

Stroud & District Homes Foundation Limited

Cotswold Court

Inspection report

Browns Lane
Stonehouse
Gloucestershire
GL10 2JZ

Tel: 01453828275
Website: www.stroudmencap.co.uk






Date of inspection visit:
28 March 2017

Date of publication:
09 June 2017

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

The inspection took place on 28 March 2017. This was an unannounced inspection. The service was last inspected in March 2016. At the time of the last inspection we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found a breach of Regulation 12 Safe Care and Treatment as the service was not managing medicines safely. We also found that regular audits of the service were not being carried out. This was a breach of Regulation 17 Good Governance. During this inspection, we found some improvements had been made since we last inspected the service.

Cotswold Court is a large house offering accommodation and personal care support for up to six people who have a learning disability. There were 6 people using the service at the time of the inspection.

There was a registered manager in post at Cotswold Court. They told us they had been working as manager in the home for five years. 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.'

The service was not always safe. There were suitable arrangements in place for the safe storage, receipt and administration of people's medicines. However, administration of medication was not always recorded appropriately. Risk assessments were implemented and reflected the current level of risk to people. There were sufficient staffing levels to ensure safe care and treatment. The registered manager took appropriate steps to ensure suitable people were employed to support people using the service.

People were receiving effective care and support. Staff received appropriate training which was relevant to their role. Staff received regular supervisions and appraisals. The service was adhering to the principles of the Mental Capacity Act 2005 (MCA) and where required the Deprivation of Liberty Safeguards (DoLS).

The service was caring. People and their relatives spoke positively about the staff at the home. Staff demonstrated a good understanding of respect and dignity and were observed providing care which promoted this.

The service was responsive. Care plans were person centred and provided sufficient detail to provide safe care to people. Care plans were reviewed and people were involved in the planning of their care. People were supported to access and attend a range of activities. There was a complaints procedure in place and where complaints had been made, there was evidence these had been dealt with appropriately.

Some improvements were required to ensure the service was well-led. Quality assurance checks and audits were occurring regularly but did not always recognise shortfalls within the service. This was identified at the previous inspection but sufficient improvements had not been made at this inspection. Staff, people and their relatives spoke positively about the registered manager. The registered manager and

staff were aware of the vision and values of the service and worked hard to provide a service which was person centred for each individual.

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?

Some improvements were required to ensure the service was safe.

Administration of medication was not always recorded appropriately.

Risk assessments were implemented and reflected the current level of risk to people.

There were sufficient staffing levels to ensure safe care and treatment.

The registered manager took appropriate steps to ensure suitable people were employed to support people using the service.

Requires Improvement 

Is the service effective?

People were receiving effective care and support.

Staff received appropriate training which was relevant to their role.

Staff received regular supervisions and appraisals.

The service was adhering to the principles of the Mental Capacity Act 2005 (MCA) and where required the Deprivation of Liberty Safeguards (DoLS).

People had sufficient levels of food and drink. Where required, the relevant professionals were involved to manage people's dietary needs.

Good 

Is the service caring?

The service was caring.

People and their relatives spoke positively about the staff at the home.

Staff demonstrated a good understanding of respect and dignity

Good 

and were observed providing care which promoted this.

Is the service responsive?

Good ●

The service was responsive.

Care plans were person centred and provided sufficient detail to provide safe care to people.

Care plans were reviewed and people were involved in the planning of their care.

People were supported to access and attend a range of activities.

There was a complaints procedure in place and where complaints had been made, there was evidence these had been dealt with appropriately.

Is the service well-led?

Requires Improvement ●

Some improvements were required to ensure the service was well-led.

Quality assurance checks and audits were occurring regularly but did not always recognise shortfalls within the service.

Staff, people and their relatives spoke positively about the registered manager.

The registered manager and staff were aware of the vision and values of the service and worked hard to provide a service which was person centred for each individual.

Cotswold Court

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 was an unannounced inspection which was completed on 28 March 2017. The inspection was completed by two adult social care inspectors. The previous inspection was completed in March 2016 and there were two breaches of regulation at the time.

Before the inspection, we asked the provider to complete 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 planned to make.

We reviewed the information included in the PIR along with information we held about the home. This included notifications, which is information about important events which the service is required to send us by law.

We contacted five health and social care professionals to obtain their views on the service and how it was being managed. This included professionals from mental health services, local authority and the GP practice.

During the inspection we looked at four people's records and those relating to the running of the home. This included staffing rotas, policies and procedures, quality checks that had been completed, supervision and training information for staff. We spoke with four members of staff and the registered manager of the service. We spent time observing and speaking with people living at Cotswold Court.

Following the inspection, we contacted three relatives by telephone about their experience of the care and support people received at Cotswold Court.

Is the service safe?

Our findings

The service provided to people was not always safe.

Medicines policies and procedures were available to ensure medicines were managed safely. Staff had been trained in the safe handling, administration and disposal of medicines. Staff who gave medicines to people had their competency rechecked annually to ensure they were aware of their responsibilities and understood their role. Clear records of medicines entering and leaving the home were maintained.

Each person had a file containing their medicine administration records, preferences on how they liked to take their medicines and information in respect of medicines they were prescribed. This included the reason the medicine was prescribed and any known side effects and allergies. Information was available to staff on 'as and when' medicines such as pain relief or remedies were required. This included what staff should monitor in respect of when and how these medicines were to be given. These plans had been developed with the involvement of relevant healthcare professionals.

During our last inspection we found that medicine administration was not always recorded and the service was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe Care and Treatment. When we looked at the Medicine Administration Records (MAR) during this inspection, we found the issue had not been fully resolved. Medication records were not always maintained and gaps were found where medicine had been administered but not recorded. This meant it was not always clear as to whether people had taken their medicine or not.

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

People told us they felt safe living at Cotswold Court. One person told us "I feel safe here" and "All of the staff are nice and friendly to me". Another person said "I feel very safe here". We observed people were relaxed when in staff company. We observed staff working at the pace of the people they were supporting them and not rushing them to ensure safe care was being provided. Relatives told us they felt their relative was safe and comfortable in the home and had good relationships with the staff. One family member stated "I feel X (resident) is safe and happy at Cotswold Court".

Risk assessments were present in the care files. These included risks associated with supporting people with personal care, assisting them when they are in the community, moving and handling and risks associated with specific medical conditions. There was evidence of staff liaising with other health professionals to identify and manage risk. For example, one person had been diagnosed with epilepsy and suffered frequent seizures. There was evidence of input from relevant professionals and the care staff to identify the risks to this person and how these were to be managed. The staff we spoke with told us they felt the risk assessments were clear and gave them a good overview of the various risks for each person.

There were sufficient staff supporting people living in the home. This was confirmed in conversations with

staff and the rotas. Each person was allocated a keyworker. This was a named member of staff who was responsible for ensuring care plans were up to date and reflected the current level of need for the person. Staff told us if people had activities outside of the home this would be reflected in an increased number of staff on shift for that particular time. In order to ensure there were sufficient staff working in the home the registered manager informed us she determined staffing levels by individual levels of needs and what activities were on during each shift. These were then assessed together to judge the number of staff needed across the home. The registered manager informed us that there are always a minimum of two staff members in the home during the day and at least one staff member at night. The registered manager informed us that they operate an on-call system and also have bank staff who are available to cover shifts in emergencies. Staff also informed us they are happy to swap shifts to support colleagues. Relatives commented on how they felt the home was sufficiently staffed. One relative commented "There are always enough staff on duty".

The registered manager understood their responsibilities to ensure suitable staff were employed in the home. Recruitment records contained the relevant checks including a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers as part of the process to ensure staff were suitable and of good character. Before an individual was allowed to commence work in the home, a 'cleared to work' form had to be completed by the head office. This was done to ensure all of the relevant checks had been completed and the relevant documents which were required were seen.

The provider had implemented a safeguarding procedure in the home. Staff were aware of their roles and responsibilities when identifying and raising safeguarding concerns. The staff felt confident to report safeguarding concerns to the registered manager. Safeguarding procedures for staff to follow with contact information for the local authority safeguarding teams was available. All staff had received training in safeguarding. Safeguarding issues had been managed appropriately and risk assessments and care plans were updated following incidents to minimise the risk of repeat events occurring.

Health and safety checks were carried out regularly. We observed staff wearing gloves and aprons when supporting people with their care. Environmental risk assessments had been completed, so any hazards were identified and the risk to people was either removed or reduced. Checks were completed on the environment by external contractors such as the fire system. Certificates of these checks were kept. Fire equipment had been checked at the appropriate intervals and staff had completed both fire training and fire evacuation (drills). There were policies and procedures in the event of an emergency and fire evacuation.

Staff told us there was a quick response to maintenance and repairs. The home maintained daily premises checks to identify any issues which were then reported to the head office. Records were kept of all issues requiring work and these evidenced that where work had been identified, there had been a quick response and the work was completed in a timely manner.

The home was clean and tidy and free from odour. We were told cleaning was the responsibility of all staff during their shifts. Staff were observed washing their hands at frequent intervals. There was a sufficient stock of gloves, aprons and hand gel to reduce the risks of cross infection. Staff had completed training in this area. The staff we spoke with demonstrated a good understanding of infection control procedures. The relatives we spoke with all told us they felt the home was clean.

Is the service effective?

Our findings

The service provided to people at Cotswold Court was effective in meeting their needs.

Staff had been trained to meet people's care and support needs. The staff we spoke with felt they had received good levels of training to enable them to do their job effectively. Training records showed most staff had received training in core areas such as safeguarding adults, person centred care, health and safety, first aid, food hygiene and fire safety. Staff confirmed their attendance at training sessions. The registered manager told us staff training was provided through face to face classroom approaches as well as distance learning through the use of an external provider. The registered manager told us all new staff were required to complete the care certificate. This is a nationally recognised certificate taken from the Care Act 2014 and is based upon 15 standards health and social care workers need to demonstrate competency in.

The registered manager demonstrated a clear grasp of the importance of staff training and demonstrated an awareness of staff training needs. The registered manager had identified gaps in people's training and had made suitable arrangements for staff to attend training courses. The registered manager used a matrix which clearly detailed what training courses had been completed by each staff member and what was also outstanding. The matrix also enabled the registered manager to track when people required refresher training courses to update their knowledge.

Staff had completed an induction when they first started working in the home. This was a mixture of completing mandatory training courses and shadowing more experienced staff. The registered manager told us new staff members would have shadow shifts for at least two weeks when they first started working at the home. These shifts allow a new member of staff to work alongside more experienced staff so that they felt more confident working with people. This also enabled them to get to know the person and the person to get to know them. The registered manager and staff we spoke with told us shadow shifts would be at different times of day and night to ensure staff had experience of working all shifts required. In addition to this, the registered manager told us each new member of staff was given an induction pack which included key information such as policies, what training needed to be completed and records of shadow shifts. Each item had to be signed off by the registered manager before a person was considered as having completed their induction.

Staff had received regular supervision. The registered manager informed us supervision occurred every 6-8 weeks. These were recorded and kept in staff files. The staff we spoke with told us they felt well supported and felt they could discuss any issues with the registered manager who was always available. Staff told us they felt they did not have to wait for their supervision to discuss any issues with the registered manager. The registered manager told us supervision responsibilities were shared between themselves and the deputy manager. There was evidence staff had received an annual appraisal. An appraisal is a meeting between an employee and their manager to discuss their performance over a period of time. Appraisals are also generally used to discuss the employee's learning and developmental needs.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Everyone living at Cotswold Court had assessments regarding their capacity to make decisions. The registered manager and staff in the home demonstrated a clear understanding of DoLS procedures. The registered manager was able to outline their responsibilities in relation to making DoLS applications if they were required. The registered manager had invited appropriate people such as social workers and family members to be involved in best interest meetings which had been documented in the care plans. When speaking with family members, they told us they felt involved in best interest decisions.

It was evident from talking with staff, our observations and care records that people were involved in day to day decisions such as what to wear, what they would like to eat and what activities they would like to participate in. For example, we observed a number of people being asked by staff regarding what they would like to do or what they wanted to eat. From talking with staff and observing their interaction with people, it was evident that they respected the wishes of people using the service. For example, we observed one staff member offering a drink and snack to a person. The person declined and the staff member respected this wish.

The registered manager told us that people and their representatives were provided with opportunities to discuss their care needs when they were planning their care. Relatives we spoke with informed us that they were always consulted in relation to the care planning of people using the service. The registered manager told us they used evidence from health and social care professionals involved in people's care to plan care effectively. This was evidenced in the care files. For example, Speech and Language Therapists (SALT) had been consulted regarding the nutritional needs of one person living at Cotswold Court.

Care records included information about any special arrangements for meal times and dietary needs. Menus seen showed people were offered a varied and nutritious diet. Staff told us they plan menus on a weekly basis and consult the people living at home as to what they would like to eat during the week. Where people were unable to participate in these discussions verbally, staff used picture cards to enable the person to express their choice of meals. One staff member told us how one person had a special dietary requirement but still liked to feel a part of the group at meal times. Staff told us how they ensured they adhered to this person's dietary requirement but also served him the same meal as the other people using the service. This demonstrated staff were aware of people's wishes and accommodated these where possible.

We received positive feedback regarding the quality of the food at Cotswold Court. One person we spoke with described the food as 'tasty'. Another person stated "The food is good". Relatives we spoke with told us they felt the food was of good quality.

Care files clearly detailed the individual support people needed with their meals. For example, if a person required support with cutting food or food needed to be at a certain consistency, these were clearly detailed in the care plans. Individual records were maintained in relation to food intake so that people could be monitored appropriately. These were also shared with relevant health professionals where required. Relatives told us they felt there was enough food provided for people at the home.

People had access to a GP, dentist and other health professionals. The records from these appointments were recorded and were also reflected within the reviews in peoples care files. For example, one person needed input from a professional regarding their food being blended due to difficulties with swallowing. The input from the professional involved was clearly documented in the care files and also detailed how staff were to support this person.

Cotswold Court is situated close to the centre of Stroud. The home was suitable for the people that were accommodated and where adaptations were required these were made. For example, some residents required a stair lift to access the first floor. We felt the home had taken the needs of residents into account when decorating the hallways and communal areas.

Each person had their own en-suite bedroom. Each bedroom was decorated to individual preferences and the registered manager informed us that the people had choice as to how they wanted to decorate their room. Relatives told us that people were able to decorate their room as they wanted and they were also involved in this process.

There was parking available to visitors and staff. There was a large secured garden at the front of the property which people could access if they wanted to.

Is the service caring?

Our findings

The service was caring.

There was a genuine sense of fondness and respect between the staff and the people using the service. We saw people laughing and joking with staff. One staff member said "It is very important to me that they (the people living at Cotswold Court) are happy". People using the service told us they felt the staff were caring. One person said "The staff are always friendly to me". Relatives we spoke with told us they felt the staff were caring. People used statements such as "The staff are very pleasant and helpful" and "The staff are friendly and caring" to describe the staff at Cotswold Court. One professional who visits the home said "The staff are always polite and respectful".

Staff treated people with understanding, kindness, respect and dignity. For example, Staff were observed providing personal care behind closed bedroom or bathroom doors. Staff supported people at their pace explaining what they were doing. Staff were observed knocking and waiting for permission before entering a person's bedroom.

It was evident from speaking with staff and observing their interactions with people that they were aware of people's needs and were able to manage any behaviours which may challenge as a result of their condition. Relatives informed us they felt the staff had the skills and knowledge to manage these behaviours. One family member stated when referring to their relative "I feel he is in good hands".

Staff were knowledgeable and supportive in assisting people to communicate with them. People were confident in the presence of staff and the staff were able to communicate well with people. For example, one person had limited levels of verbal communication. However, upon observing this person's interaction with staff members, it was evident the staff knew the person well and understood their communication style. Another person had minimal verbal communication but staff used sign language and touches to enable effective communication with this person. We observed the staff using signing to ask this person if they wanted to have a drink. Staff were observed using touch as a form of communication and also to put people at ease when speaking to them.

People looked well cared for. Relatives we spoke with provided positive feedback about the staff team and their ability to care and support people. One relative described the staff as 'kind and caring'. Another relative described the staff as 'excellent'. One relative stated "The staff are very pleasant and caring". Relatives told us the staff listen and respond to people appropriately. Relatives told us the staff would try their best to fulfil any requests they have. We observed staff working with people at their pace and activities were tailored to the individual needs of people.

Care records contained the information staff needed about people's significant relationships including maintaining contact with family. Staff told us about the arrangements made for people to keep in touch with their relatives. Relatives told us they were able to visit when they wanted to. One relative said 'there have never been any restrictions on visiting'.

Following our last inspection of the service, the registered manager had introduced end of life care planning to record the wishes and needs of people in relation to when they approached the end of their life. We found these were person centred and reflected people's needs. Relatives told us they had been consulted when these plans were being developed.

Is the service responsive?

Our findings

The service was responsive to people's needs. We saw that each person had a care plan and a structure to record and review information. The support plans detailed individual needs and guidance on how staff were to support people. Each care file also had a page detailing people's likes and dislikes at the front of the file so it was easy for staff to identify individual preferences.

The staff were aware of people's routines and how they liked to be supported. Each person was allocated a keyworker. This was a named member of staff who was responsible for ensuring care plans were up to date and reflected the current level of need for the person. When speaking to one keyworker, she was able to provide a detailed account of the person they were supporting including their likes and dislikes.

Changes to people's needs were identified promptly and were reviewed with the involvement of other health and social care professionals where required. Staff confirmed any changes to people's care was discussed regularly through the shift handover process to ensure they were responding to people's care and support needs. We were told by the registered manager that staff would also read the daily notes for each person. The daily notes we looked at were detailed and contained information such as what activities people had engaged in, their nutritional intake and also any behavioural issues occurring on shift so that the staff working the next shift were well prepared.

The home had a robust process for ensuring changes are recorded in people's files. We were informed each keyworker would record any changes in the care file. There was evidence regular reviews of care plans were being carried out. Staff informed us reviews were carried out at least every three months. Professionals who visit the service stated they felt staff responded well to people's needs and were proactive in managing changing needs. Relatives told us they felt the home responded well to people's needs.

From our observations and discussions with staff it was evident they knew the needs and preferences of the people using the service. When speaking to one staff member regarding the person for whom she was the keyworker. We were given a detailed account of the person's daily routine as well as their likes and dislikes.

Reports and guidance had been produced to ensure that unforeseen incidents affecting people would be well responded to. For example, if a person required an emergency admission to hospital, each care file contained a hospital passport. This contained basic contact details, medication and daily needs. Staff were clear as to what documents and information needed to be shared with hospital staff.

People were supported on a regular basis to participate in meaningful activities. Activities included swimming, going out to local shops and each person also had at least one holiday per year. Each person had their own activities timetable detailing what they were doing during the week. In addition to activities outside of the home, we observed staff sitting with people and engaging with them when they were back at the home. For example, we observed staff using the time between people returning from their morning activities and lunch time to play board games with people. Relatives we spoke with told us activities were suitable for people and there were sufficient activities taking place.

Complaints and compliments were managed well. There was a complaints policy in place which detailed a robust procedure for managing complaints. When looking at the complaints records, it was evident that where issues had been raised, they had been addressed to a satisfactory resolution. Relatives confirmed they knew how to complain but did not have any concerns. They told us they had confidence in the registered manager to respond promptly to any concerns or suggestions that were made. One person told us they felt the registered manager was always available if they had concerns and was open to discussing issues in the aim of finding the best resolution possible.

Is the service well-led?

Our findings

Some improvements were required to ensure the service was well-led.

During our last inspection, we identified that regular audits of the service were not taking place and the service was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good Governance. This meant the service was not always able to recognise areas of good practice or what areas required improvement. Following the last inspection, the registered manager had introduced a number of audits to ensure the service was of a good standard. We could not be satisfied that the audits were always effective in identifying and addressing issues. The registered manager had introduced a monthly medicine audit after the last inspection and but there were a number of errors in the recording of medicine administration. We found that the missed signatures had not been identified during the audits and as a result the registered manager was unable to take any action to address the shortfalls.

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

In addition to regular audits of the service, the registered manager completed annual reports for the group manager in preparation for board meetings. The registered manager told us issues arising from these reports would be incorporated into the provider's action plan. The registered manager told us the action plan would be used to address any maintenance or improvement plans across the organisation and was used to plan work and allocate funding across the different sites under the provider's portfolio. The registered manager also said the reports were used to identify any common themes or issues across the different services so that a consistent approach could be taken to addressing similar issues across the whole organisation.

There was a registered manager working at Cotswold Court. They told us they had been working at the home for five years. Staff spoke positively about the management style of the registered manager. A member of staff told us they felt supported by the registered manager. Staff told us they felt they could discuss any concerns they had with the registered manager. Staff told us there was an open culture within the home and the registered manager listened to them.

Relatives we spoke with told us they felt they could discuss any issues with the registered manager who they felt was approachable, committed to providing person centred care and willing to listen to feedback about the home. Relatives told us they felt the service was well managed. A relative said the registered manager "Will always talk to me".

The staff described the registered manager as 'being a part of the team' and 'very hands on'. We observed this during the inspection when the registered manager was regularly attending to matters of care throughout the day. Staff told us if there were any staffing issues, the registered manager would support the care staff in their daily tasks. Relatives of people living at the home supported this stating they felt the registered manager was involved in day to day matters at the home. Relatives used terms such as 'caring',

'excellent', 'brilliant' and 'fantastic' to describe the registered manager. During the inspection, the enthusiasm of the registered manager was evident and we felt this had a positive effect on the morale and enthusiasm of the wider staff team. Staff we spoke with told us they felt morale amongst staff was good and this was down to the registered manager's good leadership.

Staff told us they used team meetings to raise issues and make suggestions relating to the day to day practice within the home. The registered manager told us they felt team meetings were very important as they allowed the staff team to identify good practice as well as areas for improvement. The registered manager told us staff meetings occurred every three months

We discussed the value base of the home with the registered manager and staff. It was clear there was a strong value base around providing person centred care to people using the service. The registered manager and staff told us they involved relatives where relevant. Staff were clear on the aims of the service which was to provide people with care and support that was individualised. The emphasis was that Cotswold Court was the home of the people living there. One staff member stated "It feels like a home here".

The registered manager had a clear contingency plan to manage the home in their absence This included the deputy manager who would cover if needed. This plan was robust and the plans in place ensured a continuation of the service with minimal disruption to the care of people. In addition to planned absences, the registered manager was able to outline plans for short and long term unexpected absences. For example, the provider had implemented an on call system to cover for unexpected staff absences.

From looking at the accident and incident reports, we found the manager was reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not managed safely. Medicine administration had not been recorded accurately. 12(2)(g)

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 had not ensured there was an effective system in place to assess, monitor and improve the quality of service provided.</p> <p>Regulation 17 (2) (a).</p>

The enforcement action we took:

We have issued a warning notice to the registered manager requiring them to become compliant with this regulation within 3 months.