

Ramnarain Sham

# Hazelwood House

## Inspection report

58-60 Beaufort Avenue  
Harrow  
Middlesex  
HA3 8PF

Tel: 02089077146

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### 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

Hazelwood House is a care home for older people and people under 65 years who have dementia and underlying mental health conditions. Hazelwood House provides the regulated activity of accommodation for people who require personal or nursing care. The service is registered to provide the regulated activity for up to 15 people. At the time of our inspection there were 14 people using the service, however 2 people were admitted to hospital.

People's experience of using this service and what we found  
Risks in relation to people receiving treatment and care were not managed appropriately.

Medicines were not always managed safely, guidance for the administration of specific medicines were not available.

Care records did not always clearly reflect peoples likes, dislikes, and wishes to provide staff with the relevant guidance to ensure care was provided in a person-centred way.

Quality assurance systems were in place, but these were not effective as they did not identify some of the shortfalls identified during our inspection.

The registered manager and provider acted upon feedback from the inspection and were in the process of addressing the issues identified.

People told us they felt safe at the service, and they could find a member of staff to help them. Staff rota's showed shifts were covered. Medicines were managed safely. People told us they were kept informed about their medicines and why they needed to take them.

Staff demonstrated they were aware of their safeguarding responsibilities and how to report concerns. Lessons learnt took place at the service after an incident and staff confirmed they took part in meetings to learn from lessons.

Staff were supported in their role and mostly received appropriate training.

People were able to enjoy food they liked and were supported to have enough to drink.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Consent to care and treatment was requested and staff did not force people to do something they did not want to.

The service worked well with external health professionals to ensure people received support when they

became unwell. Care plans were person-centred and detailed people's likes/dislikes and social history.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update - The last rating for this service was good (published 20 July 2021).

#### Why we inspected

The inspection was prompted in part due to concerns received about risks in relation to people receiving treatment and care not being managed safely. A decision was made for us to inspect and examine those risks.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, responsive, and well led sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hazelwood House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We have identified breaches in relation to the management of risk, safe management of medicines, care plans not clearly reflecting people's needs and governance systems to improve the quality of the service not being fully embedded and effective.

We recommended that the service sought further guidance from a reputable source around the provision of tailored activities and the assessment of needs for people who used the service.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Hazelwood House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector and one Expert by Experience who supported the inspector during the first day of this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Hazelwood House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Hazelwood House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 9 people who used the service to tell us about their experience of living at Hazelwood House. We spoke with 6 staff including the registered manager and deputy manager. We spoke with 1 visiting professional. We viewed 3 care and support plans, 3 medicines administration records and various records and documents in relation to the management of the service.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Risks in relation to people receiving care and support were assessed. However, plans to guide staff to manage such risks were not always in place.
- We viewed a variety of people's risk assessments. People were assessed as being at medium risk of falls, risk of deteriorating physical health and risk while being supported for transfers. However, there was a lack of detail and guidance provided for staff in how to minimise the risk and ensure consistent support was provided.
- Staff spoken with, demonstrated good understanding of people's needs and we observed interactions which showed staff knew people well.
- Some people showed behaviours when in distress and this was assessed, and risk assessments were in place. However, at the time of the inspection, there were no positive behaviour support plans in the care records to guide staff to manage such behaviours pro-actively and consistently. Positive behaviour support plans minimised the risk of such behaviours to escalate and putting people under undue distress.

The lack of appropriate individual risk management plans was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

- Following this inspection, the service had provided us with further evidence that the service had satisfactory positive behaviour plans in place.

### Using medicines safely

- Medicines was not always managed safely.
- During the inspection we looked at medicines records for 4 people who used the service, 2 people were prescribed PRN medicines. PRN stands for medicines who were administered as needed. While staff who were signed off as competent to administer medicines demonstrated understanding of when and how PRN medicines were to be administered. The service did not have individual PRN protocols for people requiring such medicines on record. We discussed with the registered manager the importance of such individual protocols to ensure consistency, minimise the risk of overuse of PRN and clear guidance for staff when administering PRN medicines.

The lack of clear individual PRN guidance was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment

- Following the inspection, the service provided us with PRN protocols for 12 people who used the service.

However, these were not made available to us during or shortly after the inspection.

- During our inspection we found that three staff employed by the service had received medicines administration training and were signed off as competent to administer medicines. This was confirmed by the registered manager during the inspection.
- The rota provided during the inspection showed that none of the staff providing care and support during the night had medicines administration training or were signed off as being competent to support people with medicines. While none of the people currently received support with their medicines, there was a risk that people may require support with PRN medicines at night. However, no staff were available to support people with this. We discussed this with the registered manager, who confirmed this and was not able to provide us with an acceptable solution for this. The registered manager told us that the service will source medicines administration training for staff working at night.
- Following the inspection the service provided us with an updated training matrix, which demonstrated that from 17 April 2023 to 30 April 2023 staff on duty were suitably qualified to support people with their medicines during the night and during the day.
- Medicines administration records (MARs) viewed were completed consistently and stock levels matched records and confirmed that medicines was administered as prescribed.
- The dispensing pharmacist undertook a medicines audit on 30 August 2022 and highlighted no issues.
- People who used the service told us that staff supported them with their medicines but did not raise any concerns and told us that they received the correct medicines.

#### Staffing and recruitment

- Suitably qualified staff were deployed to meet people's needs. The service carried out appropriate recruitment checks.
- We observed throughout this inspection, that staff responded promptly to people and supported them in a timely manner. People who used the service told us that there were enough staff on duty. One person said, "Normally they have enough staff, and I don't have to wait long."
- Recruitment files we viewed indicated all the necessary checks had been carried out. These included obtaining references from previous employers, reviewing the person's eligibility to work in the UK, checking their identity and ensuring a Disclosure and Barring Service (DBS) check was completed. (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Systems and processes to safeguard people from the risk of abuse

- People who used the service were protected from the risk of abuse. Their comments included, "Yes, I am safe here, they look after me well."
- The service had a safeguarding adult's policy and procedure in place and staff received regular training and refreshers in this.
- There had been a number of safeguarding concerns at the service, and we saw the service had worked with the local authority's safeguarding team to investigate concerns and take appropriate action.
- Staff told us they would report any concerns to the registered manager. One member of staff said, "If I had any concerns, I would talk to the deputy manager or registered manager, I can also speak to the police or you (CQC)."
- There was safeguarding adults' information displayed in the office and notice board in the lounge which stated how to recognise and report signs of abuse.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of



infection.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- People could welcome visitors and visiting was no longer restricted.
- A notice at the entrance hallway explained to visitors that they can visit if they don't show any symptoms of infections.

#### Learning lessons when things go wrong

- The service kept records of all incidents and accidents which occurred at the home in people's care folders. These records contained a description of the incident, who was involved and what actions were taken.
- The registered manager told us that the service did not audit and analyse accidents and incidents but would discuss them with staff during supervision and staff meetings.
- Following this inspection the service provided further evidence demonstrating that accidents and incidents had been audited.
- The service had also a system to report accidents and incidents to the local authority if this was required.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's needs were assessed prior to admission and re-assessed in regular monthly intervals or if their needs had changed.
- Assessments carried out did not always provide sufficient details around people's needs, behaviours, and health care conditions. This resulted in people being recently admitted to the service who were incompatible, and the service was not always being able to meet their needs.
- We discussed this with the registered manager who was responsible for the assessment of new prospective people and were assured that action would be taken to improve the assessment process.

We recommend that the service seeks further guidance from a reputable source on assessing people's needs and choices in line with the law.

Staff support: induction, training, skills and experience

- There was a training programme in place. Training records showed staff had completed training which included safeguarding adults, health and safety, first aid, Mental Capacity Act, infection control and manual handling.
- Staff received support through induction and training. Staff completed an induction based on the Care Certificate which sets out an agreed set of standards for workers in the social care sector.
- Staff were supported by the registered manager and deputy manager, and there were arrangements for supervision and appraisals. However, we noted that these had become recently more infrequent. The registered manager told us that this was due to staff leaving and new staff starting, and the service focused on inducting new staff. The registered manager provided us with reassurances that regular supervision and appraisal will resume and shared between him and the deputy manager.
- Staff told us that they felt supported and regularly met with the registered manager and deputy manager to discuss any concerns or training needs. One staff said, "It is very good working here. I feel supported."

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

- People who used the service were offered a healthy, well balanced, and home cooked diet.
- People's weight was monitored, and the service sought external health care support when people's weight fluctuated or people showed difficulties to eat
- People were offered a choice of food at each mealtime. Where they requested an alternative, we saw that this was provided. Vegetarian and cultural meals were offered to people.
- People were supported to eat in the communal area but were able to choose to eat in their rooms if the

wished to do so.

- Cultural and religious dietary needs were catered for and people were satisfied with their meals. One person said, "If don't like the meal they give me something else instead."

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

- People had access to healthcare professionals to ensure their health needs were met. If required staff will support people to access health care appointments.
- We saw information in people's files that people were referred to various health care professionals if their health has deteriorated. One person told us, "I asked the staff to do it [appointments] for me. Been to doctor and dentist and seen the optician here."
- Nursing care was provided by district nurses who will visit people and attend to nursing needs such as pressure ulcer care or diabetes care. For example, district nurses will visit and dress pressure ulcers and provide insulin injections if required.
- One external professional told us that they worked, "Very well together with the home."
- During the third day of our inspection one person returned from the hospital and the registered manager told us that they had arranged with the GP nursing care input.

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

- Since our last inspection the service had undertaken redecoration work and the environment had improved. For example, new flooring was laid throughout the ground floor and walls had been repainted. The registered manager told us that work was ongoing, and we saw that work has started on the first floor.
- Appropriate safety checks were carried out to ensure the premises were safe for people who used the service to live in. These included portable appliance test and gas safety checks.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People who used the service were not deprived of their liberty.
- Where people lacked capacity to make some decisions or required support when accessing the community an appropriate authorisation had been sought from the local authority and a best interest decision was made.
- When people's DoLS authorisations had expired the service informed the local authority to renew these to ensure people were not unlawfully deprived of their liberty. However, due to the COVID 19 pandemic there has been a backlog and some DoLS authorisations have expired. Though we saw evidence that the service had contacted the local authority and asked for this to be addressed.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were cared for by staff who treated them with kindness. One person told us, "They [staff] are kind and caring. However, I don't get too much help just general assistance, I am able to do a lot of things by myself."
- People's cultural and religious needs were respected by staff when supporting people, such as the way food was prepared. The registered manager told us they did not discriminate and treated people according to their needs. "We treat everyone the same, volunteers from the local church visit regularly so residents have the opportunity to receive holy communion or just want to pray or have a chat."
- One person told us that they looked forward to the fortnightly visit from the church.
- Staff spoke respectfully about people they supported and about how they would support them in-line with the provider's policies and procedures. Staff completed equalities and diversity training. Records reviewed confirmed this.

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

- People were involved in making decisions about their care. A staff member told us, "Yes, they [residents] can be as involved as much as possible."
- One person told us they were involved in decisions and discussed their care with staff. The person said, "They [staff] will always ask me before what they are doing."
- We observed staff to be very attentive and knew the people well. During one observation we saw, staff were able to joke with a person and reassured the person while being distressed. Staff were patient when one person refused to move and offered them options such as a wheelchair (which they brought) or assistance to walk with them.
- The registered manager informed us that people and relatives were involved in their loved one's care, they said, "Family are involved, family are going to have an input."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and their independence was encouraged.
- A person told us, "They [staff] are polite. They [staff] knock on my door. I have my own room."
- Staff were able to demonstrate how they ensured privacy and dignity as well as giving as much independence to the person that was receiving support, as possible. A staff member told us, "I would always cover people up, or use a privacy screen when supporting them."
- Staff encouraged people's independence as much as possible. A staff member told us, "I know the residents well and I know what they are able to do by themselves, it sometimes takes a bit longer, but it is

important to let people do things by themselves."

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

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

- People who used the service had care plans, which were reviewed monthly. However, care plans did not always contain sufficient individual information in relation to people's life history, social care needs, hobbies, or physical health needs.
- The lack of such individual information does not demonstrate that people received person centred care and also, does not assist staff to provide consistent care as well as support staff in engaging people in meaningful communication.
- We discussed this with the registered manager who acknowledged that due to external pressures such as staffing pressures care plans were not of the same standard as expected and previously provided. They told us that they would review and update all care plans.

The lack of comprehensive person-centred care plan is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Person-centred care

- After the inspection the provider sent us copies of people's care 'passports' with information about people's needs, likes and dislikes.
- Staff spoken with demonstrated good knowledge of people and we observed that people were supported and treated as individuals. For example, we witnessed conversations between staff where they discussed people's likes and dislikes around specific drinks and people told us that staff knew them well.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager was aware of the requirements of the Accessible Information Standard. They told us, "If required we can make records available in other formats depending on their [people's] needs."
- Currently all people who used the service were able to access records made available to them. However, we saw that specific communication needs such as English not being a person first language has been recorded in care plans.

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

- People who used the service had access to planned individual and group-based activities.
- For example, an entertainer visited twice per week and a therapist visited every other week. People told us and we observed that they were able to go out with staff to local shops or for walks.
- We observed the entertainer on two occasions when we visited the service and people appeared to enjoy the singalongs and participated enthusiastically.
- However, a number of people told us that they would like to have a greater variety in activities offered and we discussed this with the registered manager. The registered manager told us that they would explore suitable activities to be offered to people.

We recommend that the service explores from a reputable source of activities offered to people who use the service.

#### Improving care quality in response to complaints or concerns

- Systems were in place for dealing and acting on complaints. A staff member told us, "We have a complaints process and they [complaints] are a good way for us to learn and improve."
- The service had policies and procedures to process complaints. This provided guidance for people and staff on how to make a complaint.
- The registered manager told us, "I take complaints serious and will always respond to them. We haven't had any formal complaints for the last year."
- Complaints records showed that since our last inspection the service did not receive any complaints.

#### End of life care and support

- The service was currently not supporting anyone with end-of-life care. However, the registered manager told us that they would engage with the local palliative care team from the local hospice if this would be required. The registered manager said, "We want people to stay as long as possible in Hazelwood House and we will make sure that they are comfortable and work together with St Luke's Hospice."
- There was an end-of-life policy and procedure in place. This provided staff with guidance on providing end of life care should this be required in the future.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service did not always demonstrate a good understanding of managing risks and regulatory requirements within the service.
- The systems in place were not effective in identifying issues, improvement areas and resolving them within a timely manner to avoid potential harm to people.
- The provider performed audits of care plans and risk assessments for people who used the service. These audits did not highlight or address the shortfalls we found during our inspection. Therefore, people who used the service were placed at risk of receiving care that did not always promote their safety and welfare. This indicated systems for improving the quality and safety of the service had not been effective.
- Some people were prescribed PRN (pro re nata) or 'when required' medicines. However, the service did not provide agreed individual protocols to support staff when administering 'when required' medicines safely and as prescribed to people. The omission of such guidance on records put people at risk of not receiving these medicines as prescribed. Audits and checks of peoples' medicines support were not effective because the service did not identify the shortfalls we found during the inspection. This meant people were at risk of not always receiving their medicines in a safe way
- After the inspection the service provided us with additional information and evidence to demonstrate that ongoing quality assurance processes were in place. However, the lack of this information being unavailable during our inspection did not assure us that the current quality assurance systems were effective and fully embedded in the service.

The lack of effective quality assurance monitoring systems was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection the provider sent us copies of the protocols and told us the protocols for people on PRN medicines had been written but were not available in the home on the day of the inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Observations indicated that people received person-centred care. However, records viewed lacked detail in relation to peoples' individual needs, likes and wishes.
- People told us that they were listened to and observations during this inspection confirmed this. However,



some people felt that more could be done to be more included in the day-to-day operation of the service.

- We spoke with the registered manager about this who told us that they would engage with people more frequently to get a better and clearer understanding of their wishes, likes and dislikes and provide care more tailored around individual needs.
- People who used the service had opportunities to provide written feedback annually and overall, the feedback received during a survey carried out in 2022 was generally positive.

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

- The registered manager told us they understood their responsibilities under duty of candour which was to be open and transparent when things went wrong and what they should legally report to the CQC.
- Records viewed and notifications received over the past twelve months confirmed that the service had notified the CQC as and when required.

Continuous learning and improving care; Working in partnership with others

- The service worked well with the local authority and external health organisations to help people live a healthier life.
- The registered manager took part in a number of training courses offered by the local authority and took an active part in engagement sessions with other care providers organised by the local authority to share and learn from each other.

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 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider did not ensure that care and treatment was provided to reflect service users' preferences to ensure their needs were met.</p> <p>Regulation 9 (1) (b) (c)</p>
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>Care and treatment was not always provided in a safe way for service users by ensuring the provider was doing everything reasonably practicable to mitigate risks in relation to people receiving the regulated activity.</p> <p>Regulation 12 (1) (2) (b)</p> <p>Medicines were not always properly and safely managed.</p> <p>Regulation 12 (1) (2) (g)</p>