for auditing care plans. There was a risk people could receive care which was inappropriate or unsafe if their care records were not accurate and up to date.

Accidents and incidents were recorded and monitored by the manager. They told us action was taken to address individual risks. For example, they told us they used pressure mats to alert staff to people getting out of bed when people had been identified as being at risk of falling. In addition, if someone had a high risk of falls they referred them to the district nurse who carried out a more detailed falls assessment and advised on how to minimise the risk. This was supported by the information we saw in people's care records. The manager told us they did not carry out an

Requires Improvement

Is the service well-led?

overall analysis to identify possible trends and patterns. This meant they were missing an opportunity to identify, assess and manager potential risks to the safety and well-being of people who lived at the home.

This was a breach of Regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

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 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment **Consent to care and treatment** The registered person did not have suitable arrangements in place for acting in accordance with the Mental Capacity Act 2005.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers **Assessing and monitoring the quality of service provision.** The registered person did not have suitable arrangements in place to regularly assess and monitor the quality of the services provided and to identify, assess and manage risks.