

Mr & Mrs F Ruhomutally

Northgate House (Norwich)

Inspection report

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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?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 6 June 2016. It was carried out to establish whether improvements had been made since our previous inspection which had been undertaken in November 2015.

Northgate House is a residential home providing accommodation and care for up to 22 older people. At the time of this inspection nine people were living in the home.

There was a registered manager in post. They were a partner in the business. However, they were not in charge of the home on a day to day basis. A new manager had been employed and they had commenced duties in March 2016 and are referred to as the manager throughout this report. They had applied for registration. We were told that the registered manager would apply to deregister once a new manager had been registered. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service had been placed into special measures following an inspection in June 2015 which had identified multiple breaches of requirements under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Due to the extent of our concerns we took urgent enforcement action to prevent further admissions to the home.

We last inspected this service in November 2015 and found that improvements had been made, but these were mainly in relation to the environment. The provider had still been in breach of regulations for personal care, consent, safe care and treatment, meeting nutritional and hydration needs, governance and staffing. As a result of the November 2015 inspection, the service remained in special measures.

This June 2016 inspection found that considerable improvements had been made. The provider was a partnership. Both partners in the business had relinquished their previous roles in the day to day management of the home. The provider was represented by the new operations manager. They had not previously been involved in the day to day running of the home. They had recruited a new manager. The operations manager and the manager had made considerable progress in improving the home which had benefited people living there. Whilst they acknowledged there was further work still to be done, they had stopped the decline in the service that our previous inspections had found and had begun to implement positive changes.

As a result of the improvements we found it was determined that the service is no longer in special measures. It was agreed with the provider to remove the restriction on admissions. Given the recent history of the service we will inspect the home again within six months to ascertain whether the improvements made have been sustained and whether progress continues.

This June 2016 inspection found that there were some concerns with the safe management of people's medicines and that this constituted a breach of regulations. However, other risks to people's well-being were consistently identified, planned for and reduced, as far as was possible.

Due to the service not always having sufficient staff numbers it needed to call upon if people were unable to come to work, some shifts were short staffed on occasion. The manager was aware of this issue and was in the process of recruiting more staff. They would be re-assessing staffing requirements on a fortnightly basis as people were admitted to the home. Most auditing procedures were robust, but a few improvements still needed to be made in relation to medicines management.

The practical aspects of implementing the Mental Capacity Act 2005 and the related Deprivation of Liberty Safeguards were not well understood. This required improvement. However, for day to day issues people were supported to make their own decisions when necessary and staff made decisions in people's best interests when this was not possible.

Staff were supported and encouraged with their training. The manager was keen to enhance the qualifications and skills of all staff members. Staff had been offered additional in depth training in some subjects and there were opportunities for staff to specialise in some areas.

People received choices at mealtimes. Those who required direct assistance or encouragement to eat or drink received the support they needed. This had resulted in improvements in the nutritional health of some people who had previously been at risk of not eating enough.

The manager and operations manager had begun to create a more engaging culture in the home. People and their representatives were encouraged to participate in discussions about how people received their support from staff. People's views were respected about how the home should be run and those that were able to had opportunities to be directly involved, for example, by helping to recruit staff.

People's needs were identified and care plans were in place that gave detailed background information and clear guidance to staff on how best to support people. People were supported with social stimulation which had resulted in positive changes for them. Complaints were well managed, with verbal concerns, as well as formal complaints, being recorded and acted upon promptly. People and their representatives had confidence that any issues would be responded to appropriately.

The new leadership in the home was visible and people, their representatives and staff spoke positively of the changes that had been made. The service managers were developing links with the wider community for the benefit of people living in the home. They were enthusiastic and had clear plans to bring about further improvements in the home.

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 consistently safe.

The service had made considerable improvements since the November 2015 inspection in relation to identifying and acting upon risk. However, further progress was needed in the administration and management of people's medicines.

Sometimes more staff were required in order to ensure people's needs were met in a timely manner, particularly at weekends or over the tea time period.

Safe recruitment processes were in place.

Staff understood and were encouraged to raise any concerns they might have about the way care was provided to people.

Requires Improvement 

Is the service effective?

The service was not consistently effective.

Improvements were required to ensure that staff understood the Mental Capacity Act 2005 and the related Deprivation of Liberty Safeguards.

Staff received appropriate training and good support from the management team.

People had choices about their food and those requiring support to eat their meals received this.

Requires Improvement 

Is the service caring?

The service was caring.

People were treated with dignity and respect and staff protected their privacy.

People were supported by staff who engaged positively with them and their representatives to help ensure they were involved in decision making about their care and the way the home was run.

Good 

Is the service responsive?

Good ●

The service was responsive.

People's care records were individualised and people's needs were met in a person-centred way.

People had support to participate in the activities they enjoyed.

The service had procedures in place to address complaints. The people who used the service, and their representatives, were confident that any concerns they raised would be acted upon.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

Some auditing arrangements in the home were not robust enough to identify some of the areas requiring attention that we found during this inspection.

Considerable improvements had been made in the day to day management of the service which was benefiting people living in the home.

Northgate House (Norwich)

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 6 June 2016 and was unannounced. The inspection team comprised of an inspector and an inspection manager.

Prior to this inspection we reviewed considerable information we had received from the provider about the changes they had made in the service since the November 2015 inspection. This included information from consultants they had engaged, the new manager and the new operations manager. We also received information from the local authority's quality monitoring team.

During this inspection we spoke with two people living in the home, relatives and close friends of a further five people, three staff members, the manager and the operations manager.

We observed the care and support provided to people, looked at the care records of two people, the medicines records of four people and at various records relating to the management of the service.

Is the service safe?

Our findings

Inspections we had carried out in June and November 2015 had found that the service was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to the assessment and management of risks to people's health and safety. This inspection found that whilst improvements had been made in other areas related to risk, concerns remained in relation to the management of people's medicines.

This June 2016 inspection found that prescribed creams were not secured in people's rooms. We also found that toiletries, for example denture cleaning tablets and mouthwashes, that could be hazardous if accidentally ingested, were also not secured in people's rooms. Some people living in the home were living with dementia and were at risk from the failure to secure these items.

Handwritten additions to people's Medicine Administration Record (MAR) charts were not clear, which could result in medicine administration errors. A handwritten entry in respect of one person's prescribed medicine stated 'one to be taken four times' and 'as required'. However, the medicines counting sheet for the medicine stated 'take every six hours as needed'. The MAR charts we viewed were not accurate. When we compared medication records against quantities of medicines available for administration we found numerical discrepancies. We were unable to account for the amount of this medicine that was in stock or confirm that the medicine had been administered as the prescriber had intended.

Another person's MAR chart showed that they had declined one of their medicines four times in the previous four week period. However, five tablets were being returned to the pharmacy. This demonstrated that the MAR chart was inaccurate and the person had not always received the medicine as had been indicated on the chart. There was no information detailing what action was taken in response to the person declining their medicines.

One person had been prescribed a liquid medicine which was in a 200 ml bottle. However, 22 doses of 10 ml had been signed off as administered. This equated to 220 ml which exceeded the quantity of medicine in the bottle. This meant that at some point during the course of their treatment, the person had not received their medicine as the prescriber had intended and that the MAR chart was inaccurate.

The medicines fridge was maintained at a suitable temperature. However, this needed cleaning as mildew had developed around the seal and there were sticky yellow deposits on the inside which appeared to be from medicine spillages.

These concerns meant that the provider was still in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in so far as it related to the safety of medicines.

Improvements had been made in identifying and acting upon risks to people's welfare. Risks to people's welfare were assessed and measures were in place to mitigate the risks. For example, there were risk assessments in place which identified whether people were at risk of developing pressure areas or not

eating or drinking enough. Staff members were aware of people's individual risks and how these were managed. We saw staff members walking with people in the home and encouraging them to use their walking frames as necessary. This was to reduce the risk of people falling. One representative told us, "[The person] has recently got a low level bed and mats in case they fall. I feel that they're safer with this arrangement."

One person could sometimes exhibit behaviour that challenged others. A risk assessment was in place for this. We saw that staff anticipated events happening in the home that the person might not be comfortable with and they took appropriate steps to explain and re-assure the person accordingly.

Our November 2015 inspection had found that the service was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which relates to staffing. There had not always been enough staff deployed to ensure that people's needs were met.

At the time of this June 2016 inspection there were nine people living in the home. The manager told us that three care staff were on duty for the morning shift; two for the afternoon shift and two staff were required overnight. Care staff prepared and served breakfasts, served lunches and the tea-time meal. Night staff mainly did the laundry. The tea-time meal was pre-prepared by the cook as far as was possible. One person received full assistance from staff to eat their meals. A second person required some assistance and encouragement on occasions.

During our inspection visit we found that enough staff were deployed to meet people's needs in a timely manner. One person told us, "We need more staff at tea-time. Usually there's only two on." One person's representative told us, "I think they need more staff at weekends and tea-time." We looked at the staff rotas for four full weeks prior to our inspection. This showed that ten of the 28 morning shifts had been short by one staff member, often at weekends. Two staff were regularly deployed on the afternoon and night shifts. The manager told us that they were aware that weekends were an issue and had recently employed a new staff member who would be working 30 hours a week. They were also aware that tea times were busy and that this needed addressing. Sometimes activities staff were able to assist at tea times, but that this wasn't always possible.

Our November 2015 inspection found that people were left unaccompanied by staff in the lounge for long periods of time. This June 2016 inspection found that this was no longer the case and staff were nearly always present in the lounge.

We concluded that whilst the provider was no longer in breach of Regulation 18 in respect of staffing, further improvements were required to ensure that people's needs were routinely met by ensuring adequate staff numbers were deployed.

Before people commenced work in the home recruitment checks were undertaken to minimise the risks of employing staff unsuitable for their role. These checks included taking up references from previous employers and requiring proof of identity. Checks were also made with the Disclosure and Barring Service to establish whether the potential employee had a criminal record or was barred from working in the care sector.

The home was visibly clean and free from any odours. However, we did observe that infection control measures were not always adhered to. For example, we observed a care staff member entering the kitchen without putting an apron on. They had needed to reach across a work surface and cutlery tray to access the fridge. We saw that staff had been reminded of the need to ensure infection control protocols were adhered

to when entering the kitchen.

Two people we spoke with told us that they felt safe in the home. A representative for one person told us, "Front door security has improved, so I know that [person] is safer there now." Staff understood their obligations to report any concerns they had in relation to abuse to senior staff who knew what actions to take and which agencies would need to be notified. Some staff had received training in February 2016 and another training session was due shortly after this inspection. Posters were on display in the home that encouraged people living there and staff to speak up if they saw or heard something they were concerned about.

Is the service effective?

Our findings

Our November 2015 inspection found the provider to be in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which relates to consent.

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

People can only be deprived of their liberty so that they can 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).

During this June 2016 inspection we checked whether the service was working within the principles of the MCA.

We found that although training in the MCA and DoLS was underway, that there was still limited understanding in this area. The manager advised us that a DoLS application had been submitted in respect of one person because the person was unable to do anything for themselves and staff were making decisions for them. They were unable to tell us what the restrictions were that were depriving the person of their liberty.

We saw from care records that mental capacity assessments were general in nature and not specific to decisions needing to be made. One person's representative had given written consent for the person's photograph to be used in relation to identification purposes for their care records and for displays showing social occasions in the home. However, the person's representative did not have the legal authority to be able to consent to this. It had not been determined whether it was in the person's best interests to have their photograph taken and utilised in these ways.

However, staff were usually making decisions on a day to day basis that were in people's best interests when they were unable to decide for themselves. We observed staff seeking consent from people before carrying out personal care tasks and, if necessary, talking them through the actions that were being taken.

We concluded that whilst the provider was no longer in breach of Regulation 11 in relation to consent, further improvements needed to be made in this area.

Our November 2015 inspection found the provider to be in breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people did not receive choices in what to eat and some people did not get the support they required to eat their meals.

This June 2016 inspection found that improvements had been made. The service operated a rotating menu and people were asked what they wished to have for lunch earlier the same day. The cook showed us records demonstrating that people were given options and what options people had chosen. The weekly menus were available for people in the dining area. The day's options were shown on a whiteboard in the dining area. On the day of our inspection the two main lunchtime choices were liver and onions or chicken. However, the chicken option wasn't on the weekly menu. On the weekly menu some days showed two main choices, but others days only showed one option. One person told us they always received a choice. A second person told us that they didn't always receive a choice.

We observed lunchtime in the dining area. People chose where they wished to sit, were offered a range of drinks and asked if they wanted clothes protectors. Salt and pepper were available and sauces and a gravy boat were also provided. People always had drinks within reach during the day and a fruit bowl offered a range of fresh and attractive looking fruit.

Two people received assistance with their meals. One person ate slowly but the staff member was patient and allowed them to eat at their own pace which took about 40 minutes. The other person periodically received assistance from staff who sat with them and encouraged them to eat. We spoke with this person's representative who told us, "The food has improved. [The person] would often refuse to eat. Now they are eating better and putting on the weight they had lost." Another person's representative told us, "The food always smells good and I know that [the person] enjoys it."

We reviewed people's weight charts and found that people's weights were steady, or where they needed to gain weight, that this was happening. The cook told us how they fortified the food in the home and what steps they took to ensure that those who required special diets, for example a diabetic diet, or extra nutritional support received it.

We concluded that the provider was no longer in breach of Regulation 14, because significant improvements had been made.

Our November 2015 inspection found the provider to be in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This relates to the training and support of staff.

This June 2016 inspection found that improvements had been made. From February 2016 training had been arranged for staff across the board in a programme due for completion by the end of August 2016. At the time of our inspection staff had completed training in moving and handling, first aid, infection control and medicines. All staff administering medicines had been tested for their competency to do so. Other training, for example food safety, dementia awareness and mental capacity, was either booked or was ongoing with further training sessions to be run.

One staff member told us that they were now receiving regular supervision sessions with the manager and confirmed what training they had undertaken in recent months. We reviewed staff supervision records and found that they were consultative and comprehensive with staff being asked for their opinions and suggestions for their own development and that of the service in general.

Staff were offered extended training to develop additional knowledge in areas such as dementia care and nutrition and hydration as well as the opportunity to enrol for a level two or three Diploma for Health and Social Care. One staff member had been designated as a lead for Infection Control and they had been supported with additional training.

We concluded that the provider was no longer in breach of Regulation 18 in relation to the training and support of staff because significant improvements had been made.

One person's representative told us that the service managed medical appointments well and that their family member had good access to the health professionals necessary to help support people with their wellbeing. Records showed that people were visited by their GP, a dentist, optician, and chiropodist when necessary. Referrals were made to appropriate health and social care professionals when required.

Is the service caring?

Our findings

One person told us, "I'm well looked after and I like the staff here." Another person said, "They're all good to me." One person's representative told us, "There's a nice atmosphere in the home. Staff are kind and cheerful." Another said that, "Staff are friendly and they have been very supportive of a visiting relative who hasn't been very well themselves." One representative whose family member didn't often speak told us, "[The person] amazed me by saying 'I'm very happy here' a few days ago." Another representative said, "I think the care has always been good, but it's improved immensely." One representative told us, "[Person] was not well and the doctor came in. The doctor wanted to admit [the person] to hospital but they didn't want that. They stayed here and staff made sure they got better. Nothing was too much trouble."

The service had made considerable progress to ensure that, where possible, people were involved in developing the care and support they received and could impact upon changes being made in the home. One person helped to interview prospective staff and sometimes chaired the monthly resident and relative meetings. We reviewed the minutes from these meetings and found that new staff were introduced to people and proposed changes to the service were discussed with people and their views obtained.

Where it was not possible to involve people due to the health conditions they were living with, the service had liaised with people's representatives. One representative told us that they had been invited in to the home to discuss the person's care. Others told us that these meetings had taken place and that they were satisfied with the arrangements in place. One representative told us, "Staff and managers are engaging with us better in recent months. We're having constructive conversations." People's representatives told us that they were routinely invited to relative and resident meetings which they appreciated. The service produced a newsletter which gave details of upcoming events, birthdays, staff updates and reported on events that had taken place.

As well as the main lounge there was a second smaller lounge which on our previous inspections we found had not been utilised to its potential. This room had been cleared and redecorated and was now in use as a quiet lounge, for one to one activities or small groups. There was now an alternative to people spending their time either in the main lounge or their bedroom.

The home was fresher and brighter. The communal areas downstairs had been redecorated and new flooring was in place in several areas. There were pictures on the walls of recent events in the home. We were shown plans on improving the outdoor space. A vegetable bed was being planned so that people could grow their own vegetables. A path was being laid around the building to facilitate better access for people and a higher wall was planned to improve security. One person told us they had been asked to decide on a colour scheme for the redecoration of their room. These plans and changes demonstrated that the service sought to provide an environment that was pleasant for people and reflected their individual needs.

People's independence, privacy and dignity were respected and promoted. One person's representative told us how the person made their own bed but said that sometimes they needed staff to discretely tidy it up

later on. Two representatives told us that people were well presented and groomed. We noticed that one person in particular who was living with dementia was better presented than at our previous two inspections.

We observed that staff spoke kindly with people. When people asked for assistance, for example, with going from a communal area to their room or to the bathroom, staff responded promptly and with patience. We observed staff knocking on bedroom doors and waiting for a response, before entering the room. Representatives we spoke with were positive about how people's privacy and dignity were preserved.

Is the service responsive?

Our findings

Our November 2015 inspection found the provider to be in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which relates to person-centred care. This was because people's needs had not been adequately assessed or planned for and people's social needs were not being met.

This June 2016 inspection found that improvements had been made. The service managers had implemented a computerised care records system. People's care records were specific to their needs and how they wished them to be met. This was recorded in detail and there was suitable guidance for staff in how to meet people's needs and the way in which they were to do this. The overly restrictive approach to care planning and delivery we had found during our November 2015 inspection was no longer evident.

Some people's emotions were 'mapped'. This helped staff see care from the point of view of people living with dementia. This identified which day to day events in the home resulted in positive or negative experiences for people. This information was then used to help ensure that people had more opportunities to experience positive and enhancing experiences more frequently during their day.

The service had made considerable progress in meeting people's social needs. Where appropriate, some people had been supported to sign up to the 'Norwich door to door' service. Some people had mobility needs which meant that they were unable to access the community because mainstream transport arrangements were not suitable for them. This service enabled people to access suitable transport to help maintain their independence to carry out basic weekly tasks such as trips to the shops or post office, or visit friends and family.

People's representatives told us about the impact upon people of the improvements the service had made. One representative told us, "Staff are coping better with [person's] dementia now. They are often calmer." Another representative told us, "[Person] used to spend their time asleep. Now they're much more likely to be awake as there is something for them to do." A third representative told us, "[Person] went outside to join in the fete. I was really surprised as they show no inclination to go outside usually." A fourth representative told us, "[Person] seemed to be going downhill, but has picked up in recent months. I suspect it has a lot to do with the improvements here."

The service managers told us that they aspired in future to provide activities for people seven days a week, but at the moment it was five days a week. Group activities were arranged, but there was also time available for staff to provide social support to people individually based on their individual preferences. For example, one person liked to do gardening and another person liked to have magazine articles read to them. One representative told us, "There are puzzles and games that weren't there before. [Person] likes the bingo." Another representative told us, "They always invite [the person] to do group things, but they prefer time to chat for a while, which is what happens now."

People's spiritual needs were met. There were arrangements in place for people to participate in religious

services and to receive holy communion. The manager told us that they would consider whether people's spiritual needs could be met before agreeing to admit them to the home. They said they would try and source whatever spiritual support people required as part of their pre-admission process.

We concluded that the provider was no longer in breach of Regulation 9 in relation to person-centred care because significant improvements had been made.

The manager kept comprehensive records of any concerns raised by people. Where one complaint had been made by a person's relative it had been rectified to the person's satisfaction promptly. We saw that where people raised minor issues verbally with staff that these were recorded and resolved quickly. One person told us, "They're on the ball with things here if there's a problem." One person's representative told us, "If I needed to I'd have no hesitation in complaining to the manager or operations manager. I've a good rapport with them and I know they'd take my concerns seriously."

Is the service well-led?

Our findings

Our November 2015 inspection had found that the service was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which relates to good governance. The November 2015 inspection had found that systems were not in place to identify or address issues that affected the quality of service that people received and we had little confidence in the management arrangements in the home at this time.

This June 2016 inspection found that whilst there was some progress still to be made, the improvements made in the governance of the home had begun to take effect and that people living in the home were benefiting from this.

Medicines management required more robust auditing so that the issues we identified would be picked up within the service's own internal auditing arrangements. Shift allocation and handover records were not always fully completed. There had been no handover records for the weekend prior to this inspection. Care records showed that people were to be checked on during the night every two hours, but this was happening every four hours. Staff and managers needed a better, more practical, understanding of the Mental Capacity Act and its related requirements under the Deprivation of Liberty Safeguards.

Most audits within the service were effective and gave assurance where practices in place were appropriate and identified where improvements needed to be made. Incident recording, for example, where people had fallen, was detailed and gave a clear account of the incident and considered whether measures could be taken to avoid a reoccurrence in the future. Incidents were analysed for patterns to determine whether any factors in the way that the service was organised contributed to the incident.

We saw that various meetings were held. The service managers met with the providers frequently. Staff meetings were held. Meetings for catering staff were held as well as the resident and relatives meetings. Communication was good in the service. The dates of upcoming meetings and events were clearly displayed in the home for people and visitors to see.

The manager was knowledgeable about people's needs and provided effective support to staff. They were decisive in identifying and taking action to improve the standard of care that people received. We saw details of investigations they had carried out and the actions they took when the quality of support people received had not been to the expected standard. We were satisfied that they acted promptly, responsibly and practically when addressing these shortfalls.

We were satisfied that the provider was no longer in breach of Regulation 17 as considerable progress had been made in the governance arrangements in the home.

The operations manager and manager had made considerable improvements to the standard of care and support people received and to the home environment, both internal and external. They were enthusiastic and had high aspirations and expectations of the quality of care that people could expect to receive in the

home. They told us they were at the early stages of implementing all the changes they had planned, but were proud of their achievements so far.

They had fostered a transparent and open culture in the home. People, their representatives and staff were positive about the changes made and their views were actively sought. One staff member told us, "The home is much better now with the changes in place." Another staff member told us, "The care people receive has improved." One person's representative told us, "The whole package is better now." Another representative told us, "At weekends sometimes we see that either the manager or the operations manager is there. That's good."

One person's representative told us, "I was horrified when things started going wrong here. I wanted [the person] to move out but they wouldn't. Now I would have no qualms about my relatives or friends moving in here."

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 People who use services were not protected against the risks associated with the management of medicines. Regulation 12(1)(2)(g)