

Croft Care Homes Limited

The Croft care Home

Inspection report

17 Snyderdale Road,
Normanton,
WF6 1NT
Tel: 01924 223453
Website: www.croftcaregroup.co.uk

Date of inspection visit: 4 November 2014
Date of publication: 29/05/2015

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?

Requires Improvement



Is the service well-led?

Inadequate



Overall summary

The inspection was unannounced and took place on 4 November 2014. At the last inspection in June 2014 we found the provider was breaching Regulations 10, 11, 12, 15 and 22 of the Health and Social Care Act. The breaches related to assessing and monitoring the quality of service provision, safeguarding people who use services from abuse, cleanliness and infection control, staffing and safety and suitability of premises. At this inspection we found the provider had made some improvements and was meeting some of the regulations. However, the provider remained in breach of regulation 10, assessing

and monitoring the quality of service provision and regulation 15, safety and suitability of premises. During this inspection we found the provider was also in breach of regulation 13, management of medicines.

The Croft Care Home is registered to provide accommodation and personal care for up to 29 people. The service did not have a registered manager. However, since our inspection the new manager has become registered with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

The service did not have effective systems in place to monitor the quality of care provided. The provider had carried out monthly 'management visits', however we did not see any audits of medication, infection control or the safety of the premises.

We found areas of concerns raised at our last inspection with regard to water temperatures were still of concern during this inspection. Our specialist advisor found water temperatures were a scalding risk to people who used the service and presented a serious health and safety issue. The provider told us that after our last inspection water temperatures had been professionally checked.

We looked at the administration of medication and found the recording of medication did not always match what was in stock. We saw some confusing recordings for some medication which meant we could not be sure people's medication was being administered as prescribed.

People told us they were happy living at The Croft Care Home and they and their relatives said they were well cared for. People told us they felt safe and were treated with respect by staff.

We found there was little opportunity for people to be involved in any stimulating or meaningful activity, although one person told us they often went out with a member of staff.

Staff had a good understanding of safeguarding and knew what to do should they suspect any form of abuse was occurring.

We found there were sufficient staff to meet the needs of the people who used the service. Staff told us there were plenty of staff.

We observed the lunch time meal and found the food was plentiful and appetising. People who used the service told us they enjoyed the food.

Care plans contained some good information, although there were some sections that had not been completed fully. However, we were able to navigate around the care plans easily and staff were able to confidently talk to us about people and their care needs.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which has since changed to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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.

We found medication was not always administered as it had been prescribed.

Water temperatures were a scalding risk to people who used the service.

Staff recruitment policies ensured staff were suitable to work with vulnerable people. People who used the service told us they felt safe and staff were confident in how to report any concerns with regard to people's safety.

Requires Improvement



Is the service effective?

The service was effective. We saw reference to people's mental capacity with their care plans, although we did not see formal capacity assessments.

Staff received a comprehensive induction prior to beginning employments and their ongoing training was up to date.

Staff had received regular supervisions and most had either received a recent appraisal or their appraisal was planned.

People told us meals were appetising and people's personal preferences were taken into account when menu planning.

People had access to health professionals as and when required.

Good



Is the service caring?

The service was caring.

People we spoke with who lived at The Croft Care Home thought the care was good. One person told us, "The staff are even good with me and I can be grumpy at times." Another person said, "They do their best, particularly (staff name used), she takes me shopping every Tuesday."

We saw positive interactions between staff and people who used the service. It was clear staff knew people well and understood how to support them.

We saw people's privacy and dignity was maintained whilst staff were assisting people.

Good



Is the service responsive?

The service was not always responsive. We found there was limited access to meaningful and stimulating activity. We were told by staff that people used to be able to go on trips but there had not been any recently.

There had only been one complaint in the last year and this had been handled appropriately and to the person's satisfaction.

Requires Improvement



Summary of findings

People's care plans contained detailed information and these had been regularly reviewed and where necessary changed to better meet the needs of the person.

We saw care plans were mostly comprehensive and easy to navigate around. However, we did see in some care plans there were some sections which had not been completed.

Is the service well-led?

The service was not always well-led.

Audits had not been regularly carried out therefore the provider could not be sure of the quality of the service being provided to people. However, the provider had carried out monthly management visits which looked at some aspects of the care provided.

There had been no satisfaction surveys carried out since 2013.

During our inspection we raised concerns with regard to the maintenance of the home.

Inadequate



The Croft care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the 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 4 November 2014 and was unannounced. At the time of our inspection there were 14 people living at The Croft Care Home. The inspection team consisted of three inspectors, a specialist advisor in estates and an expert-by-experience with experience of services for those living with dementia. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed all the information we held about the service. We had not asked the provider to

complete a provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We contacted the local authority. We also contacted Healthwatch who had no information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke with five people who used the service, the director of the service, the manager of the service and six members of staff which included the cook, the laundry assistant, the housekeeper, two senior care assistants and one care assistant. We spent some time observing how people were cared for, we observed staff interactions with people in the lounge and also the lunch time meal experience. We looked at five people's care plans and reviewed the provider's records about the service.

Is the service safe?

Our findings

Appropriate arrangements were not always in place in relation to the recording of medicine. We looked at five people's medicine administration records (MARs) which showed staff were signing for medication they were giving. We did not observe any gaps on these MARs. Most people had their medicines supplied in blister packs, where each blister pod contained the medicines due at a particular time. However on three occasions we saw people's boxed medication which had been carried forward from the previous month did not show how many tablets had been carried forward, we were therefore unable to ascertain that the correct number of tablets were in stock. Whilst each administration of people's medication was signed for we could not be sure the person had been given the appropriate dose.

We saw one person's eye drops should have had a date of opening recorded as they needed to be discarded after they had been opened for 28 days. There was no date recorded. We were told by a member of staff the eye drops had been opened at the beginning of the medication cycle which was 28 days and would automatically have been discarded at the end of the cycle. However we saw no record to confirm this

A person had been prescribed paracetamol liquid four times daily when required, however, it was unclear what the dose should be and under what circumstances the medication would be given. This was clarified during our inspection, the manager checked the dose required and a member of care staff updated the MAR record. We found another person's paracetamol was still stored in the medicines cabinet and on their MAR record even though it had been discontinued by the person's G.P.

Another person who used the service had been prescribed a medication which from the MAR we were unable to accurately determine if the dose being administered was correct. During our inspection staff contacted the person's G.P. and confirmed the person had been administered the correct dose. The provider has since sent us documentary evidence supporting this.

We saw where people had allergies to certain medication this was recorded on the front of their MAR record and in their care plan. Staff we spoke with told us they had received medication training and their competency to

administer medication had been checked although they did not think it had been checked recently. One member of staff told us, "I like to read about meds, I like to know about them, including the side effects."

We found there had not been an audit of medication since June 2014; therefore any errors/issues had not been picked up by the management team.

We found appropriate arrangements were not in place in relation to the recording and administration of medicines. It is important this information is recorded to ensure people are given their medicines safely and consistently at all times. This is a breach of Regulation 13 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our previous inspection in June 2014 we found the water temperature in some bathrooms was scalding hot and we asked the provider to rectify this. We saw that in September 2014 a plumber had visited the home to 'check and regulate the water temperature', which at the time of their visit was 'within legal limits'. However, during our inspection, our specialist advisor found there were excessive water temperatures at certain hot water outlets within the building which were a scalding risk to people who used the service and presented a serious health and safety issue. We were unable to find documentation which showed the water temperatures had been checked since September 2014. We spoke with the provider about this during our visit. We concluded there was not an effective system to identify, assess and manage risk and to monitor the quality of service provision. This is a breach of Regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We reviewed the care plans of five people who used the service and found with the exception of one person there were up to date person specific risk assessments in each person's file. For example, we saw risk assessments in one person's file for falls, nutrition and whether the person was able to use the 'call bell'. In another person's file we saw risk assessments for falls, pressure area damage and moving and handling. The risk assessment gave staff information about what the risks were and how they should manage the risk.

Is the service safe?

On each fire exit of the home we saw a personal emergency evacuation plan which listed each person's name, their room number and what assistance they would need in the event of an emergency, whilst it is good practice to have this information it does not protect people's privacy and dignity to have it on display in a public area.

We spoke with staff about their understanding of safeguarding vulnerable adults. Staff were able to confidently describe the types of abuse and what they would do should they suspect abuse. Staff told us if they had any concerns with regard to people's safety they would speak with the most senior person on duty. One member of staff said, "I feel confident that the manager would do something about it." We saw there were up to date policies and procedures available for staff with regard to safeguarding vulnerable adults. One member of staff said, "I feel everyone is safe, I wouldn't work here if I didn't think that." People who used the service told us they felt safe living at The Croft Care Home, one person told us they had problems where they used to live, they said, "It's far superior here. They listen to me."

We found there were adequate numbers of staff to meet the needs of people who used the service. Staff we spoke with told us there were plenty of staff and we found throughout the day there were enough staff on hand to help. We saw where help was required staff attended to people promptly and were relaxed and unhurried in their approach.

We looked at the recruitment records of four people employed by The Croft Care Home and found appropriate checks had been carried out prior to people beginning employment. These included two references, checks with the Disclosure and Barring Service and proof of their identity. This meant people who lived at the home were protected from individuals who had been identified as unsuitable to work in a residential home.

We looked around the home and found some areas which required cleaning; however, once the housekeeper arrived we saw most of these areas were addressed as part of their daily routine. With the exception of one person's bedroom we found the home to be clean, tidy and odour free. The person's bedroom had been cleaned and three deodorisers had been placed in the room, however there was still a slight odour in the room. We brought this to the attention of staff. We saw there were paper handtowels in each toilet and bathroom with hand soap and staff told us there was a plentiful supply of personal protective equipment.

We saw the cleaning equipment was appropriately stored with colour coded mops and buckets for use in various areas of the home. We noted infection control instructions for staff throughout the home, for example, in the staff room we saw sign stating 'don't judge a mattress by its cover'. We found there were mattress checks in place and each of the mattresses we checked were clean and odour free. Staff we spoke with told us they had completed infection control training and records we saw confirmed the training was up to date.

Is the service effective?

Our findings

We were told people's friends and families were encouraged to visit and were free to do so at any reasonable time. One person we spoke with told us they saw the manager a lot, they said, "She listens to me and takes notice of my experience." We were told by a person who used the service that if they had a problem they would tell the senior carer, but they also had regular discussions with the owner. They said the owner had told them "My first priority is my residents."

A member of staff we spoke with told us, "I want to make sure they (people who used the service) are looked after to the best of my ability."

We looked at the staff training records and found staff completed a comprehensive induction. The induction was over four days and included for example; a tour of the service, rotas, information about the company, the medication policy, a medication assessment, care plans, complaints procedure and on the floor shadowing. We found most people's training was up to date and details of training completed were stored in the person's recruitment file.

During our inspection we spoke with staff to see how they had been effectively supported to meet the requirements of their role. Staff we spoke with told us they felt they had received adequate training to enable them to deliver care and carry out their role safely. However, staff told us they did not remember having Mental Capacity Act (2005) training.

Most of the staff we spoke with told us they had received supervision from the new manager and we saw evidence of this in people's recruitment files. We also saw evidence of staff appraisals, one member of staff said, they thought the new manager would make sure everyone had regular supervisions and appraisals and she had started doing them already.

We saw information in people's care plans with regard to their mental capacity to make decisions. In one person's care file stated, 'can make basic day to day decisions about meals, clothes, activities, more major decisions will need family input to ensure best interests were put first'. In another person's care file stated, 'can make daily decisions,

staff to encourage this and promote self-empowerment'. We found the mental capacity section of each person's care file to be personal to them. However, we could not see evidence of a mental capacity assessment.

The majority of care plans we looked at had written consent for the person to have their photograph taken and for the disclosure of confidential information to other appropriate professionals. These had been signed by either the person themselves or a nominated representative.

We were told by the manager there was not anyone subject to a Deprivation of Liberty Safeguards (DoLS) authorisation and they had not applied for a DoLS for anyone who lived at The Croft Care Home. This is where a person can be lawfully deprived of their liberties where it is deemed to be in their best interests or their own safety. The manager was able to speak confidently about the need to consider a DoLS, and we were told there was a meeting planned with the provider to discuss applications that may need to be made.

We observed the lunch and teatime meal, tables were nicely laid out with table cloths, cutlery and condiments. We saw people where appropriate were supported to eat their meal. We saw staff assisting people with their meals. Staff were patient and assisted at the pace of the person. They chatted with people whilst they ate which made the meal experience pleasant and sociable. People were offered choice, for example during the lunch time meal people were offered a choice of juice, staff took the two jugs to people so they were able to indicate which they would like. We observed people were offered a choice of meal; again people were encouraged to make a choice by showing them the meals available. People were offered an apron to wear during their meal, some people accepted the apron and others said no and this was respected by staff.

We spoke with the cook who told us there was a four week menu and people had a choice of two meal options. People were able to have a cooked breakfast with a range of other options. We were told there were always easy meals like beans on toast, pork pie or pizza available. We spoke with a person who used the service and they said, they had a takeaway curry and a beer each week which staff got for them. We were told the cook had started to prepare a curry for the person and had served it in a takeaway carton to enable them to continue with the experience of a takeaway without the added cost. Another person who used the service said, "The food is good and

Is the service effective?

there's a choice. I like lamb and the chef sometimes makes it especially for me as they don't have it very often."

Another person said, "The meals are beautiful." Someone else said, "The puddings are best."

Staff we spoke with told us people had access to health professionals whenever they needed them. For example, a

chiropodist and a district nurse regularly visited the home. We saw in people's care plans details of when the G.P had visited them. This included what the diagnosis was and where medication was prescribed we saw what this was and details of how long it needed to be administered for.

Is the service caring?

Our findings

People we spoke with who lived at The Croft Care Home thought the care was good. One person told us, “The staff are even good with me and I can be grumpy at times.” Another person said, “They do their best, particularly (staff name used), she takes me shopping every Tuesday.”

We saw a thank you card in the reception of the home in which a couple expressed their appreciation of the care kindness and attention paid by the staff to their parents who had passed away recently.

We observed interactions between staff and people who used the service and found staff to be kind and caring. It was clear from our observations that staff knew people well. We observed a person enter the lounge towards the end of the day who appeared to be distressed. A member of staff told us the person was deaf and was unable to lip read unless there was sufficient light. The member of staff assisted the person to a seat and ensured they were settled before leaving them. We saw another person was becoming agitated, a member of staff told us the person wanted a cigarette, they got the cigarette for the person and assisted them to the smoking room, and this calmed the person.

We spoke with staff about the people who used the service and whilst they told us they could find out information about people from their care plans they said the people they cared for were like family. One member of staff said, “We are a small close knit family here.”

We saw people were well dressed and they and their clothes were clean and well groomed. Staff chatted with

people as they went about their day and this was aided by a homely atmosphere. We saw people were able to move around the home freely and most accessed the garden with little assistance.

We saw information contained in care plans on how best to assist people with their daily lives, for example, in one person care plan we saw ‘staff support needed with dressing as (person’s name) can get into difficulty with sequencing her clothes’. We looked at one person care plan because we observed them not wearing slippers just socks. The care plan stated the person had oedema of the feet and they therefore wore socks with grips. A member of care staff we spoke with was able to confidently talk about the person and told us they always ensured the person had their ‘slipper socks on’.

We saw in the majority of the care plans we reviewed where people were unable to make decisions about their care family members had been involved and were kept up to date with any changes to their relative’s health.

Throughout the day we saw people’s privacy and dignity was maintained. Staff assisted people with personal care needs whilst quietly explaining what they were going to do. If people asked for assistance this was again done in a calm and appropriate manner. Staff told us how they maintained people’s privacy and dignity. One member of staff said, “I always make sure I close doors, close curtains and we wait outside the toilet.” Another member of staff told us about a person who preferred to shower but did not like anyone in the room with them, so they closed the door and waited outside.

Is the service responsive?

Our findings

People had their needs assessed by the provider prior to moving to The Croft Care Home. We saw pre-admission assessments in people's care plans. However, not all the pre-admission assessments were completely filled in.

Whilst we found care plans were individual to people's needs we found they were not always completed fully. For example, we saw in one person's care plan their 'service user profile' and life history were blank. In another person's care plan we saw their life history had only basic information and their disclosure of confidential information was also blank. In another person's care plan we saw in the activities section it said, 'staff to get to know (person) and get to know their interests and hobbies', this was blank and the person had lived at The Croft Care Home since 2012. We spoke with the manager about this and she told us people's care plans were being reviewed and any missing information would be completed.

People's care plans were easy to navigate around and most contained up to date and reviewed information about the person. We saw various sections which included; an individual service user profile, care plans for people's needs for example, 'to encourage good communication skills' with an outcome of 'to maintain independence'. In one person's section for activities it said, 'joins in all activities, he especially enjoys board games and sing-a-longs. Has regular family visits and goes out with them'. We saw some good information contained in people's care plans. We saw people's weight was regularly monitored and where concerns were highlighted referrals were made to the G.P and dietician.

Information was recorded with regard to people's healthcare needs; we saw where people were allergic to certain medications this was recorded in their care plan. We saw there were care plans for personal care, nutrition, continence, medication and socialising. Each person had a fire evacuation care plan. We saw care plans which helped staff understand the person's needs, for example; we saw a care plan for communication which stated the person's eyesight was poor and they must have their glasses on. We

saw the person was wearing their glasses. In another person's care plan we saw a care plan for 'challenging behaviour'; this gave staff guidance for staff to follow should the person become agitated. It stated, 'can easily be distracted by carer talking to her and offering her some tea'.

Someone who used the service told us that at their request they had their own key. We saw the person had a talent for painting and there were pots of paint and paper on their desk in their room which showed they were encouraged to follow their hobby. The person also had a radio, TV, fridge, kettle and coffee maker in their room.

We were told there was limited access to activities. One member of staff said, "Some like board games, someone comes in monthly to play dominoes, sings and does quizzes. The cook has made buns for them to ice, although I can't remember when this last happened." And, "We had trips out but none this year. We are planning a trip to the panto." Another member of staff said, "They used to do quizzes and we have one service user who likes to help set the table."

In one person's care plan the only activity we saw recorded for the previous five days was, 'interacting with staff, watching TV and listening to party songs'. Throughout our inspection we noted people either spent their day watching television, others sat in the dining area reading a newspaper and some people used the smoking room or went outside to smoke. We did notice one member of staff spent time sitting in the dining room during the afternoon, the member of staff was polite to people but we felt it was a missed opportunity to involve people in some sort of activity.

We saw each care plan had a section with regard to compliments and complaints, people we spoke with told us they knew how to complain but that they had never needed to complain. We saw the complaints procedure displayed in the reception area of the home. We looked at the provider's complaint file and saw there had been one complaint which related to a person's hydration. We saw the complaint had been responded to appropriately and as a result the person had been put on a fluid and nutrition chart

Is the service well-led?

Our findings

At the time of our inspection the previous manager was still registered with the Care Quality Commission but was no longer working at the home. The current manager was intending to register. Since our inspection visit the previous manager has de-registered and the new manager has now become the registered manager.

We were told the manager of The Croft Care Home was also temporarily managing another one of the provider's services. The manager told us she spent on average two days a week at The Croft Care Home but was always on call should she be needed. Since our inspection we have been told the registered manager now manages the service on a daily basis.

Due to the limited time the manager spent at the service we found most audits of the service had not been completed since our last inspection in June 2014. Whilst both the manager and provider had carried out some audits of the service which included three documented visits to the service by the provider and a room check audit by the manager. Audits of medication, domestic check sheet audit, infection control audit, daily notes audit and quality checks of people's care files had not been completed. We concluded there was not an effective operation of systems to identify, assess and manage risk and to monitor the quality of service provision. This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw policies and procedures relating to fire risk assessments, fire evacuation strategy and fire training for staff. Fire alarm testing documentation was also provided that identified a weekly testing program that was undertaken by in-house staff. However we could not see that smoke and heat detectors or break glass units had been tested every 12 months as required by The Regulatory Reform (Fire Safety) Order 2005. We asked for but did not receive fire alarm maintenance records. We also asked for log books identifying maintenance works which should be kept for gas appliances but these were not made available to us during our inspection.

We found two freezers situated in a storage outbuilding and a Rotofry fat fryer located in the kitchen did not have a

Portable Appliance Test (PAT) sticker on it. We were told that Croft Care Homes currently operate a policy of not PAT testing equipment that is new or less than 12 months old. We found other electrical equipment had been PAT tested. Since our visit the provider has assured us there is minimal risk to people who use the service and all PAT testing is now complete. However an inventory of equipment which required testing along with a testing schedule was not available during our inspection and whilst it is not a legal requirement to maintain a testing schedule it is good practice to ensure items are not missed.

We saw a report had been commissioned by The Croft Care Home with regard to the control program for water quality, dated 10 of June 2014. This document provided a comprehensive policy/control document and procedures for The Croft Care Home to ensure the control of water quality issues within its premises were in line with L8 which is the approved code of practice for the control of legionella bacteria and the control of substances hazardous to health. We were told by the manager the document / policy was due to be implemented 1 November 2014. This had not been implemented by the time we inspected on 4 November 2014.

We found other areas of concern with regard to maintenance issues in the service, during our inspection, for example, in one of the bathrooms the taps were not working on the 'parker' bath and had to be turned on/off at the isolation valve on the floor and the extractor fan was not working. A 'parker' bath is a height adjustable reclining bath which enables people to bathe safely. We also found in one of the first floor toilets that the extractor fan was not working and in one of the bathrooms the light was not working, whilst the bathroom had an external window people who used the service would be at risk during the hours of darkness. We saw the insect killer in the kitchen required cleaning.

This is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we have told the provider to take at the end of this report.

Is the service well-led?

The manager told us she had already implemented some changes, for example staff shifts were now being distributed fairly. We told by the manager that she felt she had a good knowledge of the service and knew the areas which required improvement.

Staff we spoke with told us the new manager was very approachable and they were able to speak with her whenever they needed to. Staff said they thought the

changes made by the new manager were positive and they were happy to be working with her. One member of staff said, "The manager is not always here but I often see one of the directors." Another member of staff said, "The manager is doing her best, you can ring her at any time. I rang her the other week and she was here within five minutes." Someone else said about the manager, "I feel supported by her, and I feel confident in her."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

People who use services were not protected against risks associated with the unsafe use and management of medicines.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

People who use services and other were not protected against risks associated with inappropriate or unsafe care and treatment, by means of the effective operation of systems designed to check the quality of care provided.

The enforcement action we took:

Warning Notice issued.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance.
Regulation 15 (1) (c).

The enforcement action we took:

Warning Notice issued.