

Azure Charitable Enterprises

Azure Charitable

Enterprises - Washington

Inspection report

18a Bede Crescent
Washington Old Village
Washington
Tyne and Wear
NE38 7JA

Tel: 01914191867

Website: www.azure-charitable.co.uk

Date of inspection visit:

09 January 2019

11 January 2019

Date of publication:

12 January 2021

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Azure Charitable Enterprises – Washington is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service provides accommodation and personal care for up to twelve people who have learning disabilities. The service was made up to two separate houses, each able to accommodate six people. At the time of inspection 10 people were living at the service.

Azure Charitable Enterprises – Washington has been developed and designed in line with the values that underpin Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning and physical disabilities using the service can live as ordinary a life as any citizen.

There was a registered manager in post. A registered manager is a person who has registered with CQC 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 and associated Regulations about how the service is run.

At our previous inspection in June 2016 the service was rated as good. At this inspection the service was rated requires improvement and we identified three breaches of regulation.

Maintenance and health and safety checks were carried to ensure that the premises remained safe. However, a review of the provider's fire risk assessment showed that no fire risk assessment had been carried by a suitably qualified person since 2014. Medicines were not always managed safely, and we identified issues during the inspection regarding the recording of peoples' 'as and when required' medicines.

These issues demonstrated a breach of Regulation 12, Safe Care and Treatment. The provider took immediate action to address the issues we raised during our inspection.

The provider did not operate effective systems to monitor the quality of the regulated activity being provided to people. A review of quality assurance documents showed that audits completed at provider level had not been completed for a number of months.

This was a breach of Regulation 17, Good Governance.

You can see the action that we have asked the provider to take at the back of the full version of this report.

During the inspection we also found a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009: Notifications of other incidents. This was because the provider had failed to notify CQC of

a number of safeguarding incidents which they are required to do so by law. This was a breach of regulation and we issued a fixed penalty notice. The provider accepted a fixed penalty and paid this in full.

People and their relatives told us that they were safe living at the home. Safeguarding and whistleblowing procedures were in place and staff we spoke with were confident in their knowledge to be able to identify and report any suspected abuse.

Risks to people were assessed as part of their admission to the service and regular reviews of risk assessments were also carried out. The provider had various environmental risk assessments in place which were reviewed on a regular basis. Both houses were clean, tidy and decorated to a good standard. Staff carried out regular cleaning of both houses. Infection control policies were in place and staff were able to confidently tell us how they would follow this policy.

Staffing levels were appropriate to meet the needs of people living in the service.

The provider had a recruitment process in place and this included pre-employment checks. This meant that only suitable people were employed to work within the service.

People's care records held lots of detailed information including how staff should care for them in the way they wished to be cared. They also included people's aspirational goals. This meant that staff knew how to care and support people in the way they wished to be cared for. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff received regular training which provided them with the skills they required to care for people safely. People and relatives we spoke with, told us that staff treated people with great kindness and dignity at all times.

People enjoyed and were encouraged to have a healthy and varied diet. People were able to have a choice of meals from the daily menu. Personal dietary requirements were catered for along with any requests for items outside of the menu. People had regular access to healthcare appointments and were supported by staff to attend their GP, dentist and hospital appointments.

People's care plans were reviewed on a regular basis to ensure that people were receiving care that was appropriate to their needs. A range of activities were available for people to engage in both inside and outside of the home. These activities also focussed on people increasing their life skills to promote people's independence.

The provider had a complaints policy in place and this was available for people to access. Three complaints had been received since the last inspection and were logged and actioned in line with this policy.

Staff we spoke with told us they felt supported both by the registered manager and deputy manager. Feedback received from a healthcare professional had complimented the service and the managers for the level of care and support delivered.

Regular feedback was sought from people and their relatives. This was done via a yearly questionnaire and a review of the last survey results showed positive feedback.

The home had good working relationships with other healthcare organisations. This included regular

engagement with various local authority teams, local GPs and local clinical commissioning groups.

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.

Medicines were not always managed safely.

The provider had failed to arrange for a fire risk assessment to be carried out by a suitably qualified person, since 2014.

We had not been notified of all safeguarding incidents to ensure that appropriate action had been taken.

Staff had been trained in safeguarding people and were knowledgeable about the potential signs of abuse.

Is the service effective?

Good 

The service was effective.

Staff had the training they required to meet the needs of people they were supporting.

The registered manager was strengthening their paperwork to ensure records evidenced how staff were following the MCA.

Care plans included information for staff about how to support people as individuals.

Is the service caring?

Good 

The service was caring.

People and relatives told us staff were very caring.

Staff were genuine and considerate in their interactions with people.

People were supported in their religious beliefs.

Is the service responsive?

Good 

The service was responsive.

A range of leisure and life skills activities were on offer to people living at the service.

People knew how to complain if they needed to.

People were supported and encouraged to develop personal goal plans.

Is the service well-led?

The service was not always well-led.

There were ineffective systems in place to monitor the quality of the regulated activity provided to people.

The provider had failed to notify CQC of a number of safeguarding incidents.

Staff told us they felt supported by their managers.

Requires Improvement 

Azure Charitable Enterprises - Washington

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 9 and 11 January 2019 was announced. The inspection was announced to ensure that people who used the service would be at home.

The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the local authority commissioning team, CCG and the safeguarding adult's team. We contacted the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England This feedback was used to help with the planning of the inspection.

During the inspection we spoke with two people who lived at the service, four relatives, one support worker, one team leader, the deputy manager and the registered manager. We reviewed a range of records about people's care and checked to see how the service was managed. We looked at care plans for two people and the recruitment records for three staff. We also looked at other records relating to the management of the service including complaint logs, monthly audits, and medicine administration records.

Is the service safe?

Our findings

Medicines were not always managed safely and in line with the provider's own medication policy. Whilst arrangements were in place to ensure all staff who administered medication were trained and had their competencies assessed, this did not ensure their practices were safe. A review of one person's medicines showed that a bottle of liquid medicine had been opened and administered in line with the prescribed dosage. However, a review of stock records for this person's medicine's record, listed this bottle as being unopened and this had not been identified during an audit of this medication. We looked at another person's medicine and found a discrepancy in their controlled drug medicine. Controlled drugs are medicines which are liable to misuse and require stricter controls. In addition, a review of people's medication administration records (MAR) identified that on some occasions two members of staff had not signed people's MAR sheets. This meant that staff were not adhering to their own medication policy.

Some people were prescribed 'as required medicines.' Protocols were in place to assist staff by providing clear guidance on when these medicines should be administered and provided clear evidence of how often people require additional medicines, such as pain relief medicines. However, a review of people's MAR charts showed that staff were not recording when these medicines had been administered. We spoke to the deputy manager regarding this issue and they agreed to implement this immediately. By the second day of inspection, new as required medicine sheets had been introduced into people's files.

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

People and their relatives told us that they felt safe living at both houses. One person we spoke with told us, "Yes I feel safe living here." Relatives we spoke with told us "I have no concerns regarding [Person's] safety. Staff take precautions when [Person] is out and about and they make sure [Person] is kept safe."

Staff we spoke to, had a clear understanding of safeguarding issues and were confident in their ability to identify signs of abuse. They were also able to tell us the steps they would take if they had to raise any safeguarding concerns. Staff confirmed they received regular safeguarding training and a review of the provider's training matrix confirmed this. Safeguarding incidents had been referred to the local authority safeguarding team, however these safeguarding incidents had not been notified to CQC as required by law. We received written feedback regarding safeguarding in the service. This was from a professional who worked within the local authority learning and disability team. They wrote and told us, "I think that the service is safe. Although we have had a number of safeguarding issues in the care home these are attended by staff and in the whole the approach is consultative and involves working together to ensure risks are managed and addressed in line with MCA/legal frameworks and working with other professionals."

A review of the provider's health and safety checks demonstrated that regular premises safety checks were carried out. For example, portable appliance testing, gas safety checks and water temperature checks. People had Personal Emergency Evacuation Plans (PEEPs) which informed the staff of how to help them leave the building quickly in case of an emergency. However, a review of the latest Fire Risk Assessment

(FRA) showed the last detailed and professional FRA had been carried out in 2014. Since 2014, the provider had created their own FRA which was basic and had not been completed by appropriately qualified staff. We spoke to the deputy manager regarding this issue who agreed to arrange for an urgent FRA to be carried out by professionally qualified staff. Following the inspection, the deputy manager informed the inspector, a professional FRA had been completed.

Care plans included individual risk assessments for people. For example, one person's file included a choking risk assessment and another person's file included a risk assessment regarding their epilepsy. Another person who spent time alone in the garden working in their tool shed, had a detailed risk assessment in place. We spoke with this person and they were able to tell us what was included in their risk assessment and told us this was in place to keep them safe. Risk assessments were reviewed on a regular basis. Any changes to risk assessments was captured in the staff daily communication log. Staff were responsible for reading and signing this log each day to confirm they were aware of any changes that had occurred.

Staffing levels were appropriate to meet the needs of people living at the service. One member of staff told us that if people's needs did change, then staffing levels were reviewed. This ensured that people received person-centred care that was tailored to their needs. People we spoke with confirmed that there were enough staff to care for them. One person we spoke with told us, "Staff take me out and I go to Sunderland or The Galleries. They also help me to make flapjacks."

The provider had a recruitment process in place. This involved obtaining pre-employment checks which included, two suitable references and a Disclosure and Barring Service check. DBS checks are used to evidence if prospective staff have been convicted of an offence or are barred from working with vulnerable adults.

All areas of the premises were clean, tidy and free from odours. The provider had a cleaning schedule in place which staff followed each day. A review of the laundry rooms showed that staff were adhering to infection control policies. Staff were provided with sufficient personal protective equipment, for example gloves and aprons to use in their everyday tasks.

Staff had received training in food and hygiene safety. We reviewed the food preparation area, fridges, freezers and food storage cupboards. This demonstrated that staff were following food hygiene regulations regarding the preparation and storage of food.

Accidents and incidents were noted on people's daily care records. Incidents had been reviewed and investigated with appropriate actions in place. However, no detailed analysis had been carried out of these incidents to determine if any themes or trends were emerging. We spoke to both the registered manager and deputy manager regarding this. They both agreed the introduction of incident analysis would prove beneficial.

Is the service effective?

Our findings

People's needs were assessed before they started to use the service. People, their relatives, staff and other professionals were involved with providing information regarding these assessments. This meant that the service and staff could meet the needs of people coming to live at the service. Assessments were carried out to identify people's support needs and they included information for example about any medical conditions, dietary requirements and their religious beliefs.

A review of the provider's training matrix showed staff had access to regular training. All training was up-to-date. Staff we spoke with confirmed they received regular training which supported them and provided them with the necessary skills to carry out their role. One member of staff we spoke with told us, "Yes I have access to training. In fact, I have just finished my Level 2 Diploma in Care, which was a course the provider offered me the chance to attend." Relatives we spoke with also told us they felt staff had the necessary skills to care for their loved ones.

People were supported to enjoy a healthy and varied diet. Menus seen offered a variety of choice and people told us they could if they wished, choose something different to what was being offered on the menu. Everyone we spoke with told us they enjoyed their food. People could if they wished, assist staff to make meals for everyone. One relative we spoke with told us, "[Person] had recently helped staff to make a lasagne for tea and they told us how much they had enjoyed doing this." The provider had also introduced a 'Live Life Well Scheme'. This scheme encouraged people to eat healthily and one person who had participated in this, was very keen and proud to show us a certificate they had recently been awarded as part of the scheme.

The provider ensured they had appropriate documents in place so that people continued to receive consistent care when they were not present at the service. For example, each person had a hospital passport. Hospital passports contain important information about that person. For example, people's medication, their dietary requirements, communication needs and if they had any known allergies. This meant that hospital staff would know how to care for that person during their stay in hospital.

People were supported to have regular access to a variety of healthcare services. Records seen during inspection confirmed this. Staff supported people to attend various healthcare appointments, including visiting their GP, attending hospital appointments or visiting their dentist. One relative we spoke with told us, "Before [Person] came to live here, [Person] would never visit the dentist. Since coming to live here [Person] has no problem whatsoever going to the dentist with staff."

Both houses were decorated to a good standard and had been furnished in a way which created a welcoming, modern and comfortable environment. Both houses had communal areas where people could sit and enjoy each other's company. In addition to this, one house also had a conservatory area where people could spend time alone if they wished. The deputy manager told us that people from both houses regularly accessed each house via the adjoining gardens. This created a sense of community for people living in both houses, and friendships had been formed as a result of this. One person living in one of the

houses enjoyed engaging in DIY activities. To support this person, the provider had arranged for two garden workshops to be assembled in the garden. This person took great pleasure in showing us their workshops and they told us they spent long hours in warmer weather making things and organising their DIY equipment.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack mental capacity to do so for themselves. The Act requires that as far as possible people make 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 provider had a robust process in place to monitor the status of all DoLS. We saw relevant people had been consulted along with the completion of appropriate paperwork for certain best interest decisions. However, there was no evidence that mental capacity assessments together with best interest decisions had been completed for one person regarding the use of their wheelchair lap belt, bed rails and bed sensor. We could find no evidence to support that any best interest decisions had been taken prior to the introduction of these restrictions. We spoke to the deputy manager regarding this and they agreed they would immediately carry out a MCA assessment and decision specific best interest meetings for this person.

Is the service caring?

Our findings

Everyone we spoke with told us staff provided care which was kind and compassionate. Relatives we spoke with told us, "Staff are lovely, we know them all. They are lovely with [Person] and [Person] is happy," and "Staff treat [Person] with great care, they are nice with everyone. We are here every week and everyone is lovely." One person we spoke with told us, "Staff are lovely with me, the staff are kind and gentle."

We saw lots of positive interactions between staff and people during the inspection. There was lots of genuine laughter and conversation to be heard. One relative commented they often wished they lived somewhere like the service as people living there always seemed happy, content and well cared for.

One person living at the service had a keen interest in recycling materials. During the inspection this person was very keen to tell us how it was their job to make sure that recycling was put into the correct waste bin. Staff supported this person with this request and encouraged this person to show the inspector their files which were full of photographs. These photographs had been taken during days out when the service had arranged for this person to spend time with the local authority waste disposal collection team. It was obvious this had meant a great deal to this person as they were full of pride when they showed us their file.

Staff treated people with dignity and respect and we saw numerous examples of this. People who were supported to eat their lunch, were given time to enjoy their food and staff did not rush people to finish, instead allowing people as much time as they needed. Staff were seen and heard knocking on people's bedrooms doors, asking permission if they could enter. Staff were also seen to spend time sitting with people either chatting or engaged in an activity. One member of staff sat with a person to write in their personal notebook. Staff were seen to write a sentence and then the person would copy this sentence underneath. Later in the day we saw this person sitting on the couch on their own completing more sentences. We asked them if they enjoyed doing this and they smiled and nodded their head saying, "Staff always do writing for me to copy."

Staff knew people well, and were aware of people's likes and dislikes. One relative we spoke with told us, their loved one enjoyed helping staff carry out household tasks as this was something they had done prior, when they lived at home with their family. Following this and later in the day, we heard staff ask this person, "[Person], I am getting the Hoover out, do you want to help me?" We saw that the person was really pleased to be engaged in this activity and they began chatting and laughing with other people living in the service whilst they carried out this task.

Relatives we spoke with told us they were always made to feel welcome when visiting. One relative we spoke with told us, "We are here every week and we come and go as we please. We always ring up though to make sure [Person] is in, as they are often doing other things and we would not want to interfere with that."

Arrangements were in place to meet people's spiritual and cultural needs. One person attended Church each Sunday and they told us this was something they enjoyed doing and it was important to them.

Information regarding advocacy services was available to people, relatives and visitors. Advocates help to ensure that people's views and preferences are heard. This information was available for people to read in easy read format.

Is the service responsive?

Our findings

Relatives we spoke with told us their loved ones received personalised care. A review of people's care plans showed where appropriate relatives had been involved in the planning of care for their loved ones. Care plans were also reviewed on a regular basis. One relative we spoke with told us, "We have reviews all the time. Staff always keep us up-to-date. The next review we are going to discuss about [Person] moving over to the other house. He knows everyone over there."

People are engaged in a variety of activities including life skills, both inside and outside of the service. One relative we spoke with told us, "[Person] does tasks in the home and we have seen a difference in their life skills. They now make cups of coffee, they tidy up and clean up. You can tell that [Person] really enjoys doing this with the staff."

An activities board was on display in each house. This board held a list of planned activities for the forthcoming week which allowed people to choose what they wanted to do. We saw a poster on display called 'Dates for your Diary'. These dates had been arranged for people to attend a 'disco' in Cramlington. This was an opportunity for people to meet up with their friends from other services. One relative told us, "Since [Person] has started to live here, they go to the disco and they love it!" Staff also supported people to go on holiday. One person had been to Benidorm and another person had been to Blackpool. One person we spoke with told us, "I had a good time in Benidorm. I have lots of photos of my holiday, would you like to see them, they are in my bedroom." We looked at this person's photographs and saw staff had programmed this person's photographs onto an electronic photograph frame. This meant this person was able to see their holiday photographs along with other photographs on a continuous loop.

The deputy manager also told us of plans in place to start a 'pen pal' scheme. This scheme was being created to allow people the opportunity to write to other people who lived at other Azure services.

One person we spoke with told us how they had dedicated 'jobs' in the house and how they received 'wages' as payment. This involved various activities, including assisting staff to carry out weekly fire alarm tests. This person told us they enjoyed this activity and to further support this person, staff had arranged for a personalised uniform for them, which included this person's name along with their 'role'. They wore their uniform with great pride and it was evident that being involved in this task provided this person with a sense of personal achievement.

People were supported to choose and set their own goals and then encouraged to achieve their goals. Appropriate risk assessments had been carried out and where possible, people had signed their own goal plan documents. Goals were regularly monitored to the point of conclusion, thereafter a new goal was set.

The provider had a complaints policy in place. We reviewed the complaints log and since the last inspection, three complaints had been received. All had been processed in line with the provider's own guidance. Relatives we spoke with told us they had not had reason to complain, but knew how to raise a complaint. An easy read booklet regarding how to raise a complaint was part of a range of easy read booklets which was

available for people to look at and read.

Compliments were also received and logged. One written compliment had been received from a healthcare professional and included, "I would like to highlight the excellent collaborative working relationship between staff, deputy manager and the community treatment team. This relationship enabled a patient to receive medication whilst living at home, whereas normally this would have been done in hospital. This treatment was a first for our community team and had a very successful result."

Organisations that provide adult social care must follow the Accessible Information Standard [AIS]. The aim of the AIS is to make sure that people that receive care have information made available to them that they can access and understand. The information will tell them how to keep themselves safe and how to report any issues of concern or raise a complaint. The provider was compliant with the AIS. We saw that people's communication needs were identified and recorded in people's care plans with guidance on how to meet those needs. For example, one person was none verbal and the care plan provided guidance for staff on how to communicate with them. Another person struggled to remember how to do things and they wanted staff to remind them of these.

Is the service well-led?

Our findings

Quality monitoring systems were not always effective and did not always provide suitable assurances that systems and processes in place were of an acceptable standard at all times. We found twenty examples where audits identified the need for follow up actions and these follow up actions were not completed. We spoke to the deputy manager regarding this. They told us that neither themselves nor the registered manager, had carried out any quality assurance checks of audits within the service since September 2018. This meant that issues we had identified during this inspection had not been proactively highlighted. The deputy manager agreed to review these audits to ensure that all identified actions along with those we had identified had been completed.

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

The registered manager and the provider have a legal responsibility to notify CQC of certain incidents including safeguarding incidents. During this inspection we reviewed the provider's safeguarding log. We found eight safeguarding incidents from 2018 which had been notified to the local safeguarding team, had not been notified to CQC. This omission meant an effective system was not in place to ensure that all notifiable incidents were reported to CQC. This would ensure CQC had oversight of all notifiable events, to make sure that appropriate action had been taken. We discussed this with the registered manager and deputy manager and they told us that this had been an oversight on their behalf. They provided assurance that going forward any safeguarding incidents would be notified to us as required.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009, Notification of other incidents.

Accidents and incidents were recorded in people's individual files. Accidents were investigated and appropriate actions were recorded. Lessons learned were shared with staff at teaming meetings and during staff supervision. We asked the deputy manager if they had carried out any detailed analysis of all accidents and incidents as this would allow them to identify any emerging trends or themes. They told us that this was not something they had thought about or completed. They agreed that it would be a good idea to begin to capture this information in one central place as this would support and improve their quality assurance going forward. Staff we spoke with told us they felt supported by both the registered manager and deputy manager. Comments included, "I know I have the support of [deputy manager]. I can go to [deputy manager] with any issues. They coach me to think for myself which is good" and "Yes, I feel supported by my managers, they always listen. I receive regular feedback which is good."

Staff meetings were held on a quarterly basis and staff we spoke with confirmed this. Minutes of meetings were taken for those staff who were not in attendance to be read at a later date. One member of staff told us that plans were in place to change these meetings to a more regular basis for example, every four to six weeks. The deputy manager also confirmed this.

The provider actively sought feedback from people and their relatives regarding the quality of service and care provided. This was done via a yearly questionnaire. A review of the responses received from people showed positive comments, including "I am happy, staff take me to town if I want to go" and "Yes I am happy, I see my brother and sister every week." The results from relatives' questionnaires had not been collected at the time of inspection, we were therefore unable to review any feedback.

Monthly house meetings were held between people and staff. Topics for discussion included for example ideas for any new activities, keeping safe both inside and outside of the service and household tasks.

People were supported to feel part of, and maintain links with the local community including attendance at a local church, cafes, pubs and tea dances at the local art centre. People were also regular visitors to shops in the local vicinity and in the nearby town.

The provider had arranged for local community police officers to visit the service to speak with people. People we spoke to told us they had really enjoyed this visit, chatting and getting to know the officers.

We spoke to the deputy manager regarding the vision for the service over the next 12 months. The provider was planning to introduce assistive technology called 'myhomehelper' which would help support people with achieving further independence. Discussions were also currently underway with the local commissioning team to potentially change the registration of the service to become an independent living service. It was felt that this model of care would be better suited for the people living at both houses.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure that staff followed policies and procedures in relation to the recording of people's medicines. Regulation 12(2)(g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to carry out regular quality assurance reviews to ensure the quality of care and service provided. Regulation 17(1)(2)(a)(b)

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider failed to submit to CQC, notifications regarding abuse and alleged abuse which are required as part of their registration. Regulation 18(1)(2)(e)

The enforcement action we took:

Fixed penalty notice