

Ashberry Healthcare Limited

Heathercroft Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Heathercroft Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection. Heathercroft is set in its own grounds in the Woolston area of Warrington. The registered provider is Ashberry Healthcare Limited.

The home is registered to provide nursing and personal care for up to 88 older people. There are currently two units within the home: Heathercroft unit for people with nursing and personal care needs and Ashberry unit for people living with dementia. On the day of our inspection there were 74 people living in the home.

People's experience of using this service:

People who used the service were happy about the service being delivered to them. We received mixed comments from relatives regarding staffing levels, use of agency staff, activities and care charts not always being completed.

Staff noted they had on-going problems with the recording and managing of their electronic system for ordering and recording of medications. We identified a breach of regulation regarding safe care and treatment and management of medications.

Support plans described the support people needed. People were referred to appropriate health and social care professionals when necessary. However, we found various issues with the lack of accurate updates regarding people's records which created risks in managing accurate care planning. We identified a breach of regulation regarding good governance.

Quality assurance processes were detailed and regularly carried out to show actions and improvements to the service in the last 12 months. However on-going concerns regarding poorly maintained records and staff competencies to improve records continued to be an issue highlighted by both the local authority contracting team and within the inspection. There was a continued breach of regulation relating to good governance.

Staff were knowledgeable of local safeguarding procedures. The service had learnt from recent safeguarding incidents however improvements were still needed in the recording and delivery of care to those people cared for in their bedroom.

Health and safety systems provided regular oversight and support to consistently manage safe processes at the service. We noted some areas of wear and tear that the registered manager advised was part of their ongoing maintenance and decorating programme.

The home was clean and staff used appropriate techniques to prevent the spread of infection. One room had an unpleasant smell and staff took action to improve this room.

Staff and visiting members of multidisciplinary teams noted improvements to the service since the registered manager commenced in post. Staff felt supported and listened to.

Staffing was supported by agency staff to cover for vacancies and sickness. The registered manager advised they were recruiting and advertising posts and had recently recruited a new activities organiser. People living at the service and visiting relatives were unsure how many staff they could expect to see on duty each day.

People told us they enjoyed the food and drink provided. We observed mealtimes and saw that people had a choice of meals. Mealtimes were noisy at times with staff busy in various departments and could be heard carrying out their work while dining room doors were left open.

We noted some personal records accessible and unlocked throughout the inspection to the ground floor office. This highlighted potential concerns about people being able to access confidential information.

We have made a recommendation that the service review storage of confidential information.

Rating at last inspection: Requires Improvement (published 25 May 2018).

Why we inspected: This was a planned inspection based on the previous rating. We had received information of concern prior to the inspection from two safeguarding incidents that had been reviewed by Warrington local authority and were partially substantiated.

Enforcement: We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Follow up: You can see what action we told the provider to take at the back of the full version of the report. We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner. We will be meeting the provider to discuss the repeated breaches of regulations.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 not always caring.
Details are in our Caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.
Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

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

Requires Improvement ●

Heathercroft Care Home

Detailed findings

Background to this inspection

The 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 was planned to check 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.

Inspection team: This inspection took place on the 10th and 16th April 2019 and was unannounced. The inspection team consisted of two adult social care inspectors', a pharmacy inspector, one assistant inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service, in this case, people living with dementia.

Service and service type: Heathercoft care home is a care home with nursing. 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.

Notice of inspection: This inspection was unannounced.

What we did: Before the inspection, we reviewed the information we held on the service. This included checking if we had received any notifications. A notification is information about important events which the provider is required to send to us by law. We also invited the local authority and stakeholders to provide us with any information they held about the service. We received updated information from a recent safeguarding investigation. We received a Provider Information Return (PIR) submitted by the provider. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We used a variety of methods to help us understand the experiences of people who used the service: We spoke with the registered manager, the Operations & Quality Director, the clinical lead nurse, one registered nurse, ancillary staff, the activity organiser, the chef, kitchen staff and support staff, two visiting GP's and a health care professional. We also spoke with nine people being provided with support and 10 relatives. We also carried out a SOFI (a short observational framework inspection) with people who were unable to speak with us. This gave us a wide insight into their views across all areas of the service.

We reviewed four care plans, five staff files and records relating to the management of the service. The registered manager sent us updated action and development plans for the service following the inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Some regulations were not met.

Using medicines safely

- During the inspection we looked at medicines and records for 19 people. We found that medicines were not always managed safely. The provider had introduced an electronic medication system where medicine administration records (MARs) were kept electronically. Staff explained there were some issues with this system as it had not always uploaded necessary information.
- The registered manager did not have a risk assessment in place to identify actions needed to improve all the issues staff had recognised as problematic since introducing the electronic system.
- The records about medicines could not always show that medicines had been given as prescribed because the stock levels recorded did not match the stock of medicines in the home for people. This made it difficult to see whether people had been given their prescribed medication.
- Records showed that some people missed some doses of their prescribed medicines because there was no stock available in the home for them.
- No records were made about the use of prescribed thickening agents or the application of emollient and barrier creams, so it was not possible to tell they had been used or applied safely.
- Medicines which needed to be stored in the fridge were not always stored safely because the fridge temperatures were not monitored and one fridge was noted to be faulty. Following the inspection, the provider had provided an updated action plan showing actions taken to replace the faulty medications fridge.

The management of medications demonstrated a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- Where risks in the delivery of a person's care had been identified, staff had implemented plans to provide guidance as to how the risk should be managed. The care files had appropriate risk assessments in place for example for mobility, falls, nutrition including choking risk and skin integrity. However, whilst the risk assessments had been reviewed, we noted in one care plan the records had not been updated to show the changes in the person's conditions. For example, the records had not all been updated to show the changes in their mobility and in loss of weight. This was discussed with the registered manager for their attention and review.

The management of risk assessments that were out of date demonstrated a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Regular safety checks were carried out on the environment and equipment used. The registered manager carried out regular audits on call bell response times to ensure that these were within acceptable time limits. The results were reviewed by the registered manager each day.
- Emergency procedures were in place. This information was easily accessible in the event of an emergency.

Staffing and recruitment

- Staffing levels were reviewed by the registered manager to assess if the service had enough staff each day to appropriately support people at the home. Records showed that the service operated with staffing levels that met people's needs and dependencies carried out by the registered manager for the service.
- Staffing levels were supported by agency staff to cover for vacancies and sickness. The registered manager advised they were recruiting and advertising posts and had recently recruited a new activities organiser.
- People living at the service and visiting relatives were unsure how many staff they could expect to see on duty each day. Two relatives wanted to raise their concerns about staffing levels and the use of agency staff especially at the weekends. One person receiving support felt that some staff that came from the agency did not always know about their needs and they felt they had to regularly update them.
- At this inspection we saw that there were enough staff to safely support people in the communal areas and provide them with companionship. However, we saw people in their rooms who on occasions did not have call bells in reach to be able to contact the staff if needed. We highlighted this to the registered manager as this was an issue identified by the local authority who had also recently inspected the service.
- Appropriate checks had been made to ensure staff were suitable to work with vulnerable adults. Checks had been completed by the Disclosure and Barring Service (DBS). These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

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

- Effective safeguarding procedures were in place. Staff had completed safeguarding training and had access to information about how to protect people from harm. Staff knew how to refer any concerns they had about people's safety.
- Lessons had been learnt following previous safeguarding investigations by the local authority. The registered manager had developed handover records to make sure staff incorporated essential information regarding people's needs.
- The registered provider was undergoing internal investigations for two safeguarding issues that the local authority had recently asked them to review in relation to staff training and care plans. The registered manager and provider advised that all concerns were taken seriously and they agreed to share the outcomes of their investigations with CQC.

Learning lessons when things go wrong

- There was a record of all accidents and incidents and the registered manager analysed these incidents to look for any trends. Where trends were identified, we saw that appropriate action had been taken to reduce the risk of accidents reoccurring.
- When people had suffered a fall, we saw that the registered manager took steps to prevent the same thing happening again.

Preventing and controlling infection

- Systems were in place to maintain safe food hygiene practices.

- Staff had received training and procedures were in place to maintain a safe and clean environment for people to live. People told us that their home was always clean.
- Personal protective equipment (PPE) was available throughout the service. Staff were seen to use PPE when supporting people with specific tasks to prevent the spread of infection.

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 consistent outcomes. Regulations have not have been met.

Staff working with other agencies to provide consistent, effective, timely care- Supporting people to live healthier lives, access healthcare services and support

- The registered manager had developed care records in people's bedroom where staff were expected to sign every time they went in to see a person. Records included; frequency of position changes, personal care needs, fluid and food records. Staff were required to record aspects of care provided within the file. We looked at a sample and found that that they were not completed consistently.
- We noted people being supported in their bedrooms had care charts of fluids and diet. The charts had not always been completed which made it difficult to ascertain an accurate measurement of a person's nutritional intake.
- The registered manager took action during the inspection to investigate why staff had not completed records. The provider had included this serious concern within their action plan to address this issue with all staff and agreed to share the outcome of their investigation with CQC.
- Most people told us they were happy with the care provided to them. One person felt they were not offered enough choices with assistance with having regular showers. We raised this with the registered manager to meet with this person to help resolve their request.

The management of care records were out of date and demonstrated a continued breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Visiting healthcare professionals told us they had no concerns about the service and that they had seen significant improvements over the last 12 months.
- Staff were updated on any changes via handovers at each shift. Daily briefings were held with heads of department in order that information was shared across the service and the registered manager was kept updated on every aspect of people's care.
- People were involved in identifying the assistance they would like, including recognising any needs in relation to protected characteristics as defined by the Equality Act 2010. This included areas such as sensitively supporting people with their personal requests, physical and social needs. The service had policies to support the principles of equality and diversity.

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

- People living at the service and their relatives were positive about the meals offered.
- The most recent inspection from the food standard agency for the home awarded a rating of five stars which is the highest award a service can achieve. This report identified good practice.

- The chef told us they tried to provide a selection of home-made meals based on feedback from people at the service. Care plans included any allergies, special diets and specific requirements a person had.
- Lunchtime was a sociable occasion with staff engaging well with people and offering support if required. The dining rooms were attractively maintained and well set out. We observed staff chatting sociably with the people they were supporting, both to ask about how the person was enjoying their food and some general conversation.
- However, we noted at times the dining room was noisy with the dining room doors open and people, coming in and out adding to the noise and shouting across rooms to each other.

Staff support: induction, training, skills and experience

At our inspection in April 2018 we found that the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to provide evidence that people employed in the service had received appropriate training to enable them to carry out the duties they are employed to perform. At this inspection, we found that the provider was no longer in breach of this regulation.

- Most of the relatives and people at the service were positive regarding the staff and the support provided. However, two relatives shared their views regarding staffing. We asked the registered manager to arrange to meet with them to discuss their opinions about the service.
- Training included a varied range of topics to meet the needs of people within the service including dementia and clinical areas of need to help people with nursing care needs. Staff felt up to date with training needed for their role. The provider had a system for managing training using a computerised prompter each time staff checked into work each day. This helped staff to be reminded of any updates needed with their online training.
- Supervisions and appraisals had been introduced by the registered manager to help improve support to their staff team and to develop standards within the service. Staff had started to receive individual and group supervision. Supervision sessions provided staff with an opportunity to speak with senior staff about their training and support needs as well as being able to discuss any issues in relation to their work.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law- Ensuring consent to care and treatment in line with law and guidance

- 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 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. The registered manager had developed a check list that acted as a reminder to seek DoLS renewals in advance of the expiry date. This ensured the liberty and freedom of people was not being unlawfully restricted whilst living at the service.
- We observed staff asking if people would like assistance throughout the day of the inspection. We noted that some people could display behaviour that challenged and staff engaged positively with them to manage those behaviours sensitively. We noted good practice and observed staff knocking at people's

bedroom doors before entering.

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

- We saw the design and layout of the home was suitable to accommodate the number of people living at Heathercroft. There was sufficient, suitable equipment in place to promote people's mobility such as, walking frames and handrails.
- There were photograph boards, old time memorabilia and several seating areas on corridors where people could spend quieter time. On Heathercroft unit, they have an old style 'pub' area as well as street names. We noted that some doors displayed signs with the use of pictures or large print to help people find their way around the service. Some areas were showing signs of wear and tear and in need of decoration. The registered manager explained they had an ongoing redecoration and refurbishment plan in place.

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 did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff to use information technology to maintain contact with their family members and to access the internet.
- Healthcare professionals told us people's dignity was maintained and that people's privacy was respected.
- Policies and procedures were in place to offer guidance in ensuring that people's dignity, privacy and respect were maintained.
- We noted one person's bedding was stained and worn and in need of being replaced and their mattress needed cleaning. The registered manager agreed to take action to improve their standards while being cared for in bed and to address this poor standard with staff. One relative was happy with the care but noted that their family member often had food on their clothes after meals. We discussed this with the registered manager to review this information with staff.
- Confidentiality of information was not always appropriately maintained. We noted the ground floor office was open and accessible to anyone throughout certain times in the day. This office contained confidential records and care files. Senior staff took appropriate actions to safely manage records during the inspection and kept the door closed when this issue was identified.

We recommend that the service review appropriate storage of confidential information with all staff working at the service.

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

- Staff knew people well and it was evident from their interactions with people that positive relationships had been formed.
- Staff understood and supported people's communication needs. Staff spoke with people clearly whilst maintaining eye contact where it was required.
- People, along with family members, had been given the opportunity to share information about their life history, likes, dislikes and preferences. Staff used this information to engage people in meaningful conversations.
- People were supported to maintain their religious and spiritual needs.

Supporting people to express their views and be involved in making decisions about their care

- In the communal areas we witnessed a nice, caring rapport between residents and staff, as they listened attentively and responded to their needs.
- Regular care reviews gave people and relevant others the opportunity to express their views about the care

provided and make any changes if they wished to.

- There were more formal methods for gaining feedback from people and their relatives. The registered manager had introduced resident and relative meetings, surveys and a drop-in clinic to meet the registered manager. Two relatives were pleased with the introduction of the meetings and felt they had got to know a lot more about the home and what was planned.
- People were provided with information in a format they could understand. This met the Accessible Information Standard (AIS). AIS was introduced by the government in 2016 to ensure that people with disability or sensory loss are provided with information in a format that they can understand.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs
People's needs were not always met.

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

- The majority of people we spoke with, were happy about the care they received and they felt the activities were much improved since they appointed a new activities organiser.
- Most relatives we spoke with were positive and felt the service had improved. Some felt that activities had been lacking but acknowledged the improvements since the service appointed the new activities organiser.
- There was evidence of activities such as, supporting people to go out, listening to music, watching the TV, attending the hairdressing salon on site, attending an organised meeting and a mobile zoo visiting the service with a selection of animals and reptiles for people to meet. The registered manager advised they were in the process of recruiting a further two activity organisers for the service.
- Activities records had not always been updated and did not reflect an accurate record of how each person was supported with their social needs.
- Care plans contained pre-admission assessments to ascertain whether the person's needs could be met, prior to their admission into the service. However, these records had not always been completed. If they had have been they could have helped in the initial planning of end of life care.
- On one plan, the person had been identified as needing an urgent assessment by a multi-disciplinary team member. However, it was difficult to find within the records whether the referral had been made. The registered manager agreed to review this issue.

Improving care quality in response to complaints or concerns

- We reviewed the complaints records and resident/relative's meetings and noted there had been 13 complaints recorded for 2018 /2019. The complaints log detailed any comment made and the actions taken to address concerns appropriately. We saw evidence of swift responses and apologies made by the registered manager for complaints raised.
- People knew how to make a complaint, and who they would speak to if they were unhappy. People were confident that their complaint would be dealt with in the right way.
- During the inspection two relatives raised comments about their family member's care and one person raised concerns about choices regarding their personal care. We referred their comments to the registered manager to review. Prior to the inspection CQC had received two complaints and Warrington local authority had received recent complaints. The local authority had reviewed complaints directed to them and referred some of those issues to the provider to investigate. The registered manager and provider were actively investigating concerns raised and taking all actions to update the local authority and CQC of the outcomes.

End of life care and support

- We found that appropriate 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) forms were in

place on some of the care files that we reviewed. We saw that the person, their relative or health professional had been involved in the decision making. Records were dated and signed by a GP and were reviewed appropriately. We noted some records had been transferred from a hospital admission and would benefit from a further update with staff at the service.

- Staff knew people's needs and individual preferences with their care. People who lived at the service and where appropriate, their relatives were encouraged to be involved in developing their individual care plan. Staff had undertaken training in end of life care. The service had appropriate policies to provide guidance to staff on this aspect of care support.

- A visiting healthcare professional praised the staff and registered manager for a kind, caring and dignified approach to end of life care.

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 and leadership was inconsistent. Some regulations were not met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements- Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- At our previous inspections in January 2018 and April 2018, we found that the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had ineffective systems and processes in place to ensure compliance with the regulations. At this inspection, we saw that there had been significant improvements in this area and the quality assurance processes were detailed and evident. There remained some inconsistencies in the standard of paperwork as referred to within this report regarding care plans, social care plans, pre- assessments, care charts, risk assessments and records for medications. Therefore, the provider remained in breach of this regulation.

- Although governance systems helped them assess and monitor the quality of the service, they had not helped to sufficiently improve the record keeping by some staff which had been noted during this inspection. The provider had taken actions to investigate concerns regarding staff actions and was taking appropriate actions in response to staff not adhering to the standards expected of the provider.

At this inspection we found a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to the need for good governance.

- The provider advised they were to recruit a new clinical leader to help develop the clinical teams and improve the standards within the staff team.

- The provider continued to support the service in improving management and records by providing supporting staff and managers to assist the registered manager. The registered manager and provider were transparent in their aim in making improvements to the service.

- The registered manager was clear about their responsibilities and had a good understanding of regulatory requirements. They had notified CQC when it was required of events and incidents which occurred at the service.

- The registered manager and provider submitted extensive evidence following the inspection to show continued improvements to the service and to their governance systems.

- The provider was present within the service on a regular basis and worked alongside the management of the home.

- Staff told us the registered manager was approachable and supporting and had a presence around the service.

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

- People who used the service spoke positively about the management of the service.
- People at the service and most relatives confirmed the positive changes they had noted since the registered manager commenced at the service. .
- Throughout the inspection the registered manager and provider were open and transparent and were proactive in their response to our findings. They were clear that the people living at the service were at the heart of any changes and improvements.
- The registered manager conducted walkabouts and held daily meetings to ensure they kept the day to day culture of the service under review. They acknowledged over the last year there had been many challenges. They explained the cultural changes they had faced at this service.

Continuous learning and improving care- Working in partnership with others

- The registered manager and staff received regular training and support for their role to ensure their practice was up to date and safe.
- The registered manager worked with the provider to make and sustain improvements.
- Improvements were being made to the décor and furnishings within the service.
- Learning took place from accidents and incidents to minimise the risk of re-occurrence.
- Periodic monitoring of the standard of care provided to residents funded via the local authority was also undertaken by the local authority's contracts and commissioning Team. This is an external monitoring process to ensure the service meets its contractual obligations. They had recently inspected the service and identified issues around improvements needed with record keeping. The provider shared a detailed improvement plan with CQC that they were working towards to show their actions and improvements.
- The registered manager where necessary, had undertaken detailed and transparent investigations into incidents, safeguarding and accidents and evidence of lessons learnt to help improve the service.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medications were not safely managed to ensure safe practice in administering medications.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance systems in place lacked information to ensure improved record keeping complying with relevant legislation and guidance. Care charts and risk assessments did not reflect good practice to show risks to people's care had been appropriately managed.