

Idun Management Services Limited

Whitchurch Care Home

Inspection report

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Date of inspection visit:
20 July 2016

Date of publication:
06 October 2016

Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

This inspection took place on 20 July 2016 and was unannounced. The last inspection took place on 2, 3 and 8 December 2014. We found two breaches of the regulations of the Health and Social Care Act 2008 relating to the management of medicines and consent to care and treatment. These breaches were followed up as part of our inspection

Whitchurch Care Home is registered to provide accommodation for persons who require personal or nursing care for up to 50 people. The service cares for older people, some of whom are living with dementia. At the time of our inspection there were 46 people living in the service.

There was a registered manager in place on the day of our inspection. A registered manager is a person who has registered with the Care Quality Commission 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.

In December 2014 we found that medicines were not managed safely. At this inspection the provider had not made sufficient improvements. This is the third inspection where we have found that the service has not managed medicines safely.

In December 2014 we found that people's rights were not being upheld in line with the Mental Capacity Act 2005. We found sufficient improvements had been made.

The provider had not consistently protected people against the risk of poor or inappropriate care as accurate records were not being maintained.

The provider did not have effective systems and processes for identifying and assessing risks to the health, safety and welfare of people who use the service.

The provider had not ensured that people were protected from the risk of cross infection.

Staff were not consistently supported through an effective supervision programme.

Staff demonstrated kind and compassionate behaviour towards the people they were caring for. We received positive feedback about the staff and people thought they were caring.

Care records that we viewed showed people had access to healthcare professionals according to their specific needs.

Relatives were welcomed to the service and could visit people at times that were convenient to them. People maintained contact with their family and were therefore not isolated from those people closest to

them.

We found two breaches of 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.

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 safe.

Medicines were not managed safely.

People were not adequately protected from the risk of cross infection.

Safe recruitment processes were in place that safeguarded people living in the home.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff were not consistently supported through a supervision programme.

The provider had not protected people against the risk of poor or inappropriate care as accurate records were not being maintained.

People's rights were being upheld in line with the Mental Capacity Act (MCA) 2005. This is a legal framework to protect people who are unable to make certain decisions themselves.

Is the service caring?

Good ●

The service was caring.

Staff treated people with kindness and compassion.

Staff were knowledgeable about people's needs.

People and relatives spoke positively about the staff and told us they were caring.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Care plans were reviewed monthly. However, it was evident that

some of the information contained in the care plans was incorrect and not specific to the person's needs.

The provider had a system in place to receive and monitor any complaints. Where issues of concern were identified they were taken forward and actioned. People said they knew how to complain.

Relatives were welcomed to the service and could visit people at times that were convenient to them.

Is the service well-led?

The service was not well-led.

Systems were not operated more effectively to assess and monitor the quality and safety of the service provided.

People were encouraged to provide feedback on their experience of the service. In the main positive feedback was provided about the level of service.

Some staff did not feel well supported by the manager and felt they were not being listened to.

Requires Improvement 

Whitchurch 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 20 July was unannounced. The inspection was undertaken by one inspector, one specialist advisor and an expert by experience. An expert by experience is a person who had personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

We spoke with eight people that used the service, five relatives and five members of staff. We also spoke to the Registered Manager, the Regional Manager and the Regional Managing Director.

We observed staff carrying out administering medicines to people and we reviewed the medicine administration records for 22 people. We reviewed the care plans and associated records of four people who used the service. We also reviewed documents in relation to the quality and safety of the service, staff recruitment, training and supervision.

Is the service safe?

Our findings

In December 2014 we found that medicines were not managed safely. The provider sent us an action plan telling us what they were going to do to meet the regulations. During this inspection we found insufficient improvements had been made.

Medicines were not stored safely. There were a number of unwanted medicines in the clinical room which required disposal. Some of them were stored in an unlocked cupboard and on the work surface. During the inspection we observed that the clinical room was being left unlocked. Although the room had a keypad access it did not always lock. We found the door open and no-one inside repeatedly throughout the day. This meant that all medicines were easily accessible to anyone without the appropriate authorisation. During the medicines round we observed that several medicines were placed on top of the locked unattended drugs trolley.

An audit conducted by an external pharmacist in May 2016 identified; 'Not all of the containers of medications which have limited shelf life upon opening were suitably annotated with the date after which the contents should be used.' This issue had not been satisfactorily addressed by the service. Medicines such as eye drops have limited efficacy periods once opened and as such should be dated when opened and used by dates also recorded. We found three undated eye drop solutions in use. Therefore, it was difficult to know whether they were safe to use, or not. This meant there was a risk that people were receiving eye drops that should have been disposed of.

Medicine that is not required by a person on a regular basis is sometimes referred to as a 'when required' or PRN medicines. People's PRN profiles did not always contain sufficient information and instructions for staff to give people's medicines safely. Some instructions just stated 'as required.' They did not consistently advise what the medicine was needed for; symptoms to look out for and when to offer; or the maximum amount that should be taken and intervals between doses. This meant that people might not receive their PRN medicines in a way that kept them safe and ensured the medicines were effective.

People told us they were happy with the way their medication is given. We observed in two people's rooms that their medication had been left for the person to take later. Even though staff had not witnessed the person taking their medication their MAR chart had been signed off by staff that their medicines had been taken. This meant there was a risk that people were not taking their prescribed medication. One relative told us that they had noticed that their relative's medicine was often left in their room. Although they had not raised the issue formally with the service it occurred to them that staff would not know if it had been taken, or not.

Despite having an action plan in place since our previous inspection telling us how they were going to meet the regulation the service had failed to ensure that medicines were managed safely. This meant there continues to be a breach of Regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service did not consistently prevent avoidable harm or risk of harm to people. People's care plans contained risk assessments in relation to topics such as mobility, nutrition, personal hygiene and skin integrity. Where risks had been identified, the plans contained an inconsistent level of detail on how staff should support people to minimise the risks. A number of people had non-regulating pressure relieving mattresses. Pressure relieving mattresses if set in accordance with the person's weight, can help to prevent the development of pressure ulcers. The service had recently introduced a daily record of mattress settings audit. The weights on the audit forms did not always correspond with the weights stipulated on the person's care plan. This meant that the mattress settings were not necessarily correct. It was difficult to establish whether the information contained on the audit records or the care plans were correct. The mattress instructions were not sufficiently detailed as they did not stipulate the requirement regarding moving from lying to sitting needing a setting adjustment. For some of the mattress' used the staff did not follow the manufacturer's guidance which stipulates; 'When the patient is moved from a lying to a sitting position the comfort control dial should be moved as though the patient was 10kg heavier.' This meant that the potential risks to a person's skin integrity was not being effectively managed.

The provider had inconsistent arrangements in place for reporting and reviewing incidents and accidents. Records showed some incidents such as respiratory infections were clearly audited and any actions were followed up and support plans adjusted accordingly. Other incidents were processed but there was not a clear audit trail of the investigation and the outcome. Since August 2015 one person had experienced five un-witnessed falls and one witnessed fall. Incident forms were completed but no specific action plan had been formulated other than to encourage the person to have their walking stick with them. We were told by staff members that the person is physically deteriorating quickly and is reliant upon staff for moving. Despite the number of falls the person had experienced the person's mobility care plan had not been amended to reflect their current needs. The plan did not provide adequate staff instructions to keep them safe.

This is breach of Regulation 12(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Best practice had not been consistently followed in relation to infection control. There were no clear segregation procedures for clean and dirty laundry. Clean clothing was hanging on rails in the same areas where dirty laundry entered the room to be separated and washed. The flow of dirty linen was insufficient to prevent cross infection between laundry items. The flooring in the laundry room was not sealed. Three portable nebulisers were stored in the clinical room. They contained used masks and they were not clean. There were no spare masks available.

This is a breach of Regulation 12(2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Throughout the rest of the service people were cared for in a safe and clean environment. In February 2016 the kitchen had been awarded a five star food hygiene rating by the local authority. Each person's room had a scheduled daily clean and monthly deep clean. To ensure tasks were undertaken cleaning schedules were completed by the domestic team and standards were checked by a senior member of staff.

We observed staff wearing the appropriate personal protective clothing when entering the kitchen. Staff were observed complying with best practice in relation to the wearing of PPE when providing personal care and transporting dirty linen to the laundry room.

We reviewed the staffing rotas during the period from 19 June 2016 to 10 July 2016. Staffing levels were predominantly maintained in accordance with the assessed dependency needs of the people who used the

service. One person told us of a notable exception. Owing to unexpected absences on a recent Sunday there were no staff in the kitchen and the care staff had to prepare the meals. This was in addition to their care duties. Staff gave mixed responses in relation to the staffing levels. Some staff felt there were enough on duty to meet people's needs, whilst others felt there were not enough.

With only one exception people and their relatives felt that there were not enough staff on duty, particularly at weekends. We observed that people were provided with assistance when needed, such as meal times and when medication was required. The call bell was ringing incessantly all day. The service did not conduct a call bell audit to establish the average length of the response time. In a recent resident's meeting one person was recorded as saying; 'Sometimes you have to wait when you press your bell. The staff come and say they will be back when they have finished with the resident they are attending but sometimes that can be a long time and you have to ring again.' One relative told us that the staffing levels did not impact on care because the "staff work their socks off to make sure it does not."

Despite some people's concerns about staffing levels people told us they felt safe. People's comments included; "I feel safe now because I know I was at risk at home and needed two people to help me. That is available here"; "I am completely safe here. I have no fears, nobody can get in"; and "I can please myself what I do. I know my limitation. Staff appreciate this and allow me this freedom."

Records showed a range of checks had been carried out on staff to determine their suitability for the work. For example, references had been obtained and information received from the Disclosure and Barring Service (DBS). The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they were barred from working with vulnerable adults. Other checks had been made in order to confirm an applicant's identity and their employment history.

Staff we spoke with demonstrated a good understanding of how to recognise and report abuse. One member of staff provided a recent example where they told the registered manager of their concerns about one person. They told us that the registered manager took the issue forward and the matter was resolved. They understood the term 'whistleblowing'. This is a process for staff to raise concerns about potential malpractice at work.

Is the service effective?

Our findings

In December 2014 we found that people's rights were not being upheld in line with the Mental Capacity Act (MCA) 2005. The provider sent us an action plan telling us what they were going to do to meet the regulations. During this inspection we found sufficient improvements had been made.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are 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 were being met. The MCA DoLS require providers to submit applications to a 'supervisory body' for authority to do so. The provider had met their responsibilities with regard to DoLS. Applications had been made to the supervisory body where people were being deprived of their liberty.

Where people used bedrails there was evidence that the person had consented to this level of care or a best interests meeting had been held in relation to their use.

The provider had not consistently protected people against the risk of poor or inappropriate care as accurate records were not being maintained. Not all records were completed accurately to manage and ensure that people's on-going needs were met. Some fluid charts were incomplete. Therefore staff did not have the accurate records of people's nutritional intake. Staff knew why people were having their intake monitored but the charts were not consistently completed.

On the 1 July one person had been recorded as losing 3.8kg in one month and was at high risk of malnutrition. Staff were required to complete food and fluid charts and record the person's weight on a weekly basis. No weekly weight was recorded. We reviewed their food and fluid charts from the 11 July to 19 July. On the 11 July there were no records of any fluid intake. On the 18 July their fluid intake was only 70mls. The quantities of food consumed were consistently not recorded. This meant there was a risk that people might not receive enough to eat and drink, but that staff would be unable to identify this or escalate any concerns.

Following advice from a speech and language therapist it was advised that one person should have; 'Little tasters of food and food and fluid, two to three observed teaspoons at a time.' We observed that there was a bowl of porridge in the person's room. The volume of food consumed was not recorded in the person's food

and fluid chart.

The service used 'MUST' which is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition, or obese. One person had lost 2.3kg in one month. They had changed from being at 'low risk' to 'medium risk' of malnutrition during this period but this had not been recorded in their records. Staff had also recorded the person's weight as 'stable.'

This was in breach Regulation 17 (2) (C) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although there were concerns regarding the accuracy of some people's nutrition related records people in the main spoke positively about the meals. Comments included: "I enjoy the food, no complaints"; "All the meals are good. I have no favourite I enjoy them all and there is always plenty"; and "Food is 50:50, sometimes good, sometimes not." The chef prepared food at the correct consistency, in accordance with people's needs. People's allergies and food likes and dislikes were highlighted on a large white board in the kitchen. If people did not like the options of food we were told by the kitchen staff that an alternative would be provided. Specific dietary requirements such as sugar free or gluten free diets were catered for.

Staff were not consistently supported through a regular supervision programme, supervision is where staff meet one to one with their line manager. Staff we spoke told us they had not received supervisions regularly. This position was reflected in the staff records. The lack of supervision meant that staff did not receive effective support on an on-going basis and training needs may not have been acted upon. The registered manager told us that six supervisions should be held each year. The supervision matrix highlighted that supervisions had been held for most staff but there was a need to increase the number in order to comply with their own targets.

The provider had an induction process which followed the Care Certificate guidelines. The certificate is an identified set of standards that health and social care workers should adhere to when performing their roles and supporting people. The Care Certificate is a modular induction and training process designed to ensure staff are suitably trained to provide a high standard of care and support. New staff also shadowed more experienced members of staff. To ensure that all staff met people's needs on-going and refresher training was provided on modules such as moving and handling, first aid and basic life support. Staff training compliance modular rates ranged from 80% to 97%. Their training matrix highlighted the need for staff to increase their compliance rates on pressure ulcer prevention and dementia care modules. The registered manager was aware of this position and told us they were taking this matter forward.

Is the service caring?

Our findings

We observed that staff treated people with kindness and compassion. There was a friendly atmosphere and staff knew people by their preferred name and vice versa. People in the main spoke positively about the staff and told us they were caring. People's comments included; "Staff make sure I am comfortable. They are so careful when touching and moving me because they know it causes pain. Everything is done as I wish. I could not be more grateful to them"; "I feel really well cared for. The staff are so kind and caring and will do anything I need"; and "The staff are fantastic. My loved one is very private and independent and does not ask for anything. But staff keep an eye in them and know what is going on."

We noted a recent compliment had been received by the service; 'We would like to thank you for the fantastic care you all gave Mum in her last weeks. You were all caring, compassionate and treated Mum with the utmost respect and dignity that she so deserved. She was very happy with our choice of nursing home, so big thanks to all.'

We observed positive interactions during the day. During lunch there was lots of laughter and visitors were welcomed. Staff provided people with time to respond when asking them a question and listened to them and acted accordingly. We observed terms of endearment and affection being used appropriately. One relative told us; "My loved one is well-cared for. The staff love him to bits and give them hugs. This pleases me."

People were offered choices and assistance with eating was provided, where required. Despite being busy people were treated with patience and sensitivity. To ensure people's needs were met the staff worked well as a team and consulted with each other.

A married couple lived in adjoining rooms. The staff had re-arranged the wife's room to include a comfortable armchair where the husband could sit and spend the day and have meals with his wife.

We observed one notable exception where communication could be improved. A member of staff was assisting a person to eat in their room. There was no verbal encouragement, explanations or interaction. Despite the lack of interaction they did not rush the person and they ate at their own pace.

From the observed interactions it was evident that staff members demonstrated a clear understanding of people's needs and knew them well. When we spoke with members of staff about the people they cared for they knew people's likes and dislikes and their individual preferences. One member of staff told us about one person they cared for. They told us about their preferences for certain foods and how they liked their furniture arranged. They continued to provide an account of how the person liked their personal care to be provided but told us they still continued to ask them how they would like things undertaken each day.

People's privacy and dignity was respected. Most people had their bedroom doors open. We observed staff calling out to people and announcing themselves and asking if they could enter. We observed staff seeking consent before any intervention such as; "Would you like me to?"; "Shall I?" and waiting for a response

before proceeding with a task. People told us that staff made them feel comfortable when receiving personal care. Comments from people included; "The care is excellent. Staff are respectful and well-informed. Personal care is performed with privacy and dignity"; and "The carers are lovely. I feel comfortable with personal care, they do it as I like it."

End of life care was dealt with sensitively with the person and their relatives. End of life care preferences were recorded in the person's care plan. One person who was receiving end of life care was seen by the GP regularly. The service sought advice and involved the local hospice. Family members were fully involved and were informed regarding the person's care and their deterioration.

Is the service responsive?

Our findings

The service took into account the person's capacity and ability to consent on specific decisions, and either, they or a person lawfully acting on their behalf were involved in the planning, management and review of their care and treatment. In the main people or their representative and people had signed their care plans to indicate their agreement. However, this was not evident in all the care plans. The majority of people we spoke with were aware of the contents of their care plan and had been involved in compiling it. Relatives did feel sufficiently informed of notable events. They told us that they had been consulted on and were actively involved in all aspects of their relative's care.

Pre-admission assessments were conducted to establish the level of dependency of the person and took into account their individual needs. This included personal care, emotional, medical and spiritual needs. Care plans were reviewed monthly. However, it was evident that some of the information contained in the care plans was incorrect and not specific to the person's needs, such as pressure relieving mattress settings and nutritional risks. Owing to the inaccuracies the care plans were not consistently personalised specifically for the person's needs.

People had access to healthcare professionals where necessary. The records showed that people had received support from tissue viability nurses, diabetes nurse, the speech and language therapy team and GPs.

There were two part time dedicated activities coordinator who worked from Monday to Saturday. Activities included table skittles, flower arranging, church fellowship group, gardening, pat a dog, art groups and musical entertainment. The activities coordinator provided one-to-one sessions for people who chose to remain in their room. The activities coordinators were organising a summer fete. People were making cards and bookmarks in the art group for the event. People had access to reading material, music and board games in the communal lounge. People's comments were largely positive about the activities. One person told us; "The activities coordinators work extremely hard to involve everybody."

The provider had systems in place to receive and monitor any complaints that were made. We reviewed the complaints file. One formal complaint had been received in 2016 and it was handled in accordance with their complaints procedure. The complaint was investigated by the manager and there was a clear audit trail of the outcome and actions taken. A meeting was held with the complainant and an agreed action plan implemented. People said they knew how to complain. One relative told us; "My loved one does not speak up for themselves and complains each time I visit. They say they do not have a bath or shower often enough and their food is cold." They had not raised the issue formally with the service. They were advised to do so in order that their concerns could be addressed through the appropriate procedure.

Relatives were welcomed to the service and could visit people at times that were convenient to them. People maintained contact with their family and were therefore not isolated from those people closest to them. People told us about their family visits and we met a number of visitors. They stayed for lunch and sat with their relatives in the garden. Relatives were mainly positive about the care provided to their relative.

Comments included; "The staff are so well-trained and able. No-one could complain about them in any way. They always ask, give choices and respect the decisions of my loved one"; and "Staff are very skilled in the way they deal with my difficult but elderly and vulnerable loved one."

Is the service well-led?

Our findings

The provider did not have effective systems and processes for identifying and assessing risks to the health, safety and welfare of people who use the service. Since our previous inspection there has been no marked improvement in the level of service provided. Medicines were not managed safely. The service did not consistently prevent avoidable harm or risk of harm to people. Best practice had not been consistently followed in relation to infection control. Staff were not consistently supported through a regular supervision programme. The provider had not consistently protected people against the risk of poor or inappropriate care as accurate records were not being maintained. Some information contained in the care plans was incorrect and not specific to the person's needs. The provider's auditing systems had failed to identify the majority of the shortfalls found at this inspection.

The weekly medicine audits conducted by the registered nurse were not accurate. The audit conducted three days prior to the inspection indicated a 100% compliance rate. The audit stated that all short life medicines such as eye drops had dates opening on the label. This was not the case. The audit stated that discontinued medicines or amendments were signed, dated and an explanation given. We found that this was not the case. For one person their Medicines Administration Record (MAR) contained handwritten instructions adjusting the strength of one of their prescribed medicines. The MAR was unsigned and no explanation was provided.

The provider had failed to fully implement their action plan on how they were going to meet the requirements of Regulation 12. The service was found to be in breach of Regulation 12 at our previous inspection in December 2014. Their plan stated; 'New system of daily and weekly medication audits via an electronic tablet allows the Home Manager and Regional Manager to see and check audits have been completed and action taken over discrepancies.' The Home Manager and Regional Manager had failed to identify that the weekly medicine audits were incorrect. The provider had also failed to implement the part of the action plan which stated; 'All medication that is 'as required' will have relevant supporting documentation available with the MAR chart, back up by information in the care plan.' This was not the case. People's PRN profiles did not always contain sufficient information and instructions for staff to give people's medicines safely. This is the third inspection where we have found that the service has not managed medicines safely.

This is a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People were encouraged to provide feedback on their experience of the service. A recent residents meeting had been held. Issues discussed included people's views on the activities programme, food, cleanliness and the call bell response times. One person told us; "It was very democratic and not a whinge session." Some people did not know the registered manager's name and told us they never see them. Relatives also told us that didn't see much of the registered manager. However, they thought the manager was doing a good job and the home was a happy friendly place.

Relatives meetings were not held regularly. One person told us; "There is no point. I visit regularly and know what is going on. If I want information I can ask for it." The service has a 'Quality of Life' programme. People have access to an electronic tablet in the service to provide their views. According to the their website "the system provides a convenient way for our residents, and those close to them, to give on-going feedback and it immediately notifies us with the aim of us fixing it quickly." In the main positive feedback was provided about the level of service. Where concerns had been expressed a concern here was an audit trail that demonstrated the registered manager had spoken with the person and resolved the matter.

We received mixed comments from staff members regarding the registered manager. Some staff did not feel well supported by the registered manager and felt they were not being listened to, particularly regarding staffing levels. Some staff considered there was a 'them and us' split between the care and nursing staff. Staff were not supported through a regular supervision programme. However, staff felt they received sufficient training to undertake their role. Regular staff meetings were held with care staff, night staff and the nursing teams. The most recent meeting did discuss a number of operational issues, including staffing levels. The registered manager advised staff that the staffing levels are currently set in line with the current occupancy and dependency levels. They advised that they had requested that the morning carers are increased to allow for a 'floater' who can help both floors.

To ensure the safety of the service health and safety checks were conducted, such as checks on equipment and standard of electrical, gas and water safety had been completed.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The service did not consistently prevent avoidable harm or risk of harm to people.</p> <p>Medicines were not managed safely.</p> <p>Best practice had not been consistently followed in relation to infection control.</p> <p>Regulations 12(2)(b),(g)&(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have effective systems and processes for identifying and assessing risks to the health, safety and welfare of people who use the service.</p> <p>The provider had not consistently protected people against the risk of poor or inappropriate care as accurate records were not being maintained.</p> <p>Regulation 17(1)(2)(b)&(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

The enforcement action we took:

Warning Notice