Nugent Care

Margaret Roper House

Inspection report

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Ratings

Overall rating for this service	Good
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?	Good

Overall summary

This unannounced inspection of Margaret Roper House took place on 5 November 2015.

At the time of our inspection there was a registered manager in post. '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'.

Margaret Roper House is a nursing home registered to accommodate people who have mental health care needs. The accommodation is registered for 23 people. The home is owned by Nugent Care and there is a registered manager in post.

People living at the home that we spoke with during the inspection said they felt safe living at the home.

Staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults.

Summary of findings

People living at the home and relatives told us there was sufficient numbers of staff on duty to help them.

The staff we spoke with were aware of what constituted abuse and how to report an alleged incident.

People living at the home were not always protected against the risks associated with the safe management of medicines.

Recruitment procedures were robust to ensure staff were suitable to work with vulnerable people.

Systems were in place to maintain the safety of the home. This included health and safety checks of the equipment and building.

The home had aids and equipment to meet people's needs and promote their independence.

We found the home to be clean and staff were following good practice guidelines for the control of infection and food preparation.

Staff told us they were supported through induction, regular on-going training, supervision and appraisal. A training plan was in place to support staff learning. Staff told us they were well supported in their roles and responsibilities.

The registered manager and staff had knowledge of the Mental Capacity Act (MCA) (2005) and their roles and responsibilities linked to this. Staff support was available to assist people to make key decisions regarding their care though this was not always recorded.

Lunch was a sociable occasion for people and staff to get together. Menus were available and people's dietary requirements and preferences were taken into account. People were offered a good choice of hot and cold meals.

People were able to see external health care professionals to maintain their health and welfare. These appointments were recorded in their care files.

People had a plan of care and information was recorded about their care needs, choices, preferences and how they wanted their care and support to be given. Risks to people's safety were recorded and measures were in place to keep people safe.

There was a relaxed atmosphere in the home and we observed staff supporting people in a warm, caring and genuine manner. Staff were kind, compassionate and patient when talking with people. People gave us good feedback about the staff team.

During our inspection we saw staff providing care and support to people in accordance with their plan of care and when people requested it.

A process was in place for managing complaints and the home's complaint procedure was available so that people had access to this information. People and relatives told us they would raise any concerns with the registered manager.

People living in the home and their relatives told us the registered manager was approachable and supportive.

Staff were aware of the home's whistleblowing policy and told us they would not hesitate to report any concerns or bad practice.

Arrangements were in place to seek the opinions of people so they could provide feedback about the home. This included residents' meetings and satisfaction surveys.

Systems were in place to monitor the standard of the service and drive forward improvements. This included a number of audits for different areas of practice. We found medicine audits (checks) were not as robust as they could be to ensure the safe management of medicines.

You can see what action we told the provider to take at the back of the full version of the 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?

Requires improvement

The service was not always safe.

Risks to people safety were recorded and measures were in place to keep people safe.

Staff understood what abuse meant and knew what action to take if they thought someone was being abused.

People living at the home were not always protected against the risks associated with the safe management of medicines.

Systems were in place to maintain the safety of the home. This included health and safety checks of the equipment and building.

There were enough staff on duty at all times. Staff had been checked when they were recruited to ensure they were suitable to work with vulnerable adults.

Is the service effective?

Good

The service was effective.

The registered manager and staff had knowledge of the Mental Capacity Act (MCA) (2005) and their roles and responsibilities linked to this. Staff support was available to assist people to make key decisions regarding their care though this was not always recorded in their plan of care.

People had access to health care professionals to help maintain their health and wellbeing.

Staff had received training to provide care and support to people effectively. Staff said they were well supported through induction, supervision, appraisal and on-going training.

The home had aids and equipment to meet people's needs and promote their independence.

Is the service caring?

Good

The service was caring.

There was a relaxed atmosphere in the home and we observed staff supporting people in a warm, caring and genuine manner. Staff were kind, compassionate and patient when talking with people.

People we spoke with gave us good feedback about the staff team. They told us the staff were polite and respectful in their approach.

People's plan of care recorded information about personal preferences and choices.

Summary of findings

Is the service responsive?

Good

The service was responsive.

During our inspection we saw staff providing care and support to people in accordance with their plan of care and when people requested it.

Staff communicated well with relatives to share information about their family member's needs.

People had a plan of care which identified their needs. This was subject to review with the person and other relevant people to make sure it reflected any changes.

People had access to a complaints procedure should they wish to raise a concern.

Arrangements were in place to seek the opinions of people so they could provide feedback about the home. This included residents' meetings and satisfaction surveys.

Is the service well-led?

Good

The service was well led.

Staff spoke positively about the open culture within the home. They told us they were supported by the registered manager in their day to day working.

Staff were clear about their roles and responsibilities and the lines of accountability within the organisation.

Staff were aware of the home's whistleblowing policy and told us they would not hesitate to report any concerns or bad practice.

Systems were in place to monitor the standard of the service and drive forward improvements. This included a number of audits for different areas of practice. We found medicine audits (checks) were not as robust as they could be to ensure the safe management of medicines.

Margaret Roper House

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 unannounced inspection of Margaret Roper House took place on 5 November 2015.

The inspection team consisted of an adult social care inspector, a Care Quality Commission (CQC) pharmacy inspector, and an expert by experience with expertise in services for older people. 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 the information we held about the home. This included a Provider Information Return (PIR). A PIR 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 looked at the notifications and other information CQC had received about the service. We contacted the commissioners of the service to see if they had any updates about the service.

During the inspection we spent time with eight people who lived at the home, the registered manager, two registered nurses, the chef, an activities organiser and four care staff. We also contacted two relatives during our visit.

We looked at the care records for three people living at the home, four staff recruitment files and records relevant to the quality monitoring of the service. We looked round the home, including some people's bedrooms, bathrooms, the kitchen, dining areas, lounges and external grounds.

Requires improvement

Is the service safe?

Our findings

The people we spoke with and relatives told us they felt the home was safe at all times. A person who was living at the home told us, "I feel safe here, I can come and go as I like". "Likewise another person said, "Yes I always feel safe, it's so nice here with the staff." The people we spoke with told us they were free to come and go as they liked. A system was in place for people to sign in and out of the home. A person said, "The staff know where we are which makes me feel safe, we know to tell the staff when we go out. I have a key to my room which I like and this makes me feel safe." When discussing numbers of staff working at the home, people told us there was enough staff to help them.

We asked people and relatives to tell us about the staffing levels in the home. They reported that that there were sufficient number of staff on duty during the day and at night. During our visit we observed staff responding to people's needs in a timely manner. This included lunch and assisting people with aspects of personal care. A person told us, "I can always speak to (staff member); they are so good at just being around to help."

When discussing people's medicines with them, one person told us if they were feeling unwell and had a headache they could ask the nurse for a tablet from the medication trolley. Another person said they had been told about the side effects of their medicines by staff.

We looked at how medicines were managed. This included medication administration records (MARs) and other records for nine people living in the home. The service had informed us about two separate incidents involving medication, this had been investigated by the service and also by an external agency. The service had taken actions to help prevent any similar incidents happening again.

We spoke with two nurses and the registered manager about the safe management of medicines, including creams, within the home. Medicines were stored safely and securely and dealt with only by registered nurses who had been assessed as competent to handle medicines safely. Records were generally clear, but did not always show the quantities of medicines carried over from the previous month. This made it difficult to tell how much medication should have been present and in some cases, impossible to determine whether or not these medicines had been given correctly. We found that the use of creams, ointments and other external products had not always been recorded and it was not possible to see from the records whether these products had been used as prescribed.

One person had recently had one of their medicines stopped by the doctor however we found that supplies were still on the trolley. This increased the risk of the person being given the medicine incorrectly. In a further three cases we found prescribed medicines and creams that were not recorded on the MARs. We were unable to confirm whether or not these medicines were still currently prescribed.

Some people were prescribed medicines such as painkillers, laxatives and creams that were to be used only 'when required'. There was no guidance or care plans in place to inform staff when these medicines should be used. It is important that staff have detailed information, including personalised details of people's individual signs and symptoms to ensure that people are given their medicines correctly and consistently, especially if the individual has communication difficulties or is unable to recognise their own needs.

The provider had not always ensured the safe management of medicines.

This was a breach of Regulation 12 (2)(g) of the HSCA 2008 (Regulated Activities) Regulations 2014.

The staff were providing care and support for 22 people at the time of our inspection. The staffing rotas recorded the numbers of staff and these were found to be consistent. At the time of our inspection the registered manager (who was a registered nurse) was on duty with one other registered nurse, three care staff, a chef, a domestic member of staff and maintenance person. Staff told us the staffing levels were good and we saw a protocol to increase the staffing levels if people's level of dependency increased. During our inspection we saw people receiving care and support in a timely manner. Staff had time to assist people without being rushed.

We looked at the personnel records for five members of staff; this included newly appointed staff. We could see that all recruitment checks had been carried out to confirm the staff were suitable to work with vulnerable adults. This included an application form, police check and two references for each member of staff. For one person their full application form was not present in their file however

Requires improvement

Is the service safe?

the registered manager informed us this was at head office. They told us they would be notified if there were any concerns about a perspective staff member's application. For one staff member there was no photograph for identification purposes. The registered manager said they would action this.

The staff we spoke with described how they would recognise abuse and the action they would take to ensure actual or potential abuse was reported. Staff told us there was an on-going programme for safeguarding training and the staff training plan showed staff attendance. Staff had access to the home's safeguarding policy and the Local Authority's safeguarding procedures. Contact details for reporting an allegation of abuse to the Local Authority were displayed. A staff member said, "I would speak up if I saw something wrong."

Risks to people's safety were assessed as part of people's plan of care. Areas assessed included people's safety when going out from the home, taking part in community events and supporting people with personal care. The registered manager informed us they would complete a nutritional risk assessment should a person's weight need closer monitoring. They informed us no one required this support at this time. Staff were knowledgeable regarding people's individual risks and what actions were needed to ensure people were safe.

A system was in place for recording and monitoring incidents. Completed incident forms were seen and these were audited (checked by) by senior management for trends, patterns and themes to minimise the risk of re-occurrence.

We found the home to be clean and this included the laundry room and kitchen. During our inspection we saw staff were following good practice guidelines for the control of infection and food preparation.

We checked to see what safety checks were undertaken in the environment. We saw a range of assessments and service contracts which included fire safety, gas, electric and legionella compliance. Hot water checks were undertaken to monitor hot water temperatures; we tested the temperature of a bath and found this to be satisfactory. The home had a maintenance person and we saw maintenance jobs were completed in a timely way so the home was kept in a good state of repair.

Procedures were in place for responding to emergencies and in event of a fire. People had an individual personal emergency evacuation plan (PEEP). These were located in a file and a document was displayed in the main hall way regarding the level of support people needed in the event of an evacuation. The registered manager informed us this was discussed as part of the fire training for staff.

Good

Is the service effective?

Our findings

Margaret Roper House provides care and support for people who have mental health needs and require nursing care. The people we spoke with told us they could see their doctor when they wanted. They told us they attended hospital appointments and had access to a dentist and optician. One person said, "I just see the doctor and never have to wait for an appointment. The staff know if I don't feel too good." A podiatrist was visiting the home during the inspection.

People we spoke with and relatives gave us good feedback about the staff team. They told us the staff knew them well and the staff had a good knowledge of people's needs. Form our discussions with staff it was evident the staff team knew the people they supported; they told us how they accessed support from external health care professionals at the appropriate time to monitor and promote people's health and wellbeing. This included support from the community mental health team.

People told us the home was suitable for them to live in and if they needed assistance with bathing then there was equipment available to help them. The home had disabled parking bays and also wheelchair ramps and a passenger lift to promote people's independence.

We asked people what they thought about the meals. They told us they always had a choice and could request an alternative if they did not like what was on the menu. A person told us, "The new chef has already made a difference, I enjoy my meals." All the people we spoke with were satisfied with the quality and standard of food served at the home. People told us they helped to lay the tables for meals and they liked being involved with choosing the menus and making decisions about what foods to buy.

We joined people at lunch time. It was clear from the chatter and laughter that this meal time was enjoyed by everyone. Lunch was served in small dining areas and this was a sociable occasion for people to meet up and also for the staff to have their lunch with the people they supported. A person told us they liked the staff having meals with them. Meal time was not hurried and some people stayed to have a hot drink after lunch while others chose to leave the dining room. People could make themselves hot and cold drinks throughout the day and staff support was available as needed.

The lunch time meal was served hot and appeared appetising. We saws there was plenty of fresh fruit and vegetables for people to choose from. People living in the home had access to a six week meal plan and this offered a good choice of hot and cold meals at different times of the day. The chef informed us they were making some changes to the menu to improve the nutritional content and changes had been made to suppliers to ensure fresh fruit and vegetables were available at the beginning of the day. Special diets were catered for in accordance with people's individual dietary requirements and needs. A low cholesterol menu had also been introduced to promote healthy eating and the chef was looking to introduce snacks as an alternative, so people had more choice. People told us that sometimes they ate out but they could always get something to eat at the home when they returned.

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 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. We found the provider had followed the requirements in the DoLS as they had submitted DoLS applications to a 'Supervisory Body'. These had yet to be authorised. The registered manager was knowledgeable regarding this process and training records showed that they and the staff attended MCA training to support their learning. A health care professional told us the staff worked well with them and that they had been involved with a best interest meeting to ensure a person's rights were protected.

From our discussions with the registered manager and care records seen we saw people's mental capacity had been assessed and people were able to make choices and

Good

Is the service effective?

decisions around daily life. The registered manager and staff informed us they obtained consent from people and their relatives (who were legally empowered to do so) and involved them in key decisions around daily life and support. This followed good practice in line with the MCA Code of Practice. Although we saw this in practice this was not always recorded. We discussed this in respect of a person with complex needs. The registered manager agreed to look at ways of recording this to evidence the decisions made.

Throughout the day we heard staff appropriately seek people's consent before supporting them with different activities. For example, asking people if they would like their tablets, helping them to get ready to go out from the home and offering assistance with aspects of personal care.

We looked at staff training and saw staff had access to a training programme to meet people's needs and to carry out their roles and responsibilities. We saw the staff training matrix and also certificates for completed courses. This included training in areas such as fire awareness, moving and handling, first aid, MCA/DoLS and health and safety. Specific training was also provided, for example, behaviours that may challenge, fluids/nutrition and care planning. For two members of staff who were appointed fire marshals their training had expired. The registered manager was able to confirm that this training need had been identified and that this training was booked before Christmas.

The registered manager told us that new members of the care team were enrolled on the Care Certificate. This is 'an identified set of standards that health and social care workers adhere to in their daily working life'. They also informed us that approximately 90% care staff had formal training in NVQ (National Vocational Qualifications) in Care/ Diploma. This helped to demonstrate staff learning and development.

We looked at the induction for new staff. Staff told us they received an induction when they started and this involved working with a senior member of the care team as they got to know how the home operated and the needs of people they supported. The registered manager informed us new staff received a corporate and 'in house' induction. We saw that for one person there was no record of their induction, although the person who had just started working at the home was able to tell us they had started this. For another staff member the registered manager advised us their induction was held at head office. The registered manager stated they would ensure staff inductions were made available in the staff files to show when this had been undertaken.

Staff told us they had access to a good training programme, attended supervision meetings and had appraisals with the registered manager. Staff told us they were aware of their job role and responsibilities. A staff member said, "We get good support all round."

Good

Is the service caring?

Our findings

People told us the staff were very caring and supportive. People's comments included, "(The registered manager) and staff are just so nice, I am very happy with everyone", "What is there not to like, the staff are wonderful" , "We are one big happy family", "We get good care from the staff" and "They (staff) are lovely and always polite." When discussing staff support a relative made reference to the staff always being caring and that 'nothing was too much trouble' for them.

People were not really sure about their care plans but were happy with the care and support they received from the staff. People's wishes around end of life care had been discussed with them and recorded in their plan of care. People told us the staff always respected their wishes and views about how they wished to spend their day. A person told us, "The staff listen to me and that is important."

There was a relaxed atmosphere in the home and we observed staff supporting people in a warm, caring and genuine manner. Staff were kind, compassionate and patient when talking with people and supporting them with daily tasks and activities. We saw staff spending time with people who needed reassurance, their presence relieved people's anxiety and further checks were made later during the day to make sure they were feeling better.

Staff had time to sit and chat with people and they had a good knowledge of people's needs, preferences and how they wished to be supported. Staff engagement with people was very positive and staff talked with us about the importance of promoting people's independence, their confidence and encouraging the development of life skills. A staff member said, "Getting to know each person is so important, we have the time to do this and we encourage people to be independent."

Staff were polite and respectful. We saw staff knocking on people's doors and waiting to be advised they could enter. We also saw addressing people with their preferred name and title. People had locks on their doors and staff told us they would not enter someone's room without their permission. People told us they could choose to have female or male staff to support them; this shows a mark of respect.

Relatives told they were no restrictions on visiting and staff always made them welcome. They told us the staff were polite, helpful and good at communicating with them about their family member's care and what was 'going on' in the home.

For people who had no family or friends to represent them contact details for a local advocacy service were available. People could access this service if they wished to do so with or without staff support.

Good

Is the service responsive?

Our findings

We asked people and their relatives how staff involved them in planning their care to make sure people were cared for in accordance with their personal choices and preferences. People told us the staff talked with them about their support and they were happy with the way in which support was delivered. People said they could discuss their care with the staff team and staff acted on their wishes. One person told us how responsive the staff had been to an emotional event which had affected them. They told us the support was always there for them.

Relatives said they were included in any decisions relating to their family member's care plans and could see the registered manager at any time. A relative told us how much their family member's mental and physical health had improved since moving to the home; they described the home as 'excellent'. Likewise another relative told us how much their family member's independence had improved. People told us they chose how to spend their day and staff supported them to be independent.

An external health care professional told us that for the people they visited they saw the staff provided care and support in accordance with people's needs. They said the staff were responsive if there was a change in a person's health or wellbeing.

People told us the staff motivated them to take part in social activities and to participate in daily tasks, such as laying the tables and clearing away after meals and choosing menus. People liked the fact they could join in with day to day tasks They told us the staff offered lots of encouragement and support but no one was made to participate if they did not feel like doing so.

People told us how much they enjoyed the social arrangements in the home and how much they benefited from a varied programme of events. One person told us how the staff supported them on trips out from the home and another person said how the activities organiser had encouraged them with their chosen hobby. A person told us how much their confidence had grown around taking part in the home's social activities. They said, "The activities co-ordinator is brilliant, they [activities coordinator] help me a lot." Another person told us they enjoyed cooking and were looking forward to 'making things' for Christmas.

We looked at how social activities were organised. Two activity co-ordinators were employed and people had access to a dedicated hobbies room in the home. This was very well equipped for arts and craft, rehabilitation and social sessions. External activities also included people taking part in community events, swimming, voluntary work and holidays.

During our inspection people took part in a relaxation class and a trip took place to a local garden centre. This was well attended and very much enjoyed. Memory boards were available and photographs were displayed of people's holidays as memory aids. The home provided some 'quiet' areas which were available for people who wished to have some personal space.

People had a plan of care which was based on their assessed needs. There was limited evidence recorded about how staff discussed people's care plans with them though the registered manager told us they talked with people about their care on a day to day basis and at care reviews. The registered manager agreed to look at ways of better evidencing people's inclusion in the plan of care.

Care documents held information about people's physical and mental health needs and people's preferred routine, choices and preferences. Staff undertook reviews of people's plan of care and this was supported by six monthly reviews with external clinicians to monitor people's health and wellbeing. The registered manager told us relatives were invited to the reviews.

Staff were knowledgeable regarding people's care needs and how people wished to be supported. Staff told us they had handovers at shift changes for information sharing and any changes in people's care and support was discussed with them. Daily records were maintained and these provided an over view of people's support and health in accordance with their plan of care.

Residents' meetings were held. People told us this provided them with an opportunity to express their opinions about the home and it was their choice if they wished to attend.

The home had a complaints procedure and this document along with details about "Your Right To Be Heard" was displayed. "Your Right To Be Heard" provided information for people about contacting someone else such as local politicians to express their views. People and relatives we spoke with told us they would speak to the staff if they had

Good

Is the service responsive?

any concerns. A summary report dated January 2015, which was compiled following the completion of satisfaction surveys by people living in the home, recorded 93% of people knew how to make a complaint.

The registered manager told us they had not received any complaints since the last inspection. The local authority had conducted an investigation into a concern they had been notified of. They had provided feedback to the registered manager regarding their findings.

Good

Is the service well-led?

Our findings

A registered manager was in post and they had managed Margaret Roper House for a number of years.

We asked people living at the home to tell us if they thought the home was well managed. A person said, "Yes, it's great, could not be better", "I have no concerns about how it is run." Feedback from relatives was also positive regarding the standard of care and support their family members received and how the service operated. People we spoke with said the registered manager always made themselves available and they felt comfortable talking with them.

All the staff we spoke with told us they enjoyed working for the organisation. Staff told us the registered manager was very approachable and supportive. Their comments included, "Very good management" and "We have good team work led by the manager, good communication all round." Staff were clear about their roles and responsibilities and the lines of accountability within the organisation.

Staff were aware of the home's whistle blowing policy and told us they would not hesitate to report any concerns or bad practice. They told us there was an open culture in the home and felt able to share their views with the management team. Staff meetings were held to share information about the care home and to discuss areas of practice such as staff training and support. The last meeting was held in September 2015.

When discussing the service we asked the staff what they did well. They told us the people at the home were well supported as they knew them so well and that they made every effort to ensure people enjoyed a full and active life. Staff did not raise any areas of practice where they felt improvements were needed.

We looked at some of the current quality assurance systems and processes in place to help assure the service and drive forward improvements. A quality assurance policy was in place and this provided a framework for staff to follow to when assessing the quality of the service. The registered manager showed us some audits (checks) which were completed by them and senior management within the organisation. This included areas of practice such as, health and safety, care plans, medicines, premises inspection, staff supervision, training and incident reporting. Where improvements had been needed in some areas, actions had been drawn up and were being working through. For example, fire training had been arranged for two staff as their fire safety certificate had expired.

In respect of the medication audit we found that it did not cover all aspects of medicines management. This meant that some of the concerns we found had not been highlighted and addressed. A local pharmacist had also carried out an audit in September 2015, but the recommended improvements had not been made as yet. The manager informed us the auditing system would be made more robust to assure the safe management of medicines.

A staff member was appointed the role of dignity champion to monitor standards of privacy and dignity. Their role included discussions with people living at the home to make sure their rights were respected.

People living at the home were able to complete satisfaction surveys which enabled them to share their views about the home. We were provided with a summary report dated January 2015 and this recorded percentages which indicated satisfaction for the service. Overall, 72% of people said they would recommend the home. 86% of people said they were happy with the care.

The organisation had a range of policies and procedures and these were available for staff to refer to. The policies were subject to review to ensure they were in accordance with current legislation and 'best practice'.

The registered manager was aware of their responsibility to notify us Care Quality Commission (CQC) of any notifiable incidents in the home.

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	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The provider did not always ensure the safe management of medicines.** Regulation 12 (2) (g)