

Mrs Bridget Kidd

Tower House

Inspection report

Tower House, Reading Road, Shiplake, Oxfordshire,
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Ratings

Overall rating for this service

Inadequate



Is the service safe?

Inadequate



Is the service effective?

Inadequate



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

The inspection took place on 18 and 20 November 2014. Tower House is situated in the small village of Shiplake and provides accommodation for up to twelve older people. During this inspection, the home was providing care to 11 people within the service.

Tower House has a registered manager in place. 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.'

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

We found the service was not safe. Poor medication practices were undertaken which potentially placed people at risk of harm. We found expired medications within people's rooms. Where people required the use of PRN ("as required") medication, these were not offered in line with their prescriptions. People did not have medication care plans in place and no medication audits

Summary of findings

were undertaken by management. There was a high use of non-prescribed medication which staff and management were unaware of which could potentially impact on people's prescribed medication.

People told us they felt there were enough staff to meet their needs. Staff were visible and promptly answered people's call bells and requests

The last fire risk assessment undertaken within the service was dated October 2010. The providers fire drill procedures stated "Fire drills to be practiced every 6 months by day staff and every 3 months by night staff." Three new staff members confirmed they had not undertaken a fire drill since the commencement of their employment. For one staff member, this was six months ago. We were not provided with evidence that fire drills had taken place. Recruitment checks were not always adequate as gaps in staff employments histories were not explored to ensure their suitability to work within the service.

One staff member received no fire safety training, Infection control training, first aid training, food hygiene training, health and safety training or COSHH training since the commencement of their employment six months ago. We were told this staff member did not administer medication. We found this staff member was administering medication, including controlled drugs without any formal training. We found the provider was not following their training policy. We also found no formal induction procedure or policy in place for new staff members.

We found staff and management were not aware of their roles and responsibilities around the use of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The application of this legislation ensures people are not unlawfully deprived of their liberty through restrictive actions.

People were very positive and complimentary about the staff and management of the service. Staff were patient when working with people, and working at a pace which suited the person. People also told us staff were very respectful and allowed them to be as independent as possible.

The manager and deputy manager had a "hands on" approach and were involved in providing care and counted as members of staff working on the floor. Staff were positive about the fact that the manager and deputy manager were always available and visible. The deputy manager undertook some audits within the home to monitor the quality of care within the home, for example, infection control audits and kitchen audits, however we found no medication audits in place, no training audits in place, and the manager had not identified that fire safety was not to an acceptable standard. When information was requested to evidence which checks and audits were undertaken, these were not always documented or recorded.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

People were not protected against the risk associated with the management of medicines.

The service did not always ensure they checked gaps in staff members employment histories to ensure their suitability to work with vulnerable adults.

We raised concerns with the management of the home around fire safety.

We found staffing levels were not always at the required level as determined by the management of the service.

Inadequate



Is the service effective?

The service was not effective.

Staff and management were not aware of their roles and responsibilities around the use of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff were not always trained appropriately in order to undertake their roles safely and effectively.

We found no clear induction policy or processes in place for new staff members when they joined the service.

Inadequate



Is the service caring?

The service was caring.

We found the service to be caring and observed good examples of people supported in a caring and positive way.

People who used the service were very positive about the kind and caring manner of staff and management.

Good



Is the service responsive?

The service was not responsive.

We found most people's care plans were comprehensive and detailed, however important care plans such as medication and finances were not in place.

The provider's complaints policy was not always visible to people, relatives or health professionals visiting the service.

People's needs were assessed appropriately and people were supported to access the local community as and when they wished.

Requires improvement



Summary of findings

Is the service well-led?

The service was not well-led.

We received positive comments about the staff and management of the home. People and staff told us the service was supportive, open and felt like a family.

Quality monitoring checks were not always in place. We found no medication audits, training audits or fire safety audits which would have identified the concerns raised during our inspection.

Requires improvement



Tower 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 inspection took place on the 18 and 20 November 2014 and was unannounced.

The inspection team consisted of one inspector. 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 plan to make. The provider did not return a PIR prior to this

inspection as they stated they did not receive it. We reviewed all the information that we held about the service prior to our inspection. We did not contact any health and social care professionals as we did not receive the service's PIR. We checked to see what notifications had been received from the provider since their last inspection. Providers are required to inform the CQC of important events which happen within the service.

We spoke with the registered manager, three support workers and eleven people who use the service. We undertook observations of staff practice over the two days. We reviewed six care plans for people who use the service, 11 medication records, minutes of staff and service user meetings and three recruitment files. We also looked at three staff supervisions and training records for all staff. We looked at the providers policies and made observations of care practice.

Is the service safe?

Our findings

Medicines were not managed well so that people received them safely. We completed a check of medicines stored within people's rooms with their consent. We found four medicines in people's rooms which had expired in 2012 and 2013. Medicines were found in people's rooms which were no longer prescribed. One person was using a prescribed cream which belonged to another person. We found a high number of medicines which can be purchased without a prescription within people's rooms. The registered manager and deputy manager were aware that people and relatives purchased non-prescription medicines however, staff were unaware these medicines were in people's rooms, for example one person had a Kaolin and morphine mixture in their bathroom which staff were unaware of and had not been risk assessed. The deputy manager told us they had no policy on the use of this type of medicine and were not risk assessed. This meant people could be placed at risk as the home was unaware of what non-prescription medicines people were using and if this would affect or interact with their prescribed medicines.

We looked at eleven people's Medication Administration Charts (MAR). There was no "as required" (PRN) guidance for staff on the use of PRN medications. PRN medications were not offered to people in line with their prescriptions. For example, where people were prescribed PRN Paracetamol to be offered four times a day, they were only recorded as being offered when the person had asked for it. This meant people did not always have their medicine offered in line with their prescription. We found no guidance or records in place for the application of topical creams. There were no medicine care plans in place for people who used the service. We found one staff member was administering controlled drugs with no formal training. This placed people at risk as they could not be sure their medicines were administered and managed by staff who were trained to do so.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The last fire risk assessment undertaken was dated October 2010. This had not been reviewed since. The providers fire drill procedures stated "Fire drills to be practiced every 6 months by day staff and every 3 months by night staff." We

spoke with three staff members who confirmed they had not undertaken a fire drill since the commencement of their employment. For one staff member, this was six months ago. The registered manager could not provide us with evidence that fire drills had taken place in line with their policy. A generic evacuation plan was in place for people who used the service, however this was not specific to people's needs. We found no evacuation emergency plan in place to explain the process of what to do in the event of a fire. We raised concerns that people who visited the service did not sign in when visiting the building so no record was kept of who was present within the home should an evacuation be necessary. The registered manager was unaware of the potential risk and felt as the service was small, they would know when people were in the building. We advised the registered manager we would contact the local fire prevention service to relay our concerns.

This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People's individual risks were managed appropriately for example where people were assessed as being at risk of weight loss, monthly weights were monitored and recorded. The provider recorded weekly checks of people's equipment such as pressure cushions and mattresses. Where required, falls risk assessments, pressure sore risk assessments, and bed rails risk assessments were in place

People told us they felt safe living at Tower House. Comments from people included; "I feel very safe here.", "They [the staff] are very careful and safe." and "I feel safe here, I know the staff are always around if I need them." All eleven people told us they felt safe living at Tower House.

Staff we spoke with were knowledgeable about the requirements of keeping people safe from abuse. All staff had received training on safeguarding. We spoke with the deputy manager who was able to explain the process of raising a safeguarding alert, including who they would speak to and how they would manage an allegation. One staff member told us "Safeguarding means protecting people against abuse and being able to recognise signs of abuse." Another staff member told us "It's protecting people from abuse, If I saw abuse happening I would report it to my manager straight away. If it was about the manager, I would contact the local authority safeguarding team." All three staff members were able to explain how

Is the service safe?

they would raise a safeguarding alert to their manager and the local authority. This meant people who used the service could be assured they were supported by staff who could recognise and address allegations of abuse.

Within the dining room, a folder which contained safeguarding information was readily available for staff, relatives, visitors and people who used the service. This contained details of the local authority and who to speak to if they had concerns. Flow charts were also within the folder which contained the process for making a referral. The same information was displayed in the upstairs corridor of the service. The commission had not received any safeguarding notifications since Tower House's last inspection in December 2013. The deputy manager confirmed this was correct and no safeguarding incidents had occurred.

We were advised by the registered manager that current staffing levels were determined by people's needs. We found the rota's did not correspond with the registered managers description of the staffing levels required to meet people's needs. For example, during the week of our inspection, we found the staffing levels for the morning shifts had fallen below the assessed minimum staffing

levels on five occasions. However, people told us they felt there were enough staff members to meet their needs. One person told us "I haven't noticed there to be a lack of staff." Another person said "Staff are always around, they always come quickly when I press my bell." Throughout the inspection we saw staff were visible and promptly answered people's call bells and requests. Staff we spoke with told us they felt there was adequate numbers of staff to meet people's needs.

We looked at three recruitment records for staff members. Staff had satisfactory Disclosure and Barring Service (DBS) checks to ensure their suitability to work with vulnerable adults. References, employment histories and medical histories were also provided in two of the staff files. However, one file did not contain explanations for gaps in their employment history. The registered manager was unaware of the need to ensure gaps in care staff's employment history was explored. Further shortfalls were found in that no photo IDs were included in staff files. The deputy manager assured us they would obtain photo IDs of staff members. During our second day of the inspection, we saw the deputy manager was addressing this concern.

Is the service effective?

Our findings

People were at risk of receiving care from staff who do not have the knowledge and skills they need to carry out their role. We spoke with three staff members about the training they had received. We also looked at training records for all staff members currently employed. We raised concerns with the registered manager and the deputy manager around the lack of training for staff members.

One member of staff told us that they had received no fire safety training, Infection control training, first aid training, food hygiene training, health and safety training, COSHH (Control of substances hazardous to health) training since the commencement of their employment six months ago. We were told by the deputy manager that this staff member did not administer medicines. We found this staff member was administering medicines, including controlled drugs without any formal training. This potentially placed people at risk due to unsafe medicine practices.

We were advised by the deputy manager that there was no formal medication training for staff. Staff training consisted of observing the deputy manager then being signed off as competent by the deputy. We found four staff had not undertaken any medication training. One staff member was working lone nights without medication training. We were not provided with any copies of competency checks for these staff members when requested thus we could not evidence staff were signed off as competent.

We found the provider was not following their training policy which stated “Staff will be required to attend the following courses annually: Moving and handling training, protection of vulnerable adults, health and safety, basic food hygiene, fire prevention. We checked the providers training matrix for 13 staff and found nine staff’s fire safety training had expired, four had not received any fire safety training and all 13 staff members’ fire safety drill training had expired. Four staff members had received no health and safety training. This meant people were potentially placed at risk by staff who were not appropriately trained to undertake their roles.

We raised concerns that two new staff had not completed their moving and handling training. We were advised by the deputy manager that This training had been scheduled for the 26 November 2014. We questioned how these staff would be able to support a person at night who needed

support with moving and handling. The deputy manager advised us these two staff members did not undertake any moving and handling tasks and there was an on call member of staff who was trained if needed. When we checked the providers staff rotas we found one staff member was working lone nights without moving and handling training. This placed people at risk from unsafe practice as people could not be sure staff were sufficiently trained to support people with their moving and handling needs.

We looked at the induction process for new staff members. The deputy manager informed us there was no induction policy. We spoke with three staff members and found discrepancies in the length and content of their inductions. The deputy manager advised us the induction process was around six weeks and consisted of shadowing and the completion of moving and handling and safeguarding training. However, we found no set induction process to ensure staff were sufficiently trained and competent to undertake their roles. The deputy manager advised us that staff were signed off as competent after they had undertaken observations of their practice. However staff were being signed off as competent without the sufficient training or knowledge to ensure they could undertake their roles effectively and safely which was demonstrated through discussions with staff.

This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Supervisions and appraisals were undertaken in line with the provider’s policy to ensure the professional development of staff. We spoke with three staff members who told us “They (the management) are very supportive”, “They have really helped me with my understanding” and “I think its run well.”

We discussed with staff and management how they supported people using the service through the use of the Mental Capacity Act 2005 (MCA), and the Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The Care

Is the service effective?

Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. No person was subject to a DoLS at the time of our inspection.

Training records clarified that all staff had received training in MCA. We spoke with the deputy manager to gain information on their understanding of the application of MCA and DoLS. The deputy manager informed us they found MCA confusing. The deputy manager did not understand the term DoLS or how this applied to people who used the service.

Staff discussed with us their roles and responsibilities when working within the MCA. One staff member told us “It’s to understand if people can make their own decisions, for example around finances.” This staff member was also able to describe what restraint meant and how this affected people using the service. The staff member explained they were comfortable with MCA as they had undertaken this in their previous employment. We spoke with two other staff members who were unable to explain clearly what the MCA meant and how this affected the people they worked with. All three staff were unaware of what DoLS meant. The management was unaware that they were to complete mental capacity assessments for people who used the service when required.

Staff asked for people’s consent before undertaking any tasks; however they were unable to apply this to the MCA and how it could impact people. We found care plans were not signed by people who had capacity to agree to them. We discussed with people whether they had agreed to their care plans. They told us they did. When it was raised that one person was refusing their morning medication, the provider failed to follow the principles of the MCA to ensure the person had the capacity to understand their decision. One person’s records contained an end of life care plan which had been signed by their family. There was no evidence that their capacity has been assessed and a MCA

assessment had been undertaken to ensure the end of life care plan was in their best interests. The provider had not undertaken the correct processes to ensure people were not unlawfully deprived of their liberty.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People were supported to have sufficient amounts to eat and drink and to promote and maintain a balanced diet. We found people were weighed regularly and the provider used a **Malnutrition Universal Screening Tool** (MUST) form to assess the risk to people of malnutrition. Where people were at risk of weight loss, evidence of correspondence and documentation from health professionals was located in their care plan. For example, contacting the dietitian to obtain food supplements for people when required. We found records in place when people had been supported to attend healthcare appointments; however records of the outcomes of appointments were not always recorded.

During both days of the inspection, we observed lunch. We saw people were offered choices of drinks and main meals. If people did not want the main meal an alternative was supplied. Residents meetings were undertaken regularly and food and menus were discussed. People told us they felt involved in the planning of meals. One person told us “I’m a vegetarian and they always provide me with a nice meal.” Another person told us “We can have breakfast and supper whenever we like. We have fish, chicken and roast lamb on Sundays.” Another person told us “The lunch meals can get a bit tedious, they normally come in the morning and say this is what we are having, but there is always an alternative if you want it.” We spoke with the cook who advised us all food was cooked from fresh. The cook was able to identify people’s nutritional needs such as vegetarians, people with diabetes and people with food allergies, and how they ensured people’s nutritional needs were met. We saw plentiful snacks and drinks offered throughout the day. Where people requested snacks or drinks, these requests were promptly met by staff.

Is the service caring?

Our findings

We spoke with 11 people during our inspection. People were very positive and complimentary about the staff and management of the service. People made comments such as “They are all lovely, they are very careful and very good”, “They are here to laugh and to cry with you, they are very caring and nothing is too much trouble”, “I am very happy here, it feels like an extended family” and “The staff are very helpful and kind.” We saw staff were patient when working with people, and working at a pace which suited the person. People also told us staff were very respectful and allowed them to be as independent as possible, for example allowing people to undertake as much of their personal care as possible.

The service was a small service which aimed to create a homely and family environment. One staff member told us “It’s a nice family culture, it’s well-presented and person centred.” Another staff member told us “I love it here.” Staff we spoke with were able to describe people’s needs, likes and dislikes, for example, knowing their medical and nutritional needs and how they met these appropriately. We found staff to be caring towards people who used the service. Staff spent time talking with people and where people made requests, these were met promptly by staff.

During our first day of inspection, one person became visibly upset and distressed. We saw staff took time to sit with the person and discuss with them why they were upset. Staff spoke with the person in a kind, caring manner and asked the person what they could do to make them feel better. One staff member knew the person well and offered to make a phone call to the person’s relative to help them feel better. Later in the day an outside entertainer was providing entertainment for people who lived in the

home. The previously distressed person was engaged in the activity enjoying listening to the clarinet playing and laughing and singing along with other people. We were advised by management that the clarinet player was well received by people who lived in the service.

Where people did not want to eat in the dining room, they were supported by staff to have lunch in their rooms. Lunch was predominantly served in the communal dining room. The dining room had an ambient feel with the table dressed formally and people sitting where they wanted to. People were offered choices of drinks by staff. Food was well presented and placed in front of the person in a dignified manner, staff then asked people if there was anything else they would like with their lunch, or if they needed assistance. Where people made requests at lunch, these were promptly met.

We spoke with staff and asked them how they involved people in their care and within the service. Staff told us “It’s about the people and always asking what they want”, “It’s about making sure you give people a choice, for example, when I make up the breakfast trays, I ask people whether they want a fork or a knife or spoon”, “We practice person centred care and treat people as individuals. You have to make sure you involve people in their care.” One person told us “They let me do as much for myself as possible so I can remain independent, nothing is too much trouble. You only have to ask and it’s done.”

People’s privacy and dignity was respected. Staff knocked on people’s doors before entering and asking permission before undertaking any tasks. Where people made requests, these were promptly met. Personal records were kept in a locked drawer to ensure people’s confidentiality was upheld.

Is the service responsive?

Our findings

During our inspection, we looked at six care plans for people who used the service. We found specific care plans in place relating to aspects of people's care, for example, communication, mobility, medical conditions and personal care. Each care plan contained an aim, objective and an outcome section which were completed. These included details of how to support people with each aspect of their care. Each care plan was reviewed annually, or earlier as people's needs changed. Care plans were detailed and provided appropriate information on how to support people. However, we found no medicines or financial care plans for people. Without this, there was no guidance on how people were supported with their medication, or financial needs.

There were good examples of personalised care planning, for example likes and dislikes, and people's personal histories, however, these were not present in all the care plans we viewed. Before people entered the service, an assessment of their needs was undertaken to ensure their suitability to live at Tower House.

People were involved in the day to day running of the service. Regular 'residents meetings' were undertaken to address any issues or concerns that people raised. These were undertaken by the activities co-ordinator, who also spent time on a one to one basis with people who used the

service, in case they had issues they wanted to raise in private. People told us when they had raised issues or suggestions, the home had promptly met these, for example one person told us "I asked about having malt loaf and the next day it was provided."

In each person's care plan was a copy of the provider's complaint policy. People we spoke with told us how they would raise any concerns. One person told us "I would speak to the manager if I had any concerns". Another person told us "I have made a complaint before and it was acted upon promptly." The provider had received no official complaints since their last inspection. However there was not a visible complaints procedure available for people, professionals or relatives visiting the home. Without this, people may not know how to make an official complaint, or how it would be responded too.

The service employed an activities co-ordinator; however we were advised they were soon to retire. People we spoke with told us staff supported them to undertake activities of their choice. One person told us "They supported me to keep attending my local church on a Sunday. It's really important to me." During our inspection we saw people were able to access the local town and where required, mobility aids were provided. We were told by people about a summer party which was undertaken in the garden which people enjoyed. Some people told us that they preferred to stay in their rooms and staff respected their choice.

Is the service well-led?

Our findings

Tower House had a registered manager in place who had been registered with the Care Quality Commission for a significant period of time. Staff and people were positive about the management of the service. Staff made comments such as “I think the service is well run”, “I think the management do a brilliant job, I feel very supported by them”, and “The management is brilliant, they really look after staff and residents.” People who used the service made comments such as “The management is wonderful”, “I see the manager a lot throughout the day” and “It feels well run.” We noted the manager and deputy manager promoted the idea of a family and homely environment which people told us they felt it was.

The manager and deputy manager were visible at all times. The manager and deputy manager had a “hands on” approach and were involved in providing care and counted as a member of staff working on the floor. Staff were positive about the fact that the manager and deputy manager were always available and visible. We found the culture of the service to be homely and open.

The deputy manager undertook some audits within the home to monitor the quality of care within the home, for example, infection control audits and kitchen audits. However we found no medication audits in place, no training audits in place, and the manager had not identified that fire safety procedures was not to an acceptable standard. When information was requested to evidence which checks and audits were undertaken, these were not

always documented or recorded. We found the management had not linked in with organisations such as Skills for Care which assist provider’s to gain knowledge and promote best practice. The deputy manager was unaware that the ‘guidance about compliance’ handbook provided by the Care Quality Commission contained important information relating to the regulations, for example recruitment checks and inductions.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The management of the home undertook regular staff meetings which were recorded. Where issues or concerns were raised, these were recorded as actioned. Daily handovers were undertaken between each shift and were recorded to ensure important information was passed on to the next staff members on duty.

We had received four notifications from the provider since their last inspection. We confirmed that this was correct. We did not receive the provider’s PIR prior to the inspection as we were informed the request was not received.

We found the management were aware of accidents and incidents within the service and these were analysed on an individual basis. Where trends or patterns were identified, these were actioned upon appropriately, for example, the management had contacted the local mental health team to undertake an assessment for one person living within the 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers

People who used the service could not be sure the provider undertook the required checks for employed staff.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services

People who used the service could not be sure the provider ensured people's safety through appropriate emergency arrangements.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision

People who used the service could not be sure the provider undertook appropriate quality monitoring checks to ensure the quality of the service provision.

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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment

How the regulation was not being met: People who used the service could not be sure the provider followed the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards to ensure their wellbeing and best interests.

The enforcement action we took:

We served the provider a warning notice due to a breach of regulation 18. We asked the provider to take appropriate action by 10 February 2015.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines

How the regulation was not being met: People who used the service could not be sure they were protected against the risks associated with medicines as the provider had not taken appropriate action to ensure the safe management of medicines.

The enforcement action we took:

We served the provider a warning notice due to a breach of regulation 13. We asked the provider to take appropriate action by 10 February 2015.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff

How the regulation was not being met: People who used the service could not be sure they were supported by staff who were appropriately inducted and trained.

The enforcement action we took:

We served the provider a warning notice due to a breach of regulation 13. We asked the provider to take appropriate action by 10 February 2015.