

Randomlight Limited

Heightside House Nursing 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?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Heightside House Nursing Home is a residential care home which is registered to provide personal and nursing care and for up to 78 adults with mental ill health. At the time of the inspection 54 people were accommodated.

Accommodation is provided in four separate 'units.' The House, The Mews, Close Care and The Gate House. There is also a separate rehabilitation and activities centre.

The House is an adapted premises and incorporates the High Dependency Unit. The Mews is purpose built and consists of one six bedded unit, shared bungalows and flats. Close Care is a purpose-built premises and includes a seven bedded unit and a bungalow. The Gate House, which was not occupied, is an adapted building and can accommodate up to three people.

People's experience of using this service and what we found

Medicines were not always managed safely which placed people at risk of harm. We found shortfalls with provider's systems to monitor and improve the quality of care people experienced.

Progress had been made with assessing and managing risks to people's individual well-being and safety. We observed people were relaxed and content in the company of staff and managers. People expressed some concerns about the behaviours of others, but told us they felt safe at the service. Processes were in place to maintain a safe and hygienic environment.

Recruitment practices made sure appropriate checks were carried out before staff started work, some information was missing; this was rectified during the inspection. There were enough suitable staff available to provide care and support; the registered manager had introduced a process to monitor and review staffing levels. Staff had received training on positively responding to people and safeguarding. Staff were aware of the signs and indicators of abuse and they knew what to do if they had any concerns.

Processes were in place to assess people's backgrounds, their needs, abilities, preferences and risks, before they used the service. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People again had mixed views about the catering arrangements, there was ongoing consultation to make improvements. A variety of meals and drinks were offered and healthy eating was promoted. Individual dietary needs and choices were known and catered for. Ongoing progress had been made to improve the décor and furnishings for people's needs, comfort and wellbeing. The provider offered staff a programme of training, development and supervision. People were supported with their healthcare needs, medical appointments and general well-being.

People made some positive comments about the staff and managers. We observed staff interacting with people in a kind, pleasant and friendly manner. Staff knew people well and were respectful of their choices and preferred routines. People's privacy and dignity was respected and their independence was encouraged.

Progress had been made with the planning and delivery of person-centred care and support. Care plans were relevant and detailed, reviews were consistent, and people were more actively involved. There were opportunities for people to engage in a wide range of community based and in-house activities. People were supported to have contact with families and friends. Processes were in place to support people with making complaints. Some complaints records were unclear. We were assured action would be taken to make improvements.

Heightside House had a welcoming, friendly and inclusive atmosphere. Management and leadership arrangements supported the effective day to day running of the service. There were processes to consult with people who used the service and others, to assess and monitor the quality of their experiences and make improvements. Links had been established with partner agencies and community resources.

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

Rating at last inspection and update

The last rating for this service was requires improvement (Published 9 January 2019). There were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection some improvements had been made, however the provider was still in breach of one regulation and we identified a additional breach. The service remains rated requires improvement. This service has been rated requires improvement for the last five consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to the safe management of medicines and checking systems at this inspection.

Please see the action we have told the provider to take at the end of this report.

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Heightside House Nursing 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector, a medicines inspector, a special advisor (mental health) an inspection manager and an Expert by Experience on the first day and one inspector on the second day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Heightside House Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with 10 people who used the service about their experience of the care and support provided. We spoke with 12 members of staff including the kitchen manager, head housekeeper, nurses, health care assistants, administrator, operations manager, registered manager, deputy manager and the activities lead. We met the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We observed people receiving support and looked around the premises and grounds. We reviewed a range of records. This included six people's care records and 14 medicine records. We looked at two staff files in relation to recruitment also training and supervision records. A variety of records relating to the management of the service, including complaints records, meeting policies and service agreements.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training records, quality assurance records, survey results and an initial response to our findings. We spoke with two professionals who regularly visit the service and a healthcare professional who was linked with the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question remained the same. This meant 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.

Using medicines safely

At or last inspection the provider had failed to protect people against risks by the proper and safe management of medicines. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of this regulation.

- The provider had made limited improvements in the safe management of medicines since our last inspection. People had missed doses of their prescribed medicines because there was no stock available in the home for them. People were at risk of being given doses of some of their medicines too close together or at the wrong times.
- Some people had written guidance in place when they were prescribed medicines to be given "when required" but the guidance was not personalised. For other people, no information was available. Medicines prescribed with a choice of dose, lacked information about which dose to choose. Information was missing to make sure people had their diabetes managed and treated safely. This meant that staff did not have the information to ensure people were given their medicines safely.
- Records about medicines failed to show that all medicines were given as prescribed. Creams were not managed safely because the records showed they had not been applied properly or there were no records made about the application of creams.

We found no evidence that people had been harmed, however, the provider had failed to ensure that staff were managing people's medicines safely. This placed people at risk of harm. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had access to policies, procedures and information about medicines. Medicine management training was provided and a competency assessment process was in place. The registered manager had identified and responded to some of the shortfalls. Following the inspection we received an action plan addressing our findings.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to protect people against the risks to their health, safety and wellbeing. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Staff assessed and managed any risks to people's health, safety and wellbeing. Progress was evident in ensuring risks to individuals were assessed and reviewed. This included assessments of risks relating to nutrition, skin integrity, manual handling and falls. Extensive risk assessments were completed in response to individual behaviours, vulnerability and mental health. Detailed risk management plans guided staff on how to manage risks. We noted one risk assessment had not been updated following an incident, the registered manager took action to rectify this matter.
- The provider had arrangements to provide a safe, secure, environment for people, visitors and staff. The premises and equipment appeared well maintained. Maintenance and safety checks on the fittings and equipment were ongoing.

Systems and processes to safeguard people from the risk of abuse

- The provider had processes to help protect people from the risk of abuse and avoidable harm. Systems were in place to record and manage safeguarding matters, including the actions taken to mitigate risks to people. Managers and staff liaised with the local authority, police and other agencies in relation to the allegations and incidents. Individual safeguarding matters were assessed, recorded and reviewed in people's risk management plans.
- We observed people appeared relaxed and content in the company of staff and managers. Although people expressed some concerns about the behaviours of others, most said they felt safe at the service.
- Staff were aware of safeguarding and protection matters. They described what action they would take if they witnessed or suspected any abusive practice. They had received training on safeguarding and positively supporting people's behaviours.

Staffing and recruitment

- The provider followed recruitment procedures to ensure staff were suitable to provide safe care and support. Appropriate checks were completed. However, a full employment history was missing of one staff; the registered manager took action to rectify this matter. New staff worked probationary periods to monitor their conduct. Disciplinary procedures supported the management of unsafe and ineffective staff conduct.
- The registered manager ensured enough staff were available to support people effectively. People indicated there were enough staff available. One said, "There's always someone there for you." Staff confirmed staffing arrangements had improved. They said, "Staffing levels are much better" and "They always try to get cover."
- The registered manager had introduced a process to monitor and adjust staffing levels based upon individual dependency and risk. We observed there were enough staff on duty during the inspection. Proactive action was ongoing to reduce the use of agency staff.

Preventing and controlling infection

- The provider had arrangements to ensure people were protected by the prevention and control of infection. People spoken with said they were satisfied with the cleanliness of the premises. They said, "Yes, it's quite clean" and "Yes they do a grand job of cleaning here. Any mess is cleaned up straight away." The areas we saw were clean and hygienic. There were cleaning staff and checking systems to maintain hygiene standards.
- Suitable equipment, including laundry facilities were provided. Staff had access to personal protective equipment and they had completed training on infection control and food hygiene. One person commented, "Hygiene is perfect, they wear a blue apron and gloves. They wash their hands too."

Learning lessons when things go wrong

- The provider had developed systems to review incidents, make improvements and mitigate risks. Records of accidents and incidents included a lessons learned evaluation process. Investigations were undertaken as necessary and outcomes appropriately shared. Ongoing monitoring and analysis helped to identify any patterns or trends.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were good and people's feedback confirmed this.

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

- The provider had processes to ensure people's needs were assessed with their involvement. Initial information was obtained from health and social care professionals. People's needs, strengths and abilities were considered, including, their education and social history, mental health diagnosis and behaviours. Any risks were assessed, and a proposed management plan drawn up before the person's arrival. People were encouraged to visit the service, to support a smooth transition. One person told us, "The staff explained everything when I first came in."
- The provider used recognised evidence-based assessment tools, to monitor and review people's continuing health and well-being needs. The pre-admission assessment supported the principles of equality and diversity. People's protected characteristics, as defined by the Equalities Act 2010, such as culture, sexual orientation, religion and belief were considered.

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

- People received support to meet their healthcare needs. Progress had been made with identifying, monitoring and reviewing healthcare in the care plan process. The service liaised with healthcare professionals, as necessary to respond to people's needs. People said, "I have a check-up with the GP," "Staff take me to the clinic" and "I've been to a dentist since I've been here."
- The provider had contracted the services of healthcare professionals including, various therapists and a psychiatrist. Nurse practitioners from the local surgeries attended the service regularly. The service had access to clinical consultations via the internet; staff could seek professional healthcare advice at any time.
- The provider used 'hospital passports' as necessary for sharing information with other services about people's physical and mental health.

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

- Staff supported people to eat and drink enough to maintain a balanced diet. People's specific nutritional and dietary needs were known and catered for. Staff monitored people's food and fluid input as needed. Healthcare professionals, including dieticians, were liaised with as necessary.
- People again had mixed views about the food provided and catering arrangements. Their comments included, "Yes, the food is nice and the mealtimes are okay," "The food can be repetitive but on the whole it's tasty," "Not keen on the food," and "I don't like what they serve or the way they cook it." Arrangements were in place to regularly consult with people on the meals and menus, including daily contact, resident's meetings and surveys.

- The kitchen manager described the action taken to consider people's views and preferences. Progress had been made in ensuring sufficient amounts of choices were provided and alternatives were available. People could have snacks throughout the day. Dining areas had been enhanced to improve people's mealtime experience.

Staff support: induction, training, skills and experience

- The provider ensured staff had the skills, knowledge and experience to deliver effective care and support. Staff said they had completed relevant training. There was an induction programme for new staff. Nurses were supported to continue and update their professional development. Records confirmed the various training modules staff had achieved and were due.
- Staff received supervision and support. They had opportunity to discuss their responsibilities, concerns and to develop their role. Records showed the schedule of one to one supervision meetings. All staff had an annual appraisal of their performance and ongoing development.

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 when this is in their best interests and legally authorised under the MCA.

In care homes 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 service was working within the principles of the MCA. People's capacity had been assessed. Their capacity to make specific decisions about their care and support was reflected in their care plans. Action had been taken to apply for DoLS authorisations by local authorities in accordance with the MCA code of practice. Best interest meetings had been held. Any specific restrictions were highlighted and kept under review.
- Staff understood the importance of gaining consent, promoting people's rights and supporting their choices. We observed they were enabling and reassuring when supporting people to make decisions. One staff member said, "We obtain people's consent and ask and involve them with things." Care records included signed consent agreements and explanations when people chose not to be involved.

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

- The provider had continued to make measured improvements to the environment and refurbishment was ongoing. Since the last inspection new bathrooms and kitchens had been fitted, carpets and chairs replaced and rooms and corridors decorated.
- We observed people were relaxed and comfortable in the service. People had been supported to personalise their bedrooms with their own belongings, such as family photographs, memorabilia and soft furnishings. People had access to extensive outside areas, including gardens and walkways.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated with respect, compassion and kindness. We observed respectful and sensitive interactions between people using the service and staff. Staff were understanding and considerate when responding to people's needs and providing support. Most people made positive comments about the staff team. They said, "Staff are marvellous. I wouldn't be still here if it wasn't for the staff," "Fantastic staff, you can't fault them" and "They are wonderful."
- Staff and managers knew people well. They were aware of people's individual needs and preferences and the importance of respecting their human rights, equality and diversity. Care records included details of people's, preferred name, likes and dislikes, background history, relationships, religion, interests and hobbies. The service had reviewed their equality and diversity policy, to promote current best practice around equality and human rights.

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

- The service supported people to make choices in their daily lives. Staff had time to talk with and listen to people. One person said, "Yes staff have enough time to spend with me." We observed staff offering choices, enabling people to make their own decisions and responding to their preferences. People said they could please themselves on going to bed and getting up times.
- People had been involved and consulted about the content of their care plans and ongoing reviews, some people had signed in agreement with them. Some people were supported by advocates and details of local advocacy services were available. Advocates can speak up for people and provide support with making decisions.
- The service held resident's meetings for group discussion and making shared decisions. The provider had produced a guide, describing the services people could expect, which strengthened their rights and choices. Information leaflets and guidance booklets were available on various relevant subjects.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was upheld and their independence promoted. People had free movement within the service and grounds and could choose where to spend their time. People sharing bedrooms had consented to this arrangement. Staff described how they upheld people's privacy within their work, by prompting people sensitively with their personal care needs. People said, "Staff are quite courteous" and "Staff [assist with personal care task], but I don't feel embarrassed or anything. They are very good that way."
- Staff enabled and encouraged people to do as much as possible for themselves. Positive risk taking to

promote independence, was reflected in the care plan processes. We observed people doing things for themselves. People accommodated in the flats and bungalows had achieved greater independence. Some had responsibilities for domestic chores, including cleaning and shopping.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the provider failed to ensure person-centred care and treatment was provided as appropriate, to meet people's needs and reflect their preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People received care and support that was responsive to their needs and choices. Progress had made with ensuring people had personalised care plans, which were designed with their involvement. People were aware of their care plans, they said, "They've updated my care-plan" and "A member of staff said they'd sit down with me and go through it." Staff described how the delivery of care and support had improved. They gave us specific examples of the progress people had made by responding effectively to their needs and aspirations.
- Information in care plans was clearer, detailed and reflective of people's needs. Progress was ongoing to develop recovery focused goals. Evaluations and care plan updates were ongoing. Although some content could be written in a more person-centred way, progress had been made. Processes were in place to audit care plans, including reviews and people's involvement. Staff had ongoing access to people's care plans. There were regular staff 'hand over' discussion meetings to communicate and share relevant information.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Managers and staff supported and encouraged positive relationships. Visiting times were flexible and people had freedom of movement within the service. People maintained contact with their families and links with people in the community. Strengthening individual relationships was included in care plan process. The provider had a system to link people with a named nurse and a designated keyworker.
- The provider employed a team of activity coordinators, people were supported individually and in groups, to engage in planned and spontaneous activities. This included accessing community events and resources, such as religious services, voluntary work, cinema, football matches and places of interest. Notice boards displayed information on the flexible programme of daily activities and forthcoming events, including, arts and crafts, exercise classes and animal therapy.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service understood and had responded to the AIS. An AIS policy was available to guide best practice. People's sensory and communication needs were included in the assessment and care planning process. Staff communicated and engaged with people, using ways best suited to their individual needs and preferences. Some written information had been made more accessible and produced in a 'user friendly' format.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened to and acted upon to make improvements. The provider's complaints procedure was on display in the service. Complaints forms were available for people to complete. Staff spoken with were aware of their role, in supporting people to make complaints and responding to concerns.
- The complaints recording process was in need of some development. Although we could see complaints, and concerns had been received and dealt with, some records did not clearly show an audit trail of how the concerns were investigated, managed and resolved. The operations manager assured us progress would be made to confirm the actions taken.

End of life care and support

- The service did not usually provide end of life care. However, processes were in place to support people when appropriate and further staff training had been identified. Where possible, people's preferences and choices in relation to end of life care, including spiritual needs and funeral arrangements had been sought and recorded. The service worked with other agencies as appropriate, when responding to people's specific end of life needs.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Management processes did not always support the delivery of high-quality, person-centred care.

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

- The provider's systems for monitoring and improving the service needed development. Despite assurances following the last inspection, audits to ensure medicines were managed safely had not identified all the shortfalls we found. Where shortfalls had been identified, improvements had not always been timely. This meant potential risks to people's health and well-being had not been effectively mitigated.
- The registered manager sent us an action plan following the inspection, which addressed the medicine management shortfalls we identified.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had continued to develop and embed their governance and oversight processes. Regular audits supported the service's quality and performance monitoring, to mitigate risks and make improvements.
- The registered manager and staff expressed a practical understanding of their role to provide person-centred care. Organisational policies and refresher training provided managers and staff with up to date learning, guidance and direction. Job descriptions and employment contracts outlined staff roles, responsibilities and duty of care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and staff had helped to create a welcoming, friendly and inclusive ethos at Heightside House. People were treated as individuals, progress to deliver person-centred care and a greater involvement in the shared living experience was apparent. People were familiar with the management team, including the registered manager and nominated individual. They said, "I'd speak to both happily" and "They're alright yeah I'd feel okay speaking to them if I wanted to."
- Staff expressed confidence in raising concerns to protect people from unsafe or inappropriate care. They felt people were receiving good support. They said, "Things are really improving and have improved," "Staff morale is good, better than previously," "I love working here supporting people" and "Communication could always be better, but teamwork is nice and smooth." Action was ongoing to introduce a 'staff champions' scheme, to promote and share good practice on key topics.

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

- The registered manager and staff consulted with people and monitored their experience of the service. One person using the service was nominated as a residents' representative, to liaise with the management team. People had the opportunity to complete satisfaction surveys, responses were acted upon and used to influence forward planning.
- Staff meetings were held; various work practice topics had been raised and discussed. Staff told us they could voice their opinions and make suggestions. They said, "They [managers] are approachable and supportive" and "We can put ideas forward and they listen." A survey enabled staff to share their work experiences with managers, this resulted in an action plan for progress.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their duty of candour responsibilities including the specific requirements that providers must follow when things go wrong with care and treatment. The registered manager and operations manager by promoted a culture of openness and honesty.

Working in partnership with others

- The service had established links with other agencies and community resources. Including the police, health and social care professionals, local businesses, charities, churches and leisure services

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 The provider had failed to manage medicines safely.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure effective systems were in place to ensure the quality and safety of the service.