

City of Bradford Metropolitan District Council

Beckfield

Inspection report

70 Bolton Lane
Bradford
West Yorkshire
BD2 4BN

Tel: 01274203000
Website: www.bradford.gov.uk






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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 comprehensive inspection took place on 21 September 2016 and was unannounced.

At the previous inspection, which took place on 31 July 2014, the provider met all of the regulations we assessed at that time.

Beckfield is registered to provide accommodation and personal care to a maximum of 35 people older people. Accommodation is provided on four floors and is split into four separate units. The home provides long term care, intermediate care and respite (short term) care. People living at Beckfield also have access to a day centre, which is attached. The home is on the outskirts of Bradford City Centre.

At the time of our inspection there were 32 people living at the service; 15 people lived there long term, eight people were accessing an intermediate care bed, five people were accessing respite care and four people were in short term assessment beds.

There was a registered manager in place. 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.

Risk assessments and risk management plans did not provide staff with clear guidance about how to safely manage known risks to people. Whilst the service had robust systems in place to promote the safe management of medicines we saw two people were left with their medicines, these were subsequently left unattended and meant that other people who used the service were at risk of taking them in error. We did not see consent routinely recorded within care files and when people lacked the mental capacity to make an informed decision this had not been recorded within their care plan.

Record keeping required improvement. We saw some gaps in care records which meant we could not be assured people had received the support they required to meet their needs. Care planning documentation contained some contradictory information and required more detail to ensure staff were provided with clear direction about the care people needed. The registered manager had not always submitted timely notifications to CQC when required. Despite this oversight we found that all incidents and accidents were recorded fully and that the necessary actions were taken to protect people and make sure they received appropriate and safe care.

People told us they felt safe. The service had clear systems in place to report and investigate abuse. Staff understood the types of abuse and were confident in raising concerns with the management team. Staff were recruited safely.

New staff were provided with an effective induction programme and there was ongoing training available for

staff. In addition to this regular supervision and annual appraisals meant people were supported by staff who had the skills and knowledge they required to deliver effective care.

People told us the food was of a good standard and they were happy with the range of meals available to them. The service had two kitchens, one of these was a halal kitchen and a chef was employed to ensure people's religious and cultural needs were met.

There were strong working relationships with relevant health and social care professionals and the service was proactive in liaising with other agencies when they were concerned about people's well-being.

People were supported to be as independent as possible. The service had assessment and rehabilitation beds and a number of people had been supported to achieve their goal of returning home.

The service had an up to date complaints policy and people told us they knew how to raise concerns. Complaints had been investigated and responded to in line with the policy.

People had access to a range of activities. Each of the four units had a communal lounge and dining area and the service had a large communal area where people accessed day care. People living at the service could access any area they wished. There was a communal garden which people could enjoy.

Staff told us they felt well supported by the management team. There were regular staff meetings and changes to people's needs were communicated to the team.

The registered manager was keen to improve the service and had sought the views of people living there, relatives and the staff team to ensure they were involved in identifying ongoing areas for improvement. People were routinely asked to give their views on the service.

At this inspection the service was in breach of three regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulation 11 Need for Consent, Regulation 12 Safe care and treatment and Regulation 17 Good Governance. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Risk assessments and risk management plans did not provide staff with the guidance they required to keep people safe. Some risk had been identified but there was no clear direction for staff about how to manage these. Medicines were not consistently safely managed.

Despite this people told us they received safe care and enjoyed living at Beckfield.

Staff knew how to safeguard people from abuse. They were confident about raising concerns. There were robust systems in place to safely recruit staff.

Requires Improvement ●

Is the service effective?

Care plans did not consistently contain records to indicate people had consented to care. Where there were concerns about people's ability to consent to care we did not see mental capacity assessments and relevant best interests decisions.

Staff were provided with a thorough induction programme and ongoing training. Regular meetings took place with their manager to ensure they had the skills they required to deliver effective care.

People enjoyed the food available at the service. The service took into account people's religious and cultural nutritional needs.

The service worked closely with relevant health and social care professionals.

Requires Improvement ●

Is the service caring?

The service was caring.

All of the people we spoke with were positive about the care they received from staff and relatives also spoke positively about the

Good ●

service.

Staff respected people's privacy and dignity. People told us they were supported to be as independent as possible.

Equality and diversity was respected and valued, the staff team reflected the ethnicity of people who used the service.

Is the service responsive?

Good ●

The service was responsive.

Overall care plans provided staff with the guidance they required to meet people's needs. They would benefit from being more detailed and the registered manager explained they had a plan to rectify this.

People knew how to make complaints and the service had a clear policy which provided guidance about how concerns would be investigated. In addition to this the service had received a number of compliments.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Although people told us they received good care and that staff knew them well the care plans we reviewed did not consistently reflect this. Record keeping needed to improve to ensure there was a clear record of the care delivered to people.

Staff felt supported by the management team and told us they were confident about the way the service was run. Staff meetings took place on a regular basis.

People's feedback was sought on a regular basis and this was learnt from to ensure the service improved.

Beckfield

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 21 September 2016 and was unannounced.

This inspection was carried out by two adult social care inspectors and an expert by experience with experience in dementia care. 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 service, including notifications submitted by the registered manager. We also contacted the local authority safeguarding and quality performance teams in order to obtain their views about the service. As part of the inspection process we reviewed the Provider Information Return (PIR), which the provider completed in April 2016. This asks them to give key information about the service, what the service does well and what improvements they plan to make.

During the inspection we spoke with seven members of staff this included the registered and deputy manager, care staff and ancillary staff. We also spoke with a visiting community nurse.

We spoke with 26 people who used the service and because not everyone could tell us their views we spent time observing interaction between people and care staff. We spoke with seven visiting relatives.

We reviewed five people's care plans and associated records. We looked at medicine administration records. We looked at a selection of documentation relating to the management and running of the service. This included staff training, staff rotas, meeting minutes, maintenance records, recruitment information and quality assurance audits. We also undertook a tour of the building.

Is the service safe?

Our findings

People told us they felt safe. One person said, "The staff are very good. I feel safe here and can't fault anything." A relative we spoke with said, "My [relative] had been very poorly and was at risk in their own home. This home has been brilliant. My [relative] has lived here since March 2016 and in that time they have perked up put on weight and is well looked after. I felt so stressed before, but there's good care here and my [relative] feels safe."

However, we found that although risk assessments and risk management plans had been developed these were not consistently followed or reviewed. For example, we saw one person had a risk assessment in relation to smoking, it said that the person was not allowed to keep their lighter and had to hand it back to staff. Despite this staff had routinely recorded, within the person's daily records that they had been smoking in their bedroom. We discussed this matter with the registered manager who agreed to review the risk management plan and look at what other strategies could be put in place to minimise the risk of harm to the individual and others. Another person had been identified as being at high risk of falling but there was no guidance for staff about how this risk should be managed. We identified two incidences of medicines being left with the person, and subsequently we saw the medicines were left unattended. This meant other people using the service were at risk of harm as they could have taken the medicines. This was a breach of Regulation 12 (2) (a)(b)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had an up to date policy in place for the safe management of medicines and staff had received the training they required to safely administer people's medicines. We reviewed four people's medication administration records (MARs) and found these were completed correctly. Medicines were stored safely and securely. Safe systems were in place for the ordering and disposing of medicines. Controlled drugs, which have stricter guidelines, due to the increased risk of misuse were safely managed.

The service had sufficient staff available to meet people's needs. Overall people provided positive feedback about the availability of staff. One person told us, "The staff are decent people, they are always popping in to check I'm okay." However, two people reported having to wait for assistance overnight and one person said that night staff could be noisy.

The registered manager explained they reviewed the level of staffing required on a regular basis dependant on the needs of the people who were living at the service. They gave an example of when people required end of life care an additional member of staff would be assigned to the unit where the person was being cared for to ensure their needs could be met. The registered manager explained Bradford District Metropolitan Council (BDMC) were in the process of developing a more structured dependency tool to support managers.

The current staffing levels were a minimum of five members of care staff and a senior member of care staff from 7am until 9.30pm. The care team were supported by ancillary staff. The management team were also available during the week and weekends if required. Night duty was covered by two care assistants and a senior care assistant. On call arrangements were in place should an emergency situation arise. We reviewed

the rotas for the last two weeks and saw these staffing levels had been maintained.

Staff demonstrated a good understanding of how to safeguard people who used the service, they were aware of the types of abuse and how to report concerns. However, a number of staff required an update in safeguarding training. Despite this staff were confident about identifying the types of abuse which may occur and told us they would raise any concerns with the management team. They were confident concerns would be taken seriously and action taken to keep people safe.

Since our last inspection the service had notified the CQC of five safeguarding incidents. These had been appropriately referred to the relevant safeguarding bodies for investigation. Although none of these incidents were about safeguarding matters within the service it demonstrated the registered manager recognised potential abuse and was committed to ensuring people were protected from the risk of harm.

Accidents and incidents forms were completed by the relevant staff member and were then analysed on a monthly basis by the registered manager. This analysis was robust. This meant measures were in place to ensure incidents were reviewed and action taken to reduce the risk of them reoccurring. We saw evidence the registered manager had identified staff were not routinely completing a specific incident form. They had sent out a memo to all staff advising them what was required.

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

Personal emergency evacuation plans were available and could be provided to the emergency services should they be required. They provided clear guidance about the support people would need to evacuate the service in an emergency. Staff had received up to date fire training and were aware of what to do in an emergency. We saw evidence of fire drill training taking place and fire risk assessments were in place. This meant the registered provider had taken the necessary steps to keep people safe.

Essential safety checks such as gas and electrical safety had been completed, by BMDC, on a regular basis. This meant people, staff and visitors could be assured the environment was safe.

The service was clean and smelt fresh throughout. One relative said, "Whenever I come it always smells fresh. I appreciate that." One person said, "It's a good laundry service with a daily change of towels. Clothes can sometimes be washed and ironed in two hours, so I've stopped my [relative] doing my laundry." We saw staff wore plastic aprons and gloves when providing support to people with their personal care to prevent the potential spread of infection.

Is the service effective?

Our findings

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection there were two people at the service who had a DoLS approved. A further two applications had been made.

We saw staff routinely sought consent from people before providing care and support. However, within people's care records we did not see evidence that people had provided written consent to their care. Where people were unable to consent to care due to their mental health needs the service had not completed mental capacity assessments or recorded best interests decisions. This meant we could not be assured that care was being provided in people's best interests and that their wishes had been taken into account. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All of the staff we spoke with described being well supported by the registered manager and senior staff team which enabled them to carry out their roles effectively. One member of staff said, "The registered manager is very supportive and approachable. We work together as a team and I support new staff, they shadow me and other experienced members of the team. I always try and support staff to develop their skills and knowledge."

New staff completed a comprehensive induction programme before providing support to people who used the service. The registered manager explained that all new staff would shadow more experienced team members before they were included on the rota. This meant that staff were provided with the opportunity to get to know people's support needs.

Staff told us they had access to a range of training courses. There was ongoing training and staff could develop their skills based on specific areas of interest. For example, some staff had completed training on the fundamentals of stroke care and other staff had completed more in depth training on dementia care.

Staff told us they received regular supervision and this was confirmed in the staff files we reviewed. Supervision is an opportunity for staff to discuss any training and development needs any concerns they have about the people they support, and for their manager to give feedback on their practice. In addition to this staff had an annual appraisal. This was an opportunity to review the progress they had made in the last year and to focus on developing their skills and knowledge for the year ahead.

Everyone we spoke with told us the food was good. One person said, "It's the best I could eat." Another person told us, "It's very nice and very good food here. I always eat up all my food." People had access to drinks and snacks throughout the day. Jugs of juice were accessible to people in the communal lounges.

The service had two kitchens, one of which was dedicated to the preparation of Halal food. Halal means the food is permissible according to Islamic law. A dedicated chef was employed to prepare the food. This ensured Muslim people who used the service were provided with food which would meet their religious and cultural needs. This meant everyone who used the service had access to a choice of meals.

Staff explained that people were asked to make their meal choices the day before from the menu. We saw people were offered other options if they did not want the main meal on offer. One person ate sandwiches and a salad. People were given the option of a hot dessert or fresh fruit and yoghurts. The registered manager told us they intended to develop a pictorial menu to assist people in making decisions about what option they would prefer.

The meals and kitchen staff were provided by Bradford District Metropolitan Councils facilities management team. However, the registered manager had worked closely with this team to ensure the meals on offer reflected people's preferences and met their nutritional needs. On the day of our inspection the usual chef in the main kitchen was off work and a replacement chef had been provided by the facilities management team. They had been provided with a list of people's specialist dietary needs to ensure that people's needs were met. At the last food hygiene inspection completed by the local council the service had received a five star rating. This is the highest possible rating and meant people could be assured the kitchen facilities were suitable.

The care records we looked at included nutritional risk assessments, weight monitoring and action taken to address any weight loss. This helped to ensure people's nutritional wellbeing was maintained.

The service worked closely with health and social care professionals which ensured effective care was delivered. For example, some people were provided with support from the community nursing team to ensure their health care needs were met. In addition to this the service worked closely with the local intermediate care team whose therapists provided ongoing support to people accessing rehabilitation beds.

The environment met the needs of the people who used the service. There were four separate units and each had eight bedrooms, a communal lounge area and kitchenette. In addition to this there was a large communal area where day centre activities took place. People were free to access all areas within the service, this meant they could spend time in quieter lounges or enjoy the business of the day service. People's bedrooms were individually decorated to their tastes and there were signs around the service to help people understand where they were. The registered manager explained the service had an ongoing redecoration programme and that now they had more people living at the service on a longer term basis they may consider redecoration which was specifically designed to be dementia friendly.

Is the service caring?

Our findings

All of the people we spoke with described a kind and caring staff team and were happy to live at the service. One person said, "This home is so comfortable and caring." Another person told us, "I think it's a marvellous place. The staff are good and the food is excellent." Relatives told us they were able to visit whenever they wanted, "I visit every day. The staff are welcoming and always make me a cuppa. They are very good, very obliging." Another person said, "It's good that I can visit [relative] at any time. There are no restrictions on visiting times."

We saw evidence of staff responding to people they cared for with compassion and warmth. One person who was living with dementia became distressed. A member of staff approached the person and kindly suggested they went out for a walk together into the communal garden. The person responded happily to this. The member of staff told us this was an effective way to support the person because they enjoyed the garden. Staff we spoke with explained they supported people to manage their distress by offering them a calm and kind approach and were usually able to alleviate people's upset by supporting them to do something they enjoyed.

Staff spoke positively about their caring role and showed warmth about their work and the people that they were providing care to. One member of staff said, "We treat people as individuals and the small units make it a homely environment for people to live in." All of the staff we spoke with said they would be happy for their relative to live at the service should they require this kind of care.

Care staff respected people's privacy and dignity. They discreetly encouraged one person to leave the lounge in order to see the visiting community nurse. Staff knocked on people's bedroom doors before they entered. Care plans and other care records were securely stored and we observed that details that needed to be communicated about people were passed on confidentially.

The service had assessment beds and rehabilitation beds and care staff worked with people and therapy staff to assist them to regain as much independence as possible. The manager and therapy staff met weekly to review people's progress. The registered manager explained they supported people to achieve their goals and that the service had been successful in supporting a number of people to return home.

One person had come to the service following a period of time in hospital and had been supported to regain their confidence with daily living skills and was being supported to return home with some home care support. Another person said, "I'm trying to get my independence back so I can go home, the staff are helping me and always ask me what I need." A member of staff who supported people on this unit said, "I get a lot of satisfaction from working with people to build their confidence and get back on their feet. It's lovely to see people progress and return home."

A visiting community nurse provided positive feedback about the service. They said, "Staff follow our advice and they are very helpful and kind."

A number of people who used the service were from minority ethnic backgrounds and the staff team supporting people reflected this and had the required language skills. Four staff had recently completed training on understanding sexuality in older people and the plan was that this would be rolled out across the staff team. This demonstrated the service recognised the importance of respecting and valuing people's diversity.

Is the service responsive?

Our findings

All of the feedback we received about the care provided to people was positive and people told us they received care which was responsive to their needs. One person said, "I'm very happy here and well looked after." Throughout the inspection we noted that the service had a calm atmosphere. All of the care staff we spoke with knew people well and could describe people's likes and dislikes.

The registered manager completed a detailed pre admission assessment with the individual, their family and relevant health and social care professionals. This meant the service considered whether they could support the person before they agreed they could move in. For people accessing the rehabilitation or short stay assessment beds information from health and social care professionals was assessed and a decision to offer a bed was made on this basis. This meant the service could offer a bed in a timely manner.

Care plan records provided staff with guidance about the support people required to meet their needs. However, some of the information within care plans was out of date and needed to be archived in order to avoid any confusion for care staff.

The registered manager explained they had recently increased the number of long stay beds on offer to people. As a result of this they were aware of the need to develop their care plans to ensure they contained detailed information about people's life histories and their likes and dislikes. Whilst we saw some information regarding this we discussed with the registered manager these could be improved to capture more detail.

The registered manager explained that BMDC had recently designed a new care planning document which was currently in the consultation phase with other registered managers. They shared a draft copy of this documentation which provided staff with a template for recording a more person centred plan. In addition to this it contained a summary of the person's needs which would be beneficial for new staff or staff providing cover.

The service had an up to date complaints policy which was displayed on a noticeboard. This meant it was accessible to people and their visitors should they have any concerns. Since our last inspection the service had received five formal complaints. These had been investigated by the registered manager and responded to in line with the organisation's complaints policy. A clear log was kept which meant these could be analysed to look at any patterns or trends. The service had received a number of compliments and thank you cards which were displayed on the wall in each unit.

People's religious needs were met. One person's care plan specified the need for staff to support the person to enjoy relevant religious festivities and that they should be supported to pray on a regular basis. Various religious festivals were celebrated within the service which reflected the beliefs of people who lived there.

People had access to a range of activities; bingo, quizzes, exercise classes, gardening and arts and crafts sessions. The service employed an activities co-ordinator who worked four days per week they told us, "I

vary activities if needed. My main aims are to keep people interested and moving." In addition to this external entertainment was provided and families were also invited to these events.

Is the service well-led?

Our findings

People and their relatives told us they were confident the service was well-led. One person said, "We see [name of registered manager] a lot, I'd talk to them if I was concerned." A relative said, "[Name of registered manager] is approachable and I am confident they would resolve any concerns, if I had any."

People we spoke with said they had positive relationships with staff, including the registered manager. Relatives also told us they had the opportunity to give their views on the service and they felt listened to. Regular unit meetings took place with people having the opportunity to contribute to the running of the service and give their views on the care they received.

Social evenings took place for people's family carers to give them the opportunity to spend time at the service with other carers and to get to know the care team. In addition to this relatives' meetings took place to ensure their views were listened to and that they were made aware of developments within the service.

The service asked for feedback from people following their short breaks. We found positive feedback was provided in the sample we reviewed from this year. Comments included, "I cannot find anything as yet to improve my stay. It is the nicest respite I have been in and I would like to come again" and "The staff are very helpful and caring. All areas are spotlessly clean, with excellent food, home from home, couldn't wish to stay anywhere better. A big thank you to all."

The registered manager told us they were in the process of reviewing and improving the questionnaires to ensure they were gathering as much feedback as possible. This demonstrated a commitment to ongoing service improvement.

Although we received positive feedback from people we identified some gaps in record keeping across the service. One person had specific needs in relation to their positioning. We reviewed the charts staff should have been completing in respect of this care and found they contained significant gaps. This meant the provider could not demonstrate this person had received the care they required.

Some of the care planning documentation we reviewed contained contradictory information and needed to be archived. For example, one person's record referred to them being able to be left alone in the bath for ten minutes and then there was a further record which stated they required staff to remain with them whilst in the bath. In addition to this we did not see consistent evidence of consent to care being recorded. This had not been identified and addressed through the provider's quality assurance processes. This meant people were at risk of not receiving the care and support they required to meet their needs. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had not always submitted timely notifications to CQC when required. For example, CQC had not been notified of a recent fall which had resulted in a serious injury to a person who used the service and we had not been notified of two approved DoLS. Despite this oversight, we found that all incidents and accidents were recorded fully and that the necessary actions were taken to protect people

and make sure they received appropriate and safe care. We will address the failure to notify outside of our inspection process.

The service had systems in place to monitor and improve the quality of the service provided. Audits took place on a regular basis these were completed by allocated members of staff, and were then reviewed monthly by the registered manager. These included medicines, hoists, slings and bed rail audits.

A new medicines audit had recently been introduced. These audits were much more robust and contained detailed records of the action the registered manager had taken to rectify any issues which had been identified. This demonstrated a commitment to ongoing service improvement.

BMDC completed a monthly quality visitor report. This person is employed by BMDC to visit services and give a view on the quality of the care provided, they do this by spending time at the service, talking with people and reviewing records. The visitor spent time at the service observing interactions between staff and the people they cared for and gathering people's views about the service. These visits were unannounced and we saw a record of a visit completed on a weekend in June 2016. The visitor had recorded, 'All service users positive about how they are treated by staff. Good relationships evident.' They went on to describe, 'an atmosphere of calm.' These reports were available for people, relatives and the staff team to read. The registered manager reviewed each report and recorded any action taken as a result of the feedback.

Staff morale was good and we found an open and transparent culture within the service. Staff told us they felt well supported by the management team and that their views were listened to and acted upon. Comments from staff included, "The [registered] manager is easy to talk to", "Staff morale is good we work together as a team" and "Working with people longer term means we get to know people, we can build relationships and work together." Staff meetings took place on a regular basis and staff were kept update about any developments within the service as well as being able to discuss any improvements they could identify. The registered manager was open to discussion about how the service could be improved and was committed to ensuring people who lived at the service were involved with this.

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 11 HSCA RA Regulations 2014 Need for consent</p> <p>Within people's care records we did not see evidence that people had provided written consent to their care. Where people were unable to consent to care due to their mental health needs the service had not completed mental capacity assessments or recorded best interests decisions. This meant we could not be assured that care was being provided in people's best interests and that their wishes had been taken into account.</p>
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>Risk assessments and risk management plans did not provide staff with the guidance they required to keep people safe. Some risk had been identified but there was no clear direction for staff about how to manage these. Medicines were not consistently safely managed.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Some of the care planning documentation we reviewed contained contradictory information and needed to be archived. For example one person's record referred to them being able to be left alone on the bath for ten minutes and then there was a further record which stated they required staff to remain with them whilst</p>

in the bath. In addition to this we did not see consistent evidence of consent to care being recorded. This meant people were at risk of not receiving the care and support they require