Fewcott Healthcare Limited

Fewcott House Nursing Home

Inspection Report

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Summary of findings

Overall summary

Fewcott House is a residential and nursing home providing nursing care and accommodation for up to 40 people. At the time of our inspection there were 29 people living at the home. The home cares for older people, some of whom are living with dementia or may have learning disabilities.

The home did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider. Prior to the inspection the manager had not been working in a supernumerary capacity, and worked mainly as a nurse. The management had taken appropriate action following concerns raised at previous inspections regarding monitoring the quality of the home.

People told us they felt safe at the service and they were protected from abuse. Staff had knowledge of safeguarding and knew what to do if concerns were raised. We found the service was meeting the requirements of the Deprivation of Liberty Safeguards.

People felt that they were protected from risks associated with their care because staff followed appropriate procedures to protect them. People's medicines were administered safely and the service had appropriate systems in place to ensure that medicines were stored securely.

People told us they were involved in decisions about the care and support they received and people were encouraged to express their views about their care. People received support and treatment that enabled them to stay as independent as possible.

People's care plans reflected their needs, choices and preferences and people benefitted from effective care and treatment as staff had the skills and knowledge to meet people's assessed needs and choices.

People were assessed to identify any risks associated with food and drinks and were involved in discussions about their nutritional needs. People also saw dietary and nutritional specialists when needed.

The service was caring because staff treated people with kindness and compassion and respected their dignity. Staff used people's preferred names throughout our visit and people were comfortable with this. People's preferred names and titles were recorded in their care assessments. However staff did not always take the time to talk with people. We observed that staff often moved around the home but did not always acknowledge people and we saw people were often withdrawn or sleeping and one person became agitated when staff members did not acknowledge them.

Not all of the people who used the service had access to activities that appealed to them. However, people who spent time in their own rooms were protected from the risk of social isolation as staff and people told us they spent time talking to them.

People and their representatives were encouraged to make their views known about their care, treatment and support. People had their needs assessed and support was sought where necessary. The manager and provider planned to develop good practice of care within the home. Staff told us they contributed to improving the practice of staff. Staff felt motivated, well supported and trained.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

The service was safe because people told us they felt safe and were protected from abuse. Staff had knowledge of safeguarding and knew what to do if concerns were raised. All staff we spoke with discussed the different forms of abuse and felt confident to raise concerns.

People felt that risks associated with their care were managed well and people were protected from risk because staff followed appropriate procedures. People were involved in managing the risks of their care and treatment. The manager monitored accidents and incidents to protect people from future occurrences.

People's medicines were administered safely and the service had appropriate systems in place to ensure medicines were stored securely.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards. We found the service was meeting the requirements of the Deprivation of Liberty Safeguards. While no applications have been submitted, proper policies and procedures were in place but none had been necessary. Relevant staff have been trained to understand when an application should be made, and in how to submit one.

People's human rights were properly recognised, respected and promoted. While no applications for Deprivation of Liberty Safeguards have been submitted, proper policies and procedures were in place. The majority of staff had knowledge of the Mental Capacity Act 2005 and how to make decisions in people's best interests when they lacked the capacity to make specific decisions themselves. One staff member told us, "We always have to provide choice. You can never assume or take the choice away from people."

Are services effective?

The service was effective because people told us they were involved in decisions about the care and support they needed and people were encouraged to express their views about their care.

People received support and treatment that enabled them to stay as independent as possible.

People's care plans reflected their needs, choices and preferences and people benefitted from effective care and treatment as staff had the skills and knowledge to meet people's assessed needs and choices.

Summary of findings

Staff had effective support, induction, supervision and training. The management had a plan for future support and training. Staff were supported to develop professionally.

People were assessed to identify any risks associated with food and drinks and were involved in discussions about their nutritional needs. People also saw dietary and nutritional specialists when needed.

Are services caring?

The service was caring because people told us, and we observed, they were treated with kindness and compassion and their dignity was respected. One person told us, "I'm very happy here." Another person said, "It's lovely here. I feel safe". We observed that staff members knocked on people's doors before entering rooms which respected their privacy and dignity. We also saw staff took time to talk with people.

Staff used people's preferred names and people were comfortable with this. People's preferred names and titles were recorded in their care assessments.

We observed that staff interacted with people with kindness and compassion; however staff did not always take the time to talk with or acknowledge people and people we observed were withdrawn and sleeping and one person became agitated.

Staff understood people and their needs and these needs were reflected in people's care assessments. Staff knew about people's life histories and used this information to care for people. People's preferences if they wanted a male or female staff member were clearly recorded on their care assessments.

People were able to express their views regarding end of life care and were involved in planning their care.

Are services responsive to people's needs?

The service required improvement to be responsive to people's needs. We observed that not all of the people who used the service had access to personalised activities within the home and staff members did not always spend talking with people. There were not always activities which were suitable for all people. People told us there were not always things to do.

People were protected from the risk of social isolation. Staff were aware of people who preferred to spend time in their own rooms. Staff told us they had time to spend chatting with people who chose to stay in their rooms.

Summary of findings

People and their representatives were encouraged to make their views known about their care, treatment and support. People told us they were able to make choices about their care and treatment. People were given the time to make decisions, and people's mental capacity was taken into account.

People had their needs assessed and support was sought from local community services such as the falls team where necessary. People's care plans were regularly reviewed and reflected their current needs.

Concerns and complaints made by people and their representatives were responded to in good time and people felt confident to express concerns.

Are services well-led?

The service required improvement to be well led. The home did not have a registered manager, and prior to the inspection, the manager had not been working in a nursing role and not always in a management role capacity. The manager had time to observe staff practice but told us they did not always have time to ensure all staff were observed.

Management had implemented and maintained quality assurance systems following concerns raised following our last inspection in January 2014. We saw that the manager operated weekly weight audits, incident audits, care plan audits and room audits.

The management conducted appropriate investigations into complaints and concerns. These investigations informed future delivery of the service.

Management were aware of the need to develop good practice. All staff we spoke with told us the manager promoted an open environment to discuss concerns through team meetings. We spoke with a representative of the provider and the manager who said the manager will have more management time in the future to monitor and develop good practice.

Staff told us they contributed to improving staff practice and they were motivated, caring, were well supported and trained. Every member of staff we spoke with was very positive about the support they received from management.

Summary of findings

What people who use the service and those that matter to them say

People who lived at Fewcott House felt safe at the service and that they were protected from abuse. One person told us, "I feel safe. It's lovely here." One person's relative said, "They're safe here; the carers are really nice."

Two relatives told us they had been consulted about the care plan and were involved in their relative's care. One relative said, "Staff contact me frequently, this is to help communicate with them. I'm heavily involved." Another relative told us, "We made communication cards. This allows staff to identify what's needed." They translated (translating from their relative's language to English) for their relative, who said, "They do look after me here."

A number of people said they had freedom of where they could spend their day. People told us, "I don't like to go to the dining room for dinner, I'm happy staying here (Fewcott House)."; "I have my own room and my own space. I like to spend time in my room."

Adaptations had been made to the home to accommodate people. We saw that the provider had made adaptions for one person to enable them to be cared for in the home. One person told us, "I've no problem here and I'm finding my way around, as the staff would with me."

People felt they were treated with kindness and compassion and their dignity was respected. One person said, "I'm very happy here." Relatives told us, "the home as a whole has been great. The staff are very warm, kind and caring."; "I come in every day. I have peace of mind. They're happy and I'm happy."

People told us they were able to make choices about their care and treatment. One person said, "I have choice in food and my surroundings."

We talked to people about the activities within the home. One person we spoke with said, "I'm okay, but there isn't always a lot for me to do."

We spoke with one person's relative who said they had raised concerns about their relative's care. They said, "We raised a concern to the manager. This was dealt with and I have no concerns".

Fewcott House Nursing Home

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 regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1.

The inspection team included an Inspector, an Expert by Experience with experience of learning disability services and as a support worker.

The last inspection for this service took place in January 2014. We found the provider had not acted upon concerns raised following our inspection in August 2013. We found there were not effective systems in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and others. We required the provider to take appropriate action by 30 March 2014. We also found that records relevant to the management of the service were not always accurate and effective. The provider gave us an action plan which told us they would review and improve their management records by 31 March 2014.

Prior to this inspection, we looked at notifications received from the provider and information received via our website. We spoke with a Contract Monitoring Officer from Oxfordshire County Council regarding their involvement in the home.

We spoke to eight of the 29 people who were living at Fewcott House. We spoke with three people's relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also spoke with three care workers, a senior care worker, a nurse and an activities co-ordinator. In addition we spoke with the manager and a representative of the provider. We also looked around Fewcott House and saw the way staff interacted with people.

We looked at six people's care and treatment records. We reviewed training and supervision records for four members of staff. We checked team meeting documents, and some of the organisation's policies and procedures and health and safety risk assessments in relation to the environment. We saw feedback from people who had used the service and a range of audits.

Are services safe?

Our findings

People who lived at Fewcott House told us they felt safe at the service and they were protected from abuse. One person said, "I feel safe. It's lovely here." One person's relative said, "They're safe here; the carers are really nice."

Staff had knowledge of safeguarding and knew what to do if concerns were raised. Five staff members, informed us they had received safeguarding training and would raise concerns to the manager or provider. A staff member told us, "I have raised concerns before, informed local authority and conducted a report." Another staff member said, "Training was provided on safeguarding when the manager started. I feel comfortable raising concerns to my manager." Staff discussed the different forms of abuse and felt confident to raise concerns.

People's human rights were properly recognised, respected and promoted. While no applications for Deprivation of Liberty Safeguards have been submitted, proper policies and procedures were in place. The majority of staff had knowledge of the Mental Capacity Act 2005. One staff member told us, "We always have to provide choice. You can never assume or take the choice away from people. One person always likes burger and sausages for dinner, but we always offer choice". Care plans we saw included whether the individual had the capacity to make specific decisions in relation to their care and support.

Staff told us how they assisted people with dignity when they were distressed or anxious which the staff found challenging at times. A staff member talked to us about a person that became anxious especially when out of the home. They said how they had worked with the community learning disability team to prepare this person for surgery. They said that preparing them and making them comfortable reduced the risk of the person becoming agitated. This meant that staff worked with other agencies to ensure people were kept comfortable and the risk of agitation was reduced.

The manager monitored incidents and accidents within the home. We saw the manager's incident and accident audits. When an incident or accident occurred the manager looked and implemented actions to reduce future occurrences. We saw one incident where a person suffered a fall from a wheelchair whilst a staff member assisted them to move by wheelchair to an ambulance. The manager investigated this incident and it was agreed with paramedics that in future staff from the home should let paramedics complete the transfer for any person. The staff member was also offered further moving and handling training and observed to reduce future incidents. The person's family was informed of this decision and was happy with the outcome.

People were protected from risk because staff followed procedures to protect them. We saw in care records that two people were at risk of malnutrition if they did not eat or drink enough. We saw that, as soon as staff members had identified concerns about the amount people ate and drank, short term care plans were implemented. People were also given fortified food (food which had added dairy content such as milk and cheese to add more calories). Staff members made referrals to dieticians and speech and language therapists where necessary. Staff monitored people's food and fluid intake to ensure they were protected from malnutrition.

People felt that risks associated with their care were managed well and they were involved in managing their own risks. One person was at risk of developing pressure sores due to lying on one side for a prolonged period of time. The risk was discussed with the person as they were reluctant to change position. The person understood the risk and agreed to receive physical support (repositioning) to protect the pressure area concerned, but did not wish to consent to the protective measures suggested by the nurses. A risk assessment was implemented with the agreement of the person, which documented they would change position, but for a shorter period of time. This person told us, "the staff are helpful and make me feel comfortable."

People received their medicines as prescribed. We looked at medicine records for six people. We saw these records had been completed appropriately. We saw that where people received medicines the amount of medicine and the time the medicine was administered was recorded correctly. We observed a senior staff member administer people's medicines in a safe and dignified way.

Medicines were stored securely as they were kept in trolleys which were fastened to walls when not in use. The home had three medicine store rooms which were kept locked at all times unless staff needed to go into them. One of the medicine rooms contained a controlled drugs cabinet which was securely bolted to the wall. We saw the records accurately reflected the medicine in stock. We also saw that

Are services safe?

controlled drugs stocks were checked at the end of each shift by two staff to ensure medicines had been administered as required. One senior staff member told us, "I have to make sure medicines are secured, it is my responsibility".

People's medicines were administered safely. A staff member said, "We make sure that people have taken their medicines. We make sure they have drinks to help with swallowing." Staff who administered medicines were trained and were observed by the manager to ensure they were competent to administer people's medicines. We saw record of observation documents which showed us the management ensured staff who administered medicine were competent to do so.

Are services effective?

(for example, treatment is effective)

Our findings

People told us they were involved in decisions about the care and support they needed. Some people did not have the mental capacity to be involved in decisions about their care. We looked at six care plans and saw that people or their representatives had been involved in planning their care. Two relatives told us they had been consulted about the care plan and were involved in their relatives' care. One relative said, "staff contact me frequently, this is to help communicate with them. I'm heavily involved."

People's representatives were involved in planning people's care and treatment. One relative told us that she provided support to staff and their relative regarding communication. Their relative's first language was not English. The relative said, "we made communication cards. This allows staff to identify what's needed." The relative translated for staff and for their relative. The person was asked if they liked the service they received and they responded, "They do look after me here." Staff told us how they met this person's needs and ensured they were protected from the risk of isolation. One staff member stated, "I spend time with them. I know some of the words they say, … so that's been helpful." While this staff member had knowledge about communicating with this person, this was not documented in the person's care plan nor passed on verbally, therefore other staff would not benefit from this knowledge.

People were encouraged to express their views about their care. One person we spoke with was involved in planning their care and had set their own personal goals. They told us, and their care plan stated, that they wished to lose weight and return to their own home. This person was involved in and informed about all aspects of their care and treatment. This meant their needs were met by staff who respected their individual preferences.

A number of people told us they had freedom of where they could spend their day. One person said, "I don't like to go to the dining room for dinner, I'm happy staying here." Another person said, "I have my own room and my own space. I like to spend time in my room." Staff told us people had choice of how they wanted to spend their days. Staff said that if people stayed in their room, they spent time talking with them. One staff member said, "I sit with them, talk with them, or just keep them company. I'm given time to do that."

People were provided with specific equipment to meet their needs. People's bedrooms were personalised and they had any specialist equipment they were assessed as needing. For example, one person had a specialist hoist and chair to enable staff to meet their moving and handling needs. The person also had breathing equipment, which included oxygen.

The provider had made adjustments to the building to enable the staff to meet people's individual needs. These changes occurred to enable people to have freedom to move around the home. This person and they told us, "I've no problem here and I'm finding my way around".

People's care plans reflected their needs, choices and preferences. We looked at the care plans for six people and saw that people's choices and preferences had been sought. For example, people had a choice of whether they preferred male or female staff members to support and assist them. Staff confirmed people's choices were respected.

People benefitted from effective care and treatment as staff had the skills and knowledge to meet people's needs and choices. We spoke with five staff members who told us they knew how to meet people's needs and had the relevant knowledge. One staff member said they had recently started working in the home and had received induction training and moving and handling training from the manager. The manager told us a full range of training would be provided for this staff member in the next few months. Other staff members informed us they had appropriate training and there was always an effective skill mix within the team. A staff told us, "there is regular training and frequent meetings. We are aware of everything that's going on." Another staff member said, "I've had plenty of training. I know I have the training and skills to meet people's needs." Every member of staff we spoke with were aware of people's needs and how to assist them effectively.

Staff had effective support, induction, supervision and training however improvements were required to maintain this. We spoke with six staff who said they all had access to training and supervision. One staff member told us, "Things really improved with the new manager, they made sure we had lots of essential training." A senior staff member said, "I'm supported. I have supervision and can speak to the manager whenever I need. The manager has supported me." Staff told us that supervisions and team meetings occurred. A representative of the provider said they had

Are services effective?

(for example, treatment is effective)

appointed a deputy manager and two staff members had recently acquired their NMC (Nursing and Midwifery Council's) registration to be employed as nurses. They stated these changes would enable the manager to ensure staff received appropriate supervision and support as the manager will have more time to conduct supervision and management tasks.

The training needs of staff had been identified and there was a plan to ensure staff acquired appropriate skills. We looked at the training record which showed us that nurses, care workers and ancillary staff participated in training to enable them to care effectively for people. We saw that some staff members had not completed training in working with people living with dementia, health and safety, and food safety. We discussed these with a representative of the provider and the manager who told us this training was being planned.

People were assessed to identify any risks associated with eating and drinking. Speech and Language Therapists (SALT) had advised that one person needed a pureed diet with thickened fluids. We saw that this person's meals were pureed and fluids were thickened. One staff member told us they were monitoring the fluid intake for this person. We looked at food and fluid charts for this person and saw that drinks were regularly provided. Clear risk and care assessments were in place and staff were following these assessments to ensure the person did eat and drink sufficient amounts to keep them well.

People had access to, and saw, dietary and nutritional specialists. We saw that one person had been referred to the dietician and guidance sought. Staff told us they referred people if they had concerns about people's dietary needs. This meant people were protected from the risk of malnutrition as appropriate support could be obtained from community health care professionals.

Are services caring?

Our findings

People told us, and we observed, that they were treated with kindness and compassion and their dignity was respected. One person said, "I'm very happy here." A relative said, "the home as a whole has been great. The staff are very warm, kind and caring."; "I come in every day. I have peace of mind. They're happy and I'm happy." We observed that staff knocked on people's doors before entering rooms which respected people's privacy and most staff took time to talk with people. People's preferred names and titles were recorded in their care assessments. We observed that staff used them and people were comfortable with this.

People were treated with dignity and respect by staff. We conducted a SOFI observation in the main lounge just before lunch. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We observed two staff members assisting a person move from a chair to their wheelchair using a hoist. The staff members sought consent and talked to the person to ensure they were comfortable and happy. The staff members explained what was happening and the person was calm throughout. We observed another staff member was quick to assist one person who was uncomfortable and assisted them with dignity and respect.

Staff did not always take time to talk with people in a meaningful way. On the morning of our inspection we observed that some staff did not interact or acknowledge people. For example some staff walked into the lounge and walked out without saying a word. While this did not necessarily impact on people, it was a missed opportunity to engage them in conversation. During our SOFI we saw two staff members assisting people but without engaging them verbally or in non-verbal ways. We observed that some people were withdrawn and sleeping whilst one person became agitated when staff did not acknowledge them.

Staff understood people and their needs and these needs were also reflected in people's care assessments. We looked at six people's care plans and saw that each person had a completed life history document. One person had a specific cultural and religious belief. The care plan clearly noted that their family would assist the person with their religious needs and that staff members should respect their privacy at this time. Staff we spoke with were aware of this person's cultural and religious needs. This meant that people received care from staff who were aware of their needs and preferences.

People were provided with appropriate reassurance when distressed. One person was agitated and upset throughout our inspection. A staff member assisted and spent time reassuring this person. We observed the staff member sat with the person and offered them a drink. The staff member was kind and respectful. We spoke with two staff members about this person and they told us, "We reassure them and make them feel comfortable." We spoke with the person who said, "I like it here. I wouldn't want to leave."

At the time of our visit no one was receiving end of life care. People were able to express their views regarding end of life care when the time came. We saw one person's care plan where clear end of life information was documented. This included who they wanted involved in their care at end of life and who was responsible for arrangements. We saw these arrangements took into account people's cultural needs and whether they wished to be resuscitated or not. We spoke to staff members about end of life care. Staff told us they had training regarding end of life care. One staff member said, "We only get one chance to get it right. There would always be someone with them and their family."

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

People and their representatives told us they were able to make choices about their care, treatment and support. One person said, "I have choice in food and my surroundings." We spoke with a relative who informed us they were involved in their relative's care and how it was planned.

People were given the time they needed to make decisions. We looked at the care plan for someone who was unable to speak English that said they needed to be given time to respond to questions and choices. We saw another person was able to make a choice if given limited choices and asked closed questions. We observed staff members assisting this person during our inspection and saw they gave the person appropriate choice and time to communicate their decision.

People had their needs assessed and support was sought from community health professionals such as the falls team where necessary. We looked at the care plans for six people. These were regularly reviewed and reflected their needs. We saw one person had a health concern and the person's family, community learning disability teams and advocacy services had been involved to make a best interest decision on whether the person should have surgery or not. We saw that specific care and risk plans were in place to monitor the person's health needs. This meant that the service acted in accordance with the Mental Capacity Act 2005, to ensure people received appropriate care when they were unable to express their views.

People did not always have personalised activities which suited them. We observed that activities occurred within the home and, during the afternoon of our inspection, people were involved in an arts and craft session and discussed ideas. We saw that people with dementia or learning disabilities, or people who were unable to communicate verbally, were not actively involved in these activities. We spoke with a staff member who told us one of these people had been up all night and talked with staff. They told us this happened frequently and the person was often tired the following day. Daily records made by staff members reflected this. One person in the home had their own hobbies and was supported by staff to follow these. One person we spoke with said, "I'm okay, but there isn't always a lot for me to do." We discussed activities with the manager and a representative of the provider who said they were looking at activities that people in the home wanted to do.

Concerns and complaints made by people and their representatives were responded to and people felt confident to express concerns. We spoke with one person's relative who had raised concerns about their relative's care. They said their concerns were listened to and they were involved in a care meeting. The relative told us, "We raised a concern to the manager. This was dealt with and I have no concerns". People were confident they would speak to staff and the manager if they had any concerns. This meant that people and their representatives were happy their concerns were dealt with effectively.

Are services well-led?

Our findings

Fewcott House did not have a registered manager at the time of our inspection. The last registered manager left in August 2012. The manager who was present during this inspection had applied to CQC to become the registered manager.

The last inspection for this service took place in January 2014. We found the provider had not acted upon concerns raised at our inspection in August 2013. We saw that effective systems were not in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and others. We told the provider to take appropriate action by 30 March 2014. We also found records relevant to the management of the service were not always accurate and fit for purpose. The provider gave us an action plan which told us they would review and improve management records by 31 March 2014.

The manager conducted appropriate investigations into complaints and other concerns and records were kept. The manager had carried out an investigation after a visitor complained that a member of staff had raised their voice to a person living at the home. As part of this investigation the manager spoke with the person and their family. The manager took appropriate action in respect of the staff member. This action included offering training and support to the staff member to reduce any future incidents. The family were happy with the outcome.

The manager and provider had implemented and maintained quality assurance systems following the concerns raised at our last inspection in January 2014. The manager operated weekly weight audits, incident audits, care plan audits and room audits. The manager, along with nurses, used the weight audits to identify where people had lost weight and implemented short term care and risk plans for people. The provider had taken appropriate action following our concerns and room audits were conducted to ensure that maintenance requests had been completed. This meant the provider and manager had acted upon concerns and had appropriate systems in place to assess the quality of the service provided.

The manager and provider were aware of the need to develop good practice at the home. Staff told us the manager promoted an open culture through team meetings. A representative of the provider said the manager would be given additional time in future to monitor and develop good practice. The manager stated, “I want to spend more time supervising and training staff and monitoring systems. We saw that the manager was reactive to incidents when they occurred and took action. The manager had developed systems to help them use information to improve the quality of the staff and the home. For example, we saw the manager had implemented a ‘good recording’ knowledge test. This was used to improve people’s care records. We saw that care audits were conducted and clear actions set for staff to complete. These actions were completed and the changes were reflected in people’s care documents. This meant the management had appropriate quality assurance systems in place to ensure they were aware of the quality of the service and where improvements were needed.

Staff told us they made suggestions to improve the service. We spoke with five staff who informed us they were involved around changes to the service. One staff member said, “I’m always able to get involved in changes.” Another member of staff told us, “We give the manager ideas. We raised an idea about increasing the dining room, to promote a meal time experience. People are eating better, we’re seeing weight gains. It promotes a great social experience.” This meant that staff were able to make suggestions for improvements and changes to the service and they were acted upon.

The provider had detailed risk assessments, policies and procedures in place which identified clear risks and how these were managed. Staff members were aware of how to manage risks and who to contact to ensure people were protected from the risks of their care and treatment.