Yarrow Housing Limited

Richford Gate

Inspection report

52-53 Richford Gate
Shepherds Bush
London
W6 7HZ

Tel: 02087490307
Website: www.yarrowhousing.org.uk

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection was conducted on 3 and 8 May 2017. The first day of the inspection was unannounced and we advised the registered manager of our intention to return on the second day. At our previous inspection on 26 December 2014 and 2 January 2015 we found the provider was meeting all the required Regulations and the service was rated as Good.

Richford Gate is an eight bedded care home for adults with a learning disability. The service comprises two adjoining first floor flats, each with four single occupancy bedrooms. Each flat has its own lounge, kitchen, bathroom and separate toilet.

There was a registered manager in post, who has managed the service for several years. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

At the previous inspection we had found that medicines were stored, administered and disposed of safely. We had noted that staff had completed mandatory and refresher medicines training and understood their duties in regards to the safe management of medicines. At this inspection we were informed by the registered manager that there had been seven separate medicine errors since April 2016. Measures had been taken by the registered manager and provider to fully investigate why these errors had occurred, and staff had received additional medicines training and other appropriate support and guidance from the registered manager, the area manager and the provider's medicines trainer. During the inspection we discovered two issues that needed to be addressed when we looked at how staff completed medicine administration record (MAR) charts and how they checked expiry dates for prescribed medicines. These findings demonstrated that further actions by the provider were required to ensure people using the service were suitably protected from the risks associated with unsafe medicines management.

At the previous inspection we had noted that the provider had promptly reported safeguarding concerns to the CQC and produced clear information about the actions they had taken to protect people. At this inspection we found that staff had received safeguarding training and understood how to identify and protect people from different types of abuse, however the provider had failed to notify us about a safeguarding concern which had resulted in the police attending the service, which meant the CQC could not effectively monitor events at the service in order to ensure people's safety.

The risk assessments within the three care plans we looked at demonstrated people were supported to be as independent as possible whilst taking into account their safety and wellbeing. The staffing rotas showed there were sufficient staff rostered each day to enable people to access community resources with staff support, if required. We observed on the first day of the inspection that seven people were out in the wider community at their chosen social and educational activities. The provider adhered to robust recruitment

practices to ensure that people were supported by staff with suitable knowledge and experience.

The provider had implemented a programme of training, supervision and annual appraisals in order to support staff to carry out their roles and responsibilities. The staff we spoke with demonstrated an appropriate understanding of systems to protect people who could not make decisions, as they had received guidance and training in relation to the legal requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

People were supported to maintain a healthy and balanced diet, and to participate with food preparation tasks where possible. We observed people making cups of tea and sandwiches, either independently or with varying levels of staff encouragement and support in line with people's individual needs. The service evidenced positive relationships with external health professionals and actively involved medical and nursing staff at the nearby GP practice with the development and evaluation of people's individual health action plans.

We saw warm and friendly interactions between people who use the service and staff. People regularly popped into the office to speak with the registered manager and the deputy. For example, one person spoke with staff about their arrangements to have lunch before they went to college and another person let staff know they were going over to a resource centre operated by the provider, which is located next door to the service. Staff promoted people's entitlement to dignity and privacy. People were spoken with and treated by staff in a kind and respectful way. For example, people were asked by staff if they were happy to speak privately with us, and consulted about a convenient time and location for a chat.

People's care plans were up to date and had been produced in a clearly person centred manner. We noted that people and relatives were involved in the planning and reviewing of their care plans, and people using the service told us they were happy with their care. One person told us they liked the service but felt it was time to move on, and their view was respected and supported by staff. Most of the comments from relatives about the quality of the service were positive.

There were effective processes in place to advise people and their relatives about how to make a complaint, which included pictorial guidance. The provider had not received any formal complaints since the previous inspection, however we saw how the registered manager had supported people to make complaints to external organisations if they felt they had received a sub-standard level of service.

People told us the registered manager and the deputy manager were both helpful and responsive to their needs. Staff informed us they felt supported by the management team and were given opportunities to seek guidance and express their opinions during one to one supervision meetings, staff meetings and whenever necessary through the registered manager's 'open door' leadership approach. The comments from external professionals were complimentary, in regards to how they observed staff support people and the well-organised management style. There were systems in place to seek the views of people and their relatives and quality assurance systems were used to gather feedback, monitor practices in the service and mitigate risks. However, our findings in relation to the safe management of medicines and the provider's failure to consistently send us statutory notifications demonstrated that the managerial monitoring systems needed to be strengthened.

We have made a recommendation in relation to the regular checking of window restrictors to ensure they are safely maintained. We found two breaches of Regulations. One breach was in relation to the safe management of medicines and the second breach was in regards to the provider informing us about significant incidences at the service, in accordance with the Health and Social Care Act 2008.

You can see what actions we asked the provider to take at the back of the main 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?

Requires Improvement

The service was not always safe.

Systems to ensure the safe management of medicines were not consistently rigorous.

Staff attended safeguarding training and knew how to protect people from abuse and harm. Measures were in place to identify and mitigate any risks to people's safety and welfare.

Staff were robustly recruited and appropriately deployed to meet people's needs.

Is the service effective?

Good

The service was effective.

People were supported by staff with suitable training, support and supervision to undertake their roles and responsibilities.

Staff sought people's consent before providing care and support, and protected their rights in accordance with current legislation.

People were encouraged where possible to participate with the preparation of their food and drink, and maintain a balanced diet.

People benefitted from effective relationships with local health care services and were supported by staff to adhere to guidance from relevant healthcare professionals.

Is the service caring?

Good

The service was caring.

Staff supported and empowered people to develop important life skills.

Positive interactions took place between people and staff, which showed that staff understood people's needs and respected their wishes.

Care and support was delivered in a manner that promoted people's dignity and wellbeing, and ensured their entitlement to privacy.

Is the service responsive?

Good

People and their chosen representatives where applicable, were supported to participate in the care planning and reviewing process. Care and support plans were regularly reviewed to ensure their accuracy and relevance.

Staff supported people to take part in meaningful activities at home and in the local community.

Systems were in place to make sure people knew how to make a complaint and people felt the provider took complaints seriously.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider had not consistently informed the Care Quality Commission about notifiable events to enable us to effectively monitor the service.

Audits were carried out to monitor and improve the service; however, the provider's medicines audits had not fully identified issues for improvement.

Complimentary comments were received about the registered manager's leadership approach by people, some relatives, the staff team and external professionals

Richford Gate

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 checked 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 3 and 8 May 2017 and was undertaken by one adult social care inspector. The first day of the inspection was unannounced and we informed the registered manager we would be returning on the second day. Before the inspection we looked at the information we held about the service, which included the last inspection report of 26 December 2014 and 2 January 2015. We also checked any notifications sent to us by the registered manager about incidents and events that had occurred at the service, which the provider is required by law to send us.

At the time of this inspection the service was at full occupancy. We spoke with six people living at the service, and had telephone discussions with the relatives of five people after the inspection. We observed how staff interacted with people and delivered care and support within communal areas, and spoke with three support workers, the deputy manager and the registered manager. A variety of documents were looked at which included three people's care plans, staffing rotas, the complaints log, medicine administration records, staff recruitment files and documents associated with the management of the service. We contacted health and social care professionals with knowledge and experience about this service and received two written responses.

Requires Improvement

Is the service safe?

Our findings

At the previous inspection we had found that there were robust systems in place to ensure people safely received their prescribed medicines. This had included mandatory medicines training for staff, the counting of medicines at each staff handover meeting and arrangements for the dispensing pharmacy to collect medicines no longer required.

During this inspection the registered manager informed us there had been seven separate medicines errors detected since April 2016. We looked at the range of documentation relating to these errors, which included individual investigation reports and records demonstrating that the registered manager had formally spoken with members of staff involved, followed up by letters to confirm the content of the discussions. Other actions had been taken, for example the registered manager had delivered a medicines training session within the service and organised for staff to attend training from the provider's designated medicines trainer. We noted that the area manager had carried out a monitoring visit that focused on how staff adhered to the provider's medicines policy and procedures. A medicines audit was conducted by a pharmacist from the service's dispensing pharmacy and the provider had implemented any recommended suggestions for improvement.

The analysis by the registered manager had indicated that errors tended to occur in circumstances where staff had become momentarily distracted by events within the service, for example if a person using the service requested emotional or practical support while they were administering a medicine to another person. This was confirmed when we spoke with individual members of the staff team. We noted that staff had been given advice by the registered manager about how to minimise any situations which could disrupt their concentration and how to focus entirely on the safe administration of medicines at times when the service was busy.

We checked arrangements for the storage and administration of medicines, and the system for returning any surplus medicines to the pharmacy. Gaps in recording were found on one person's medicine administration record (MAR) chart, which meant we could not determine if a person had received support to apply prescribed topical creams and we found an expired prescribed item was being used. These findings demonstrated that further work was required by the provider to ensure people received a safely managed medicines service.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People living at the service told us they felt safe and felt comfortable with staff. One person said, "I feel at home here, it's a safe place" and relatives commented they thought staff protected people from harm. At the previous inspection we had noted that the provider had promptly notified the Care Quality Commission (CQC) about safeguarding concerns and produced clear information about the actions they took to protect people. At this inspection we noted that the registered manager had reported a safeguarding concern to the local authority but had not notified the CQC. The registered manager stated this this was an oversight.

Discussions with staff showed they were familiar with the provider's safeguarding policy and procedure and had a good knowledge regarding how to identify the signs of abuse. Staff confirmed they would immediately report their concerns to their line manager and told us the registered manager would update them when possible about what actions were being taken to investigate their concerns. Staff told us about the provider's whistleblowing policy and understood how to use it. (Whistleblowing is when a worker reports suspected wrongdoing at work).

The care and support plans evidenced that risk assessments were undertaken to support people to be as independent as possible, whilst minimising risks to their safety. We saw that assessments had been conducted in order to identify risks across various aspects of people's daily lives, for example personal care, mobility and travelling without staff support. The risk assessments contained straightforward guidance for people and staff to follow and were kept under review.

During the inspection we observed that there were sufficient staff on duty to safely support people and enable them to go out or engage in activities at home. We noted that staff were scheduled to support people to meetings and health care appointments, and to weekly social or educational classes if required. Most relatives told us they were satisfied with the staffing levels and felt the provider deployed enough staff to provide their family members with the care and support they needed. One relative stated that people would benefit from increased staffing levels at weekends so that a wider range of social activities could be offered. Other relatives told us that they sometimes visited at weekends or arranged for their family member to spend time at their family home. Staff told us that they felt the staffing levels were suitable although the service could get busy at certain times of the day, for example when people returned home from different community activities.

The provider's recruitment files demonstrated that staff with appropriate knowledge and experience were appointed to work at the service. These files were securely stored at the provider's head office within the borough and records showed that people who use the service were encouraged to participate in the selection process for new staff or existing staff seeking different roles. The provider obtained at least two references for prospective employees, which were checked to ensure their authenticity. There was also evidence of proof of identity, entitlement to work in the UK and proof of address. A member of the human resources team told us they met with applicants if there were any gaps in their employment history, to ensure the provider had the level of information they needed. Disclosure and Barring Service (DBS) checks were carried out prior to staff commencing employment. (The DBS provides criminal record checks and barring functions to assist employers to make safer recruitment decisions).

At the time of the inspection the care home was undergoing an extensive programme of redecoration and refurbishment. We received mixed responses from relatives about the standard of cleanliness and comfort at the service prior to this work beginning, although people who use the service, their relatives and staff remarked they were pleased that improvements were now being made and they looked forward to the completion of the decorating programme.

Systems were in place to ensure that people were provided with a safe and hygienic home environment. We looked at a sample of the provider's health and safety records which showed that appropriate checks were conducted, for example portable electrical appliances testing, annual landlord's gas safety check, quarterly fire evacuation drills and the monthly flushing of unused water outlets. We noted that the provider did not have a system in place for recording that checks took place on window restrictors to ensure they were functioning correctly.

We recommend that the provider seeks advice and guidance from a reputable source in regards to the

regular checking of window restrictors.

Good

Is the service effective?

Our findings

People using the service told us that staff provided them with the support they needed. One person told us, "I go to [holiday centre] with staff, I am going to Paris and I speak with [registered manager]. Another person said, "I have been working on tidying up my room with [member of staff]. I am thinking of moving on, I talked with [registered manager and members of staff] about moving when I did PCP (person centred planning)."

We spoke with staff about their training, supervision and annual appraisals. Training records evidenced that staff achieved their required mandatory training, which included safeguarding, food hygiene, fire training, health and safety, and understanding mental capacity. We spoke with a member of staff who was still within their six month probationary period and was undertaking the Care Certificate, along with their mandatory training. (The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life and provides introductory skills and knowledge to provide a good standard of care and support). Another member of staff informed us they had spoken with the registered manager about the type of training they could access once they had completed their probationary period which included training courses in relation to understanding autism and epilepsy, and how to use Makaton. (Makaton is a language programme using signs and symbols to help people to communicate). Staff received support through regular group meetings and one to one formal supervision with either the registered manager or the deputy. We noted that the minutes for the staff meetings demonstrated that staff were given information about new policies and procedures and any areas for improvement were discussed, which included medicine practices.

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. We noted from our discussions with the registered manager and members of the staff team that people were supported to make their own choices and decisions, and we observed how staff ensured people had consented to their care and support. For example, people were asked if they wished to speak with us at a time that met their convenience. There was a good understanding of specific circumstances when people might not be able to make a decision and how best interests meetings could be used if it was necessary for decisions to be made on people's behalf.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager understood his responsibilities and confirmed that none of the people using the service were subject to DoLS authorisations.

People told us they enjoyed the food provided by the service and they liked to get involved with cooking. One person said, "I do cooking twice a week and eat what I have cooked. I make a cup of tea. It was my birthday; I had cake at home with [my relative] and a cake here with everybody." We observed people

making sandwiches and drinks during the inspection, either independently or with an appropriate level of encouragement and support from staff. The minutes of the residents' meetings showed that people were consulted about the weekly grocery shopping and menu planning. People were asked if they had any particular requests for the supermarket list and we noted that each person's preferred meals and puddings were incorporated into the weekly menu.

The care and support plans and the health action plans showed that people's nutritional needs were assessed and they were asked about their dietary choices and preferences. Staff supported people to adhere to medically advised diets and they monitored people's weight in line with the frequency advised by a person's health care professional. We noted at the previous inspection that the service was supporting a person with complex nutritional needs and records had showed that staff had worked closely with the person, their family and health care professionals to make sure these needs were properly met. At this inspection we spoke with the person and their relative and found that the staff continued to closely liaise with the relevant professionals to promote the person's health and wellbeing.

Staff told us that the service had an effective relationship with the nearby GP service. People had specific care and support plans to identify and address their health care needs, which were known as 'health action plans'. These were produced by staff, who consulted with people and their representatives where applicable; to ensure people's own views and wishes were reflected. We had noted at the previous inspection that the practice nurse at the GP surgery had been involved with the planning and evaluating of people's individual health action plans. At this inspection we found that some people's recently revised health action plans had been sent over to the practice so that the GP and practice nurse could update their contributions to these documents. However, the health action plans available for us to look at during the inspection were up to date and had been signed by people using the service and their GP. Records showed that people received health care support from a variety of health care professionals including psychologists, dentists, psychiatrists and opticians. We noted that the provider had received a letter from a hospital consultant which complimented a member of staff for the informed way they supported a person to attend an outpatient appointment.

Good

Is the service caring?

Our findings

People informed us they were happy living at the service and were treated in a caring way by the staff. One person told us, "I am as free as a bird. I'm a joker and make everyone happy. I have friends and the staff are good." Another person told us they experienced long-term problems due to their health care needs and felt that staff showed patience and understanding. The relative of one person said, "Yes, I think he/she is very happy and they would tell me if there was a problem. The staff let you know how he/she is, they are helpful." Another person's relative told us that they had always observed positive interactions between staff and their family member, and had noticed that staff spoke in a kind and supportive way with other people who lived at the service. They explained that their family member regarded Richford Gate as being their home, which showed they felt comfortable and at ease with other people using the service and the staff group. Comments from external professionals highlighted that people got on well with the members of staff who accompanied them to external meetings and appointments.

We found that there were measures in place to support people to get involved in the daily running of the service. People were asked for their views during the residents meetings, for example people had been consulted about the refurbishment programme and were encouraged to suggest ideas for a weekly group activity. The minutes of the residents meetings showed that people were supported by staff to consider the merits of each other's proposals and then decide as a group which activity should take place, for example a trip to a restaurant, cinema or pub meal. Staff respected people's wishes if they chose not to participate in the weekly outing.

We observed that people moved freely about the service and went into the kitchen if they wanted to make a drink and/or a snack. The service was located next to a resource centre operated by the provider. Staff told us that people who use the service attended groups at the resource centre but also liked to pop in to catch up with people they knew socially who lived at other services or community settings. This flexibility was supported by staff, however people were aware of the need to let the staff member in the office know where they were going before they left the premises. During the inspection one person who uses the service invited us to visit the day service and we observed that another person who lived at Richford Gate had already called in for a coffee break and a chat with their friends.

At this inspection all of the people we met communicated verbally and were able to clearly express their needs and wishes to staff. People told us that staff knocked on their bedroom doors and awaited permission to enter, which we observed to be the case. Staff confirmed that they had received training about how to provide care and support for people that respected their entitlement to dignity, privacy and confidentiality. For example, each care and support plan we looked at specified whether people wished to receive their personal care from a staff member of their own gender.

People were provided with information about how to access community advocacy services if they needed independent support to express their views and concerns. The provider had produced easy read documents to make information more accessible for people who use the service, for example service user guides and the complaints guidance.

Staff responded to people's needs in a compassionate and thoughtful manner. Staff showed us different examples of the individual work they had carried out to support people at difficult times during their lives, for example if a person was bereaved. This included life history work, approaches to enable people to talk about their feelings when they wished to and comforting ways to remember a close relative or an important friend who was no longer with them. The registered manager confirmed that people could be supported to access external counselling and/or bereavement support.

Good

Is the service responsive?

Our findings

People told us about the different ways that staff responded to their needs. One person informed us they enjoyed an active life and staff supported them to find new activities to try, which reflected their interests in music and the arts. They told us, "I play drums, I do music and a DJ course. I go to a club in Hammersmith and go to the movie night." Another person told us about how they were supported to engage in their favourite pastimes, which included a weekly relaxation class and a weekly walking group that visited local places of interest such as Chiswick House and Bishops Park. This person had very current knowledge about local exhibitions and events that they had attended. At the previous inspection we had spoken with a person who enjoyed attending activities provided by a voluntary sector organisation. At this inspection the person confirmed to us that they still went to these activities but had also acquired new interests which they pursued at college.

The care and support plans we looked at showed that people's needs were assessed before they moved into the service, and people were involved in the planning and reviewing of their care needs and wishes. The documentation for people's review meetings showed that relatives were invited and attended, in line with people's wishes. The relatives we spoke with mainly expressed they felt their family member received good opportunities to develop life skills and access useful community resources. For example, people had chosen to have a take-away evening once a week and this took place during the inspection. We saw how people and staff worked together to draw up a list of people's preferred options as people did not necessarily want meals from the same restaurant. Two people who use the service went out with members of staff to collect the food from the nearby restaurants, taking a shopping trolley with them to bring back the meals. The registered manager told us that he had observed how people had developed new skills and confidence through their involvement with this weekly task, as staff supported them to speak with restaurant staff, make payments and check that sufficient meals were gathered.

We had noted at the previous inspection that people had individual discussion sessions with their keyworkers, which were known as 'Talktime' meetings. These sessions could be used if people were experiencing particular problems, for example if the staff had received feedback from college tutors that a person was not settling at their chosen course. We noted that people continued to attend these sessions at different frequencies depending on their individual needs and wishes. At the previous inspection the registered manager and staff had told us that they were supporting a person who was experiencing difficulties with a friendship and had referred the person for psychology support about relationships. When we looked at the care and support plans during this inspection we saw that staff had carried out detailed work with people to support them to understand friendships and different types of relationships. This included discussions about how to respect other people's wishes and how to act towards people in a way they would wish to be treated by others.

People using the service told us they felt able to tell a relative, a member of staff or the registered manager if they had any concerns or complaints about their care and support. Relatives told us they had spoken with the registered manager about the décor and cleanliness of the service and actions had been taken to resolve the issues. We noted that the registered manager had supported people to make complaints if they

were not happy with the quality of service they received at home or from other organisations. For example, people had chosen to write to the housing association about an environmental issue and one person received complimentary tickets from an entertainment venue when the provider forwarded their concerns about not being given clear information about charging policies on a previous visit. This showed people that staff supported their entitlement to be treated in a fair and respectful manner at all times.

Requires Improvement

Is the service well-led?

Our findings

Through reading people's care and support plans and looking at other documents such as incidents reports, we noted that there was at least one event that we should have been informed of as it resulted in the police visiting the service following a safeguarding concern that we were not informed about. Services that provide health and social care to people are required by legislation to inform the Care Quality Commission (CQC) of important events that happen in the service so that we can appropriately monitor if people are receiving the care and support they need in a timely manner.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

We received positive remarks from people, relatives and external professionals about how the service was managed. For example, one relative told us that although they were pleased that the provider was now upgrading the premises they felt that one of their primary considerations for the wellbeing of their family member was the ethos of the service and how the registered manager promoted a positive culture through their leadership approach. One professional described the registered manager as being a 'role model' for the rest of the team and another professional regarded the management and staff team as being highly committed and effective in how they supported people and worked with external organisations.

Staff described the culture as being 'open' and felt the registered manager was supportive. The registered manager told us that earlier staff shortages at the service had impacted on how he had managed the service. For example, when permanent staff left the service last year, the registered manager and deputy manager had taken on additional responsibilities such as key working individual residents until the new permanent staff had settled and were in a position to take on these responsibilities. We met two staff during the inspection who were close to completing their probation period and they confirmed they were now undertaking increased duties. We were informed that there was now one support worker vacancy at the service which would be filled through recruitment.

The provider formally sought the views of people and their families through sending out questionnaires every other year and had received an inspection visit from Mencap, a national organisation for people with a learning disability. The team conducting the inspection had included people with a learning disability. We noted that people using the service had reported they liked living at the service and were happy with their care and support. Useful suggestions had been made by the Mencap inspection team, for example they felt that the provider could produce accessible easy read versions of more documents, policies and procedures.

There were systems in place to monitor the quality of the service, for example the area manager conducted 'person in control' visits which included discussions with people using the service regarding their views about the quality of the service. A range of audits had been conducted, including audits of the medicines, petty cash and property maintenance. We noted that the health and safety audit was overdue and the registered manager acknowledged that this had not occurred due to other pressures of work. The issues of concern in relation to the management of medicines indicated that ongoing improvement work, including additional medicine audits, was needed. The registered manager was aware of this and planned to continue

to closely scrutinise medicine practices.

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 18 Registration Regulations 2009 Notifications of other incidents The registered person must inform the Care Quality Commission without delay about incidents reported to or investigated by the police.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered manager did not ensure the proper and safe management of medicines.