

Bridgewood Trust Limited

# Bridgewood House

## Inspection report

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West Yorkshire  
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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

About the service: Bridgewood House is a residential care home providing personal care to 18 people with learning disabilities and physical disabilities. People living at the home had varying abilities with some people living more independently in four bungalows on the site. People with complex health and social care needs lived in the main building. This service is larger than current best practice guidance. However, the size of the service was not having an impact on people and this was mitigated by people having their own personalised areas and small communal lounges.

People's experience of using this service:

- There were areas of care which needed to improve to ensure they met the fundamental standards of care and we found breaches of the regulations in safe care and treatment and good governance. This included how the service recorded their assessment of risk, care records, and robust auditing systems.
- Recorded risk assessment and risk management plans in some areas of support needed to improve to demonstrate all risks had been fully explored. The registered manager could tell us how they minimised the risk of harm to people, but the records did not reflect this. The service was not using an evidence-based tool to assess the risk of developing pressure ulcers. We have made a recommendation about this and seek advice from a reputable source.
- There were enough staff to meet people's and staff had been recruited safely to ensure they were appropriate to work with people at the home. We found the service was clean and tidy and people were protected from the risk of infection.
- We observed medicines to be administered safely, although there were issues with the medicines audit and storage. We have made a recommendation the service refers to current guidance.
- People who were able to communicate verbally and their relatives told us they were safe in the home; systems were in place to manage any allegations of abuse.
- Our observations during this inspection confirmed staff were friendly, kind and compassionate. They ensured people were comfortable, safe and provided a homely environment, so people enjoyed living there.
- The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways; promotion of choice and control, independence and inclusion. Where relevant people's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.
- People were supported by staff who were motivated, enjoyed their job and felt well supported through

regular supervision, feedback, appraisal and training.

- Staff were kind and caring, treating people with respect and maintaining their dignity.
- People received adequate nutrition and hydration which supported a healthy and balanced diet. People's likes and dislikes were accommodated within menu planning. The provider ensured that people were referred to healthcare professionals as required.
- People were able to make choices and were involved in decisions about their care. Staff asked people for consent before providing care. Some best interest decisions were specific and considered all the available options. Others did not and were not in line with the MCA Code of Practice.
- Care records were difficult to navigate and contained out of date information. The registered manager recognised improvements were needed to make sure all the care records were accurate. The provider was planning to imminently introduce computers at this service which would help rectify this issue.
- People, relatives and staff praised the management of the home and spoke highly of the registered manager who they said was approachable and always available.
- People and relatives knew how to raise any concerns and had confidence in the complaints process.
- Regular checks were undertaken to ensure the environment and equipment was safe. However, audits were not robust or detailed which meant opportunities to improve were missed.
- Policies had not been updated to reflect current best practice or legislation to guide staff to best practice.
- For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk). Please see the 'action we have told the provider to take' section towards the end of the report.

Rating at last inspection: Good. Publication date: 19 July 2016.

Why we inspected: This was a scheduled inspection based on previous rating.

Follow up: We will continue to monitor the service to ensure that people receive safe, high quality care. The registered provider will be asked to send us an action plan and further inspections will be planned to check for improvements. We will follow up on the breaches of regulations and recommendations we have made at our next inspection.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.  
Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective  
Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring  
Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive  
Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led  
Details are in our Well-Led findings below.

**Requires Improvement** ●

# Bridgewood House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection checked whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection team consisted of one adult social care inspector and was unannounced on the first day. We announced the second day of our inspection.

Service and service type: Bridgewood House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

What we did: Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by CQC. A notification is information about important events which the service is required to tell us about by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to decide which areas to focus on during our inspection. We requested and received feedback on the service from the local safeguarding teams and commissioners.

During the inspection we reviewed three care plans and medication administration records. We looked at three staff files. We spoke with the registered manager, a team leader, a senior member of staff, the cook, three people using the service and two visiting relatives.

Following the inspection, we spoke with a health professional and a social worker. We spent time in the communal dining room and lounge to observe how care was provided to people. We looked at the records

in relation to quality assurance and maintenance of the building.

# Is the service safe?

## Our findings

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

Requires improvement: Some aspects of the service were not always safe and needed to improve. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management;

- The registered manager and senior staff undertook risk assessments. The outcome of these assessments was recorded in people's care plans and reviewed regularly. We saw risk assessments in relation to choking, bedding, falls, scalds from radiators. Some risk assessments were not personalised and were generic with generalised risk reduction measures.
- The registered manager was not using an evidence-based risk assessment to assess the risk of developing pressure ulcers. There were no pressure ulcers, and staff ensured people's tissue health using repositioning techniques and equipment. This was a recording issue. A professional we spoke with commented on how responsive this service was protecting people from harm to their tissue health particularly when transitioning between services. We recommend that the service seeks guidance on current best practice.
- The moving and handling risk assessment lacked detailed and the resulting plan did not contain all the equipment or tasks involved. For example, one person's poor sitting balance wasn't referenced in their risk assessment or translated into their care plan to ensure at all times a lap belt was fastened. Nor did it list all the equipment in use. The registered manager told us all staff were aware of the risks and how to minimise them, and this was a recording issue. The registered manager agreed to seek further guidance in relation to recording of moving and handling risk assessment and care planning. We saw no practical moving and handling which caused concern during the inspection and staff understood the importance of safe people handling.
- Personal emergency evacuation plans were in place. Some of the information they contained was good, such as how they walked and about how people might behave if the fire alarm went off and they needed to evacuate. However, essential information such as their bedroom number was missing, and one we saw was completely out of date in terms of the person's level of ability as it had not been updated for five months.
- The premises were well maintained to help ensure people were kept safe. Regular checks were undertaken in relation to the environment and the maintenance and safety of equipment. We did see one shower chair missing footrests and we raised our concern with the registered manager to ensure the person using this had been assessed as safe to use the equipment without the footrests.

The issues we found in relation to the assessment of risk demonstrated a breach in Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment.

## Using medicines safely;

- Staff had their competency to administer medication assessed by the registered manager. We observed staff administering medicines safely and appropriately.
- The medication audit was not robust or adequately detailed. Staff only checked the MAR sheet and carried out a daily count. This meant other issues were not picked up. We found two of the controlled drug (CD) counts did not add up, one due to a counting error and the other in relation to a hospital admittance. As these were not checked as part of the audit, the error had not been picked up. In addition, the CD cupboard contained medicines which should not be stored in a CD cabinet. The service was not working in line with current best practice. The medication policy lacked information to guide staff to current best practice. We recommend that the provider updates their policy and practice in line with best practice.

## Systems and processes to safeguard people from the risk of abuse;

- When we asked one person if they felt safe at the home they said, "Yes. I think it's good they check on you overnight when you are in bed."
- Relatives were equally confident their relation was safe. One said, "Yes, absolutely. Everybody is. All the staff are brilliant. They are the most supportive set of people." They said, "Staff err on the side of safety. They will have anything checked out." Another relative said, "Absolutely safe. I didn't choose this place lightly."
- The registered manager and staff understood their responsibilities to safeguard people from abuse. They had been trained to recognise different forms of abuse and knew who to report concerns to.
- The registered manager told us safeguarding training was refreshed annually for all staff, and the team discussed safeguarding at meetings and it was an agenda item at supervision which ensured staff were aware of their responsibility to keep people safe.

## Staffing and recruitment;

- Staff were recruited safely, and all the appropriate checks were carried out to protect people from the employment of unsuitable staff.
- There were enough staff to support people safely and to ensure people's needs could be met. The registered manager told us they did not use a dependency tool to work out staffing levels but there were always enough staff and if they required more for a particular reason, they contacted head office who always obliged. The registered manager praised staff for their willingness to support the service and said, "They are lovely. They come in on their days off to take people out."
- People were supported by a consistent team of staff who knew them well.

## Preventing and controlling infection;

- Staff completed training in infection control. Gloves and aprons were available, and waste was disposed of correctly.
- The home was clean, tidy and odour free.

Learning lessons when things go wrong;

- Staff completed an incident form when things went wrong. Information was transferred to an incident log and sent to the provider's head office, but we could not see evidence the registered manager was analysing incidents to check for themes which helps prevent future incidents.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Ensuring consent to care and treatment in line with law and guidance;

- Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. People had been appropriately referred for DoLS. Those people who were not on a DoLS were able to access and leave the property by using a fob which ensured they were not restricted.
- We found inconsistencies in the recording of capacity assessments and best interest decisions. Some were completed well, but in other files, there was often no record of the different options considered to show how the decision was made in the person's best interests. We found an assessment in one person's care records contained a best interest decision which was not in line with the Act or Code of Practice. Although professionals were listed as being involved in the decision, their full names were not listed nor had their input been added confirming how the outcome had been determined. We raised this immediately with the registered manager who agreed to remove this. This matter was referred to the local safeguarding authority. This demonstrated a breach in Regulation 17(2)(c) Which requires decisions made on behalf of a person who lacks capacity must be recorded and provide evidence that these have been taken in line with the requirements of the MCA and the associated Code of Practice.
- The service hadn't followed the MCA process in relation to immunisations such as vaccination against the flu virus, but they agreed to do so going forwards.
- In contrast, we spoke with a hospital based professional, who told us the registered manager was very good at ensuring the process was followed when people required medical treatment at their hospital.

- We heard and saw staff offering people choices and involved them in decision making; asking for consent before delivering any care or support.

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

- The registered manager and an assessor from the provider's head office assessed people's needs before they moved into the home to ensure the service had the resources and skills to meet individual requirements.
- People's needs were assessed and reviewed regularly to ensure care and support was delivered appropriately. All the care we observed was in line with people's needs and choices.
- Policies did not contain information in relation to up to date guidance and referenced out of date legislation. The registered manager told us information about guidance was disseminated to them from the registered provider's training officer. Relevant information was presented on the notice board in the registered manager's office and there was a copy of the NICE guidance in relation to medicines with the medication records.

Staff support: induction, training, skills and experience;

- New staff completed an induction, which incorporated the Care Certificate, followed by a period of shadowing more experienced staff. The registered manager had systems in place to check staff competency and confidence before staff worked unsupervised.

The registered provider provided a training planner which listed all the courses available over the year including training in Makaton and positive behavioural support.

- Staff we spoke with told us training and support was good. They felt skilled and supported by the management team. They told us they received regular supervision and an annual appraisal of their performance.
- Relatives we spoke with were confident in the abilities of the staff. Their comments included, "Yes, I think they are well trained from what I see."

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

- People's care files contained information about their food likes, dislikes and any foods which should be avoided. The registered manager told us no one required supplements to their meals. They said, "We give them healthy choices; vegetables, fruit, meat." They supported one person who did not eat meat and looked at interesting ways to vary their diet with meat alternatives.
- The cook had a good understanding of people's dietary needs and was able to tell us who was diabetic, who was on a healthy eating plan, and who required their meals to be of a certain texture. However, there was no record of people's specific needs in the kitchen to support temporary kitchen staff. The chef told us "Staff will tell the temporary cook what people have. I am in the process of getting these printed up and laminated." This would protect people from inappropriate care.
- Menus were reviewed to reflect people's choices and preferences. The registered manager told us, "Some

service users get involved at service user meetings." They also said, "People get a choice at lunchtime. Even if it's not on the menu." We observed the lunchtime experience which was calm and quiet. People who were able to communicate verbally told us how much they enjoyed the food.

- People's weight was monitored for any changes. We observed staff supporting people to eat their meals with care, dignity and respect. People took a long time to eat and staff did not hurry them to ensure the risk of choking was minimised.

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

- There was evidence in all the care files we looked at to confirm staff worked well with other agencies to ensure people's needs were met. For example, we saw referrals to speech and language therapists, physiotherapists, learning disability nurses.
- One relative commented to us about this and said, "The partnership between the staff, the clients, and the professionals. They all work together."

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

- Staff involved people and where appropriate their relatives to ensure people received effective health care support.
- People's health needs were reviewed annually by their GP or nurse practitioner.

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

- The property had been adapted to ensure people who used a wheelchair for mobility had access around the property. There was a range of assistive equipment to ensure people's comfort and independence was maximised.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

Ensuring people are well treated and supported; equality and diversity;

- People told us they were supported by staff who were kind and provided a service that made a difference to their lives. One person told us their relative said "They had never known me laugh so much since moving into the home." They said, "I love the place. Staff are all nice."
  - Relatives were equally positive in their praise of staff. Comments included;" I couldn't praise them highly enough. It is such a relief [name] is here." One relative said their relation refers to the service as "their home." And to them this was "a lovely sign." Another relative said, "This is compassionate care."
  - One healthcare professional told us, "It is 5\* care."
  - Staff and management talked about people in a caring and respectful way. They were very genuine in their care for the people they supported, and they told us they treated people as if they were a member of their own family. Relatives echoed this in their praise of the service.
  - People were comfortable and relaxed with the staff and we saw staff spoke with them kindly, held their hands, and reassured them when they showed signs of distress.
  - Staff told us people's religious needs were met and people were supported to go to church by family members. The home also received a visit from a faith group on a weekly basis for those people interested.
- Supporting people to express their views and be involved in making decisions about their care;
- People who could verbalise and relatives told us they were involved in decisions about their care. One relative told us they were always invited to their relation's reviews. They said, "I always attend. The minutes of the meeting are sent to me."
  - Staff knew people well and understood the importance of supporting people in communicating their needs and wishes.
  - Records showed people were supported to express their views with the support of advocates. This included Independent Mental Capacity Advocates and Relevant Person's Representative (RPR) to support those people who lacked capacity to consent and needed the help of an independent person to support decisions made in their best interests.

Respecting and promoting people's privacy, dignity and independence;

- We saw staff treated people with respect and maintained their privacy and dignity. Staff knocked on doors to private areas before entering.
- Staff understood the importance of maintaining people's independence and we saw this was promoted. The registered manager told us they supported one person to make a meal in the kitchen each week and people were supported to undertake their own laundry.
- The service ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. Records were stored safely which maintained people's confidentiality.

## Is the service responsive?

### Our findings

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

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

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

- People living at the home had a variety of support needs, which varied from minimal support to those people with very complex health and social care needs. Those with complex needs had a range of professionals involved and their care needs constantly changed. As the service had no computers to update care plans, additions were often handwritten overwriting information. For these people, we found the care records were not all up to date to reflect their current needs. The registered manager was aware of this and told us the service was to be the first of the provider's locations to be computerised. This would enable the registered manager to ensure care records for those people whose needs were constantly changing had up to date care records.

- People who could communicate verbally told us they were very happy with the care they received. Our discussions with staff and observations of care showed people received personalised care from staff who knew them well. One told us about a member of staff who goes to a particular shop to get the sausages they like, "One of my favourites." They also reported they could personalise their bedroom and had brought in items from their previous home to make it their own.

- Staff supported people to take part in activities to ensure people's mental wellbeing through meaningful occupation. People had 1:1 time with staff factored into their daily routines. They could choose what they wanted to do and there was a vehicle available to support activities out of the home. One person told us about the trips they had taken and a holiday with staff and other people at the service. On both our inspection days most people were out for some part of the day.

- The service ensured people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard (AIS). The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

- Each person's preferred method of communication was highlighted in their care plans, which showed people's communication needs had been considered. The provider was moving towards easy read care plans for those people with the ability to use these and we saw a good example of this.

Improving care quality in response to complaints or concerns;

- The complaints procedure was displayed in the home.

- People and relatives said they had no complaints but were confident if they raised any issues these would be dealt with appropriately by the registered manager. One told us they would speak with the registered manager and if they were not available they would happily speak to head office.

End of life care and support;

- The provider had systems in place to support people at the end of their life to have a comfortable, dignified and pain-free death. One health professional told us, "The care they gave was exceptional" in supporting a person who was end of life.
- The registered manager told us there was no one currently receiving end of life care although they were experienced at supporting people with end of life care needs. The home used end of life care plans to ensure people could plan ahead. However, these were not present in all the files we looked at.
- One relative we spoke with told us how the service had supported their relation to deal with their grief when people at the service had died. They said the loss of friends had an impact on their relation but "It was explained in a way they understood. Staff went to the funeral with [person] for closure."
- The registered manager had been nominated for an award in relation to their provision of palliative care to people with a learning disability.

# Is the service well-led?

## Our findings

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

Service management was inconsistent. Some regulations may or may not have been met.

Continuous learning and improving care;

- The service had not been audited against the fundamental standards or evidence-based guidance to ensure they continued to improve the services. The range and depth of audits was limited. Good quality audits are important as a tool to quality improvements as they ensure services are measured against evidence-based standards. From these services can implement changes to narrow the gap between existing and best practice.

We found safety checks were completed on mattresses, wheelchairs, hoists, slings, weighing scales, blood glucose machines and a range of equipment.

- We found areas which needed to improve, which had not been picked up on through the existing quality audit systems. We have made recommendations in relation to seeking evidence-based guidance around the medicines management, and the prevention of pressure ulcers.

- Records had become difficult to navigate due to out of date information remaining in the records. This meant it was difficult to easily determine what mattered to people being cared for. As staff knew people very well, this meant the impact on people was not high. However, it posed a risk to people.

- Policies had been reviewed but had not been fully updated to reference evidence-based guidance or up to date legislation.

The issues we found in relation to quality improvement systems and records demonstrated a breach in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

- The registered manager told us they felt supported by senior management and staff told us how they regularly saw senior managers at the home.

- The registered manager was very keen to learn and improve the service in line with current practice. They shared their vision of the service with us. They said they wanted, "To take it forward. WIFI, the internet, the interactive technologies." They realised the service had not kept up to date with new technologies, other than falls detectors and standalone telecare devices. But this was changing, and one member of staff had been researching how technology could support people and make a positive impact on their care. The lack of access to the internet had restricted the registered manager's ability to access CQC's website to look at updates and information relevant to their role and they had been dependent on senior managers to keep

them informed.

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

- People, relatives and staff spoke positively the service and its management. They all knew the registered manager and held her in high regard. One relative said the registered manager was, "Very good. She has the right mannerism. She doesn't come over as a bossy manager, but she has the right manner and gets the best out of the staff." Another said of the manager, "She has been brilliant. She was on call 24 hours a day. She comes in on her day off to make sure everyone is ok."
- The registered manager was passionate and committed to providing high quality, person-centred care and were keen to embrace new systems and processes if they were of benefit to people using the service. They had been held back without having instant access to best practice guidance, but this did mean they spent time "on the floor." They told us they spent a lot of their time working alongside staff observing their practice and this was how they determined the standard of care provided.
- The registered manager was equally positive about the staff and said, "The staff are amazing. They go above and beyond. They are caring and passionate and really do care about the residents."

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

- We saw minutes of team manager meetings which were detailed and referred to recent CQC inspections at the provider's other homes.
- We spoke with a senior manager about their plans to introduce the internet and technology into the home. They had sought advice to ensure the systems they were to introduce would meet all their requirements.
- The registered manager had not submitted one statutory notifications in relation to an injury which is a requirement under legislation. They were reliant on senior managers to submit notifications to CQC as they did not have access to any on-line facility such as internet or email.
- Under the Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2015, registered providers have a legal duty to display the ratings of CQC inspections prominently in both the office and on their websites. We saw the ratings from last inspection were clearly displayed at the home as well as on their website.

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

- The registered manager told us, "Staff and service users are involved in all decisions. We have staff meetings, client meetings, discussions with individuals. It is about them and what they need at that time."
- Staff meetings were held, and staff were also consulted during handovers between shifts.
- The registered manager made themselves easily available to people using the service, relatives and staff.

- Surveys had been sent out to people, relatives and health and social care professionals to gain their views of the service. These were analysed by the registered manager and they told us they had acted on all the suggestions made. However, these were not recorded in a way to show how responsive they had been, nor the results displayed. The registered manager was considering the best way to demonstrate this.

Working in partnership with others;

- The provider continued to work in close partnership with other agencies, including the local authority and health staff.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risks had not all been assessed in line with good practice guidance. Plans were not all detailed to enable staff to follow to mitigate all risks. The service needs to demonstrate how lessons are learnt when things go wrong.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Audits were not robust which meant issues were identified and addressed. Care records had not been updated when needs had changed and there was out of date information in care plans.</p>