Caring Alternatives Limited

Hillcrest Residential Home

Inspection report

Hillcrest,
Elliot Street,
Tyldesley,
Greater Manchester
Tel: 01942 891949
Website: www.caringalternatives.co.uk

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Ratings

Overall rating for this service	Good
Is the service safe?	**Requires improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

This inspection took place on 16 and 18 November and was unannounced.

We last inspected Hillcrest Residential Home on 03 September 2013, when the service was found to be meeting all standards inspected.

Hillcrest Residential Home is based in Tyldesley, Greater Manchester. The home is registered to provide accommodation for up to 17 people who require personal care and support. At the time of our visit there were 17 people living at the home.

There was a registered manager in post who was also a director of the company. The acting manager was in the process of registering with CQC. 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.

Summary of findings

At this inspection we found one breach of the regulations in relation to safe care and treatment. You can see what actions we told the provider to take at the back of the full version of this report.

We received positive feedback about the service and the staff from the relatives and people living at the home we spoke with. There was a consistent staff team and relatives told us the staff were very caring and approachable. Relatives told us there was a high standard of care at the home.

People's needs had been assessed before they moved into the home. We saw that care plans had been regularly reviewed. There were more frequent reviews of risk assessments and care plans during the first few weeks of someone moving in, which allowed an accurate assessment of needs and preferences to be developed.

Staff demonstrated that they knew the people they supported well, and were aware of people's preferences as documented in their care plans. Staff were able to give examples of how they had worked flexibly to meet people's needs and preferences.

Staff had received training in a range of areas including health and safety, the Mental Capacity Act (MCA) and deprivation of liberty safeguards (DoLS) and dementia. Staff told us they were well supported and received regular supervision from their manager.

The acting manager told us a holistic model of dementia care was used in the home. This placed emphasis on activity and sensory stimulation. Staff were aware of the additional support needs people living with dementia may have and how to meet these effectively.

We saw a singing activity taking place during our visit. People told us they took part in other activities such as hand massage and regular trips to the local pub and social clubs. The relative of a person cared for in bed told us the staff frequently checked on their family member, and would put the radio on for them or read the newspaper to them.

The service was meeting the requirements of the MCA and DoLS. Some people had an authorised DoLS in place and details about this were included in people's care plans.

Medicines were administered and stored safely. However, there were no plans in place that detailed how and when 'when required' (PRN) medicines or covert medicines should be given. There were also gaps in some of the records, so it was not always possible to tell whether people had received their medicine as prescribed. This was a breach of the regulations.

Staff, relatives and people living at the home told us they thought there were sufficient numbers of staff to meet the needs of people living there. During our inspection we saw that people received support as required.

People told us they liked the food and had enough to eat and drink. We observed the mid-day meal and saw people received the support they required to eat and drink. People's weights were monitored and referrals to other health professionals were made when required.

We looked at staff personnel files and saw references were missing from one person's file. We could not see evidence that consideration had been given to another person's criminal records check certificate although the provider assured us this had been discussed at interview.

The manager and provider undertook regular audits to help monitor and improve the quality and safety of the service. The service had acted on feedback received at the last CQC inspection.

Staff were organised and well managed. Staff told us they worked well together as a team and felt valued.

We saw the service kept a record of complaints. This showed that complaints had been investigated and responded to appropriately. None of the people or relatives we spoke with told us they had raised a complaint, but said they would feel confident doing so if required.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

Not all aspects of the service were safe.

There were no clear plans in place for the administration of 'when required' (PRN) medicines or covert medicines. There were some gaps in records relating to the administration of medicines.

Staff were able to tell us how they would recognise and report safeguarding concerns appropriately.

People had risk assessments in place relating to health care needs. There were plans in place that detailed the level of support people would require in the event that an evacuation of the premises was required.

Is the service effective?

Good

The service was effective.

There was a thorough induction period for new staff, which included training, and spending time observing other staff. Staff told us their practice was observed by the acting manager before they were able to work unsupervised.

The service adopted a holistic model to dementia care that placed an emphasis on sensory activities including singing and hand massage. There were some adaptations to make the environment more dementia friendly and the acting manager discussed plans for further improvements with us.

Staff received regular supervision and told us they received the training and support they required to undertake their role effectively.

Is the service caring?

Good

The service was caring.

People and relatives spoke positively about the caring relationships they had developed with staff. It was apparent from discussions with staff that they knew the people they were proving support to well.

Visitors told us they were made to feel welcome and found the staff and acting manager approachable. The acting manager told us the service did not use agency staff in order to provide consistency.

Relatives and people told us their privacy was respected. During the inspection we observed staff knocking and waiting before entering people's rooms.

Is the service responsive?

Good

The service was responsive.

Summary of findings

Staff were aware of people's preferences, which were recorded in care files. Staff were able to give us examples of how they had worked in person centred ways to meet people's preferences.

Care plans had been regularly reviewed and updated. Pre admission assessments had been carried out and there were regular weekly reviews of care plans for a number of weeks following someone moving into the home.

The service kept a record of complaints, which showed actions had been taken to investigate and respond appropriately to any concerns. Relatives told us they would feel confident to raise a complaint should they feel this was required.

Is the service well-led?

Good

The service was well-led.

Staff told us they felt valued, and said the staff team worked well together. Relatives told us they found staff and the acting manager approachable.

The acting manager carried out audits to help monitor and improve the quality and safety of the service.

Staff were well organised and well-led by the manager. We observed the manager providing support throughout the inspection. At one point they called a 'flash meeting' with staff to ensure a co-ordinated approach to any issues.

Hillcrest Residential Home

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 16 and 18 November and was unannounced.

The inspection was carried out by an adult social care inspector. Prior to the inspection we reviewed information we held about the service. This included notifications that the service is required to send us in relation to safeguarding and other significant events. The provider had completed a Provider Information Return (PIR), which we reviewed before the inspection. 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.

We had not received any 'share your experience forms' in relation to this service. Share your experience forms, are forms through which people can provide feedback on a service via the CQC website. We sought and received feedback from the local authority quality assurance and safeguarding teams.

During the inspection we spoke with three people who were living at the home, and the relatives of three people who were visiting at the time of our inspection. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We carried out observations of care throughout the inspection, including at meal times and in the communal areas.

We spoke with six staff, including the acting manager, the registered manager and four care staff. We reviewed documents relating to the care people were receiving, including six care files and six medication administration records (MARs). We reviewed other documents related to the running of a care home, including four staff personnel files, records of servicing and maintenance, staff rotas, risk assessments, policies and audits.

Requires improvement

Is the service safe?

Our findings

We checked if medicines were managed safely. We observed staff administering medicines and saw this was carried out following safe procedures. Medicines were being kept safely in a locked medicines trolley, whilst the medicines round was carried out. The acting manager was aware of recent safety advice relating to the potential risk posed to people from accessing thickening agents, and these were stored appropriately.

There were no 'when required' (PRN) protocols in place for people who were administered medicines on a when required basis. PRN protocols provide staff with advice about how and when to administer when required medicines to a specific individual. From the records we reviewed, there were five medicines for four different people that were administered on a when required basis, without a PRN protocol. We also found that medicines that had been prescribed to be taken on a regular basis for three people were being administered on a when required basis. The acting manager told us they had requested the GP to review the prescribing instructions for these medicines, and were waiting for confirmation. However, there were no PRN protocols or other clear plans in place for how these medicines should be administered. Whilst the staff we spoke with showed an awareness of when these medicines were required by people, this increased the risk that people would not receive their medicines as required.

We reviewed records of medicines administration and saw there were nine missing signatures on four people's medication administration records (MARs). This meant it was not possible to tell whether people had received their medicines as directed, and increased the risk of medicines being administered in error. One person was being administered medicines covertly. This means that medicines would be given without their knowledge, such as by hiding it in food. The service had received authorisation from this person's GP and had made the family aware. However, there was not a fully documented plan of how this medicine should be administered, and there was not a documented best interests meeting. This is contrary to national guidance from the National Institute for Health and Care Excellence. Before the end of the inspection the acting manager confirmed they had requested a best interests meeting be held in relation to this matter.

The issues in relation to the management of medicines were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

All the people living at Hillcrest we spoke with told us they felt safe and thought their belongings were safe. Relatives and people we spoke with said there were sufficient numbers of staff to meet their needs. We spoke with one relative of a person who was cared for in bed. They told us their family member wasn't able to use the call bell, so staff were always going in and out to check their relative was alright. Staff also told us they felt there were sufficient numbers of staff to meet people's needs. The acting manager told us they would organise additional staff cover should the needs of people living at the home increase. We confirmed staffing levels by reviewing the staff rotas.

Staff told us they had received training in safeguarding. The services training record indicated all staff had undertaken this training. Staff were able to tell us how they would recognise possible signs of abuse or neglect, and they were aware how to report any concerns appropriately. Staff told us they were confident the manager would act on any concerns they had, however, they could contact the director of the company should they feel this was needed. The acting manager was aware of how to make a safeguarding referral to the local authority, and discussed instances when they had done this with us.

We checked staff personnel records to see if safe recruitment procedures had been followed. Staff had identification on file as required, and application forms including a full employment history had been completed. Most staff had references and notes from interview on file. However, one staff member who had been recruited prior to the current manager being in post did not have these documents on file. An internal audit had identified that the interview notes were missing and a signed statement had been put in place by the staff member to confirm this had taken place. There was no explanation as to why references had not been received or recorded; although there was evidence they had been sought.

Requires improvement

Is the service safe?

We saw evidence that criminal records checks, such as 'disclosure and barring service' (DBS) checks had been carried out for staff. DBS checks highlight whether a person has any previous known convictions or is barred from working with vulnerable people. One of the records we reviewed indicated the staff member had previous convictions, and we could not see any evidence that this information had been considered when making an employment decision. We discussed this with the acting manager and director who assured us this information had been considered, and had been discussed at the interview stage, however no note of this had been made. The acting manager told us this would be documented in the staff member's file.

People had risk assessments in their care plans relating to a range of potential hazards. This included risk assessments for pressure sores, nutrition, falls, moving and handling and behaviour. Where risks had been identified, measures to help manage and reduce the risk had been documented. We saw that risk assessments had been regularly reviewed, particularly when someone had recently moved into the home where it was documented that risk assessments had been reviewed and updated as required on a weekly basis. This would help ensure an accurate assessment was completed for any person moving into the home.

There were personal emergency evacuation plans (PEEPs) in place for people living at Hillcrest. These documented the level of support each person would require from staff in the event of an emergency evacuation, such as in the case of fire. There was a record of fire drills undertaken, and the manager told us they had received positive feedback in relation to how they conducted drills from the fire officer.

Records were kept of servicing and maintenance checks carried out in relation to the building and equipment. These showed required servicing and checks, such as a gas safety check and an electrical installation test had been carried out, and were satisfactory.

Good

Is the service effective?

Our findings

Hillcrest Residential Home provides support to people living with dementia. The manager told us the home adopted a holistic model to dementia care with an emphasis on sensory stimulation through activities such as singing, massage and music. Staff told us they also used reminiscence to help them engage people living with dementia in activity and discussion. One relative we spoke with told us that staff would sit with their family member and go through old photos they had brought in. We saw the acting manager was in the process of printing labels with old food packaging designs on to create items that would be familiar to people from their past.

There had been some adaptations to the environment to make it more 'dementia friendly'. For example, the bathroom doors were painted a different colour from other doors in the house. Some people also had pictures on their doors, where it had been identified that this would be of benefit to help that individual locate their room. Doors to communal areas had pictorial signs on them to help people orientate around the home. The acting manager told us they had recently trailed, and had now ordered new staff name badges and new signage from the home that was easier for people with dementia to understand.

Staff told us they felt they had received sufficient training to undertake their role competently. We reviewed the service's training matrix, and staff training certificates, which showed staff had completed training in a range of areas. This including training in dementia, behaviours that challenge services, safeguarding, first aid, medicines, infection control and health and safety.

The service was implementing the care certificate for any new staff, and it was also intended that existing staff would also complete the care certificate. The care certificate provides learning outcomes against a set of identified standards that all health and social care workers should adhere to. The acting manager discussed the staff induction process with us, and stressed the importance of staff being competent and knowing the people who were living in the home before they started. They said; "It is important for staff to realise they can't jump straight in when they start." This was reflected through a thorough induction process. The acting manager told us staff would read all care files in the first three weeks, and would shadow other staff. We spoke with a member of staff who had started work at the home recently who confirmed they had undertaken a range of training, shadowed staff, and been shadowed by the acting manager over a number of weeks before starting to work unsupervised.

Staff told us they received regular supervision with the acting manager. We reviewed minutes from staff supervisions, which showed topics such as support requirements, areas for performance improvement and specific scenarios arising in the home were discussed. Staff told us they found supervisions useful.

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 the least restrictive possible option.

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.

We found the provider was meeting the requirements of DoLS. The service had identified where a DoLS application was required, and the acting manager had submitted applications to the supervisory body following the correct process. We saw any conditions in relation to the authorised DoLS we reviewed were being complied with. The acting manager demonstrated a good understanding of DoLS and the MCA, and 24 of the 26 staff (92%) had received training in DoLS. The staff we spoke with were aware of the people who had an authorised DoLS in place, and we saw guidance and information in relation to DoLS was included within people's support plans. This would help ensure staff were aware of what the DoLS meant in relation to those persons' care and support. During our visit we saw staff sought consent from people before providing care or support, such as when providing people with medicines. Staff acted patiently and allowed people time to respond. We asked staff to describe how they would seek consent from people. Staff told us they would always ask before providing care, and if the individual refused they

Good

Is the service effective?

would respect this and return later to ask again. Staff said where a person lacked capacity to make certain decisions, there would be information in the care plan detailing how staff should provide support. The acting manager also talked about the need to hold best-interests meetings in relation to certain more significant decisions, where a person lacked capacity to make the decision themselves.

People told us they liked the food on offer and told us they had enough to eat and drink. People told us they were given a choice of meal, and could request an alternative if they did not like what was on the menu. We observed breakfast and the mid-day meal during our inspection. There was a relaxed atmosphere and we saw people received the support they required to eat and drink in-line with support guidelines in their care plans. People told us they could ask for and would receive a drink whenever they wanted, and we saw a drinks trolley went round regularly.

We saw people's weights were monitored on a regular basis and that actions were taken, including referrals to health professionals if any concerning weight loss was noted. Records in people's care files also showed people were receiving regular input from health professionals including GP's, district nurses and podiatrists. The service was supporting people who had diabetes. There was only limited guidance in people's care files for staff on how to support people with this health-care need. However, the staff we spoke with were aware of signs to look out for that would indicate an individual had a high or low blood sugar level, and of appropriate actions to take.

Good

Is the service caring?

Our findings

There was a consistent staff team in place at the home. The acting manager told us the service did not use agency staff in order to provide a consistent service, and to create more of a 'family environment'.

It was apparent that people had developed positive relationships with staff working at the home. One person told us; "I get on with staff; I talk to them." Another person said; "I know everyone here. They are good carers because they listen to you, they help you." A member of staff said; "I think it's a very caring place." The acting manager told us they, and the staff knew the people living at the home well, and this was apparent from our discussions with the acting manager and staff members. The acting manager said; "We are close to the residents. It's not about filling beds." One relative we spoke with told us; "If I was in [my relative's] position, I would come here."

Throughout the inspection we observed people and staff talking naturally together and smiling and laughing. At one point a member of staff asked if they could join a person living at the home who was sat in the dining area, whilst they ate their breakfast on their break. When we arrived at the home for the inspection the acting manager introduced us to everyone who was up in the lounge and clearly explained the reason for our visit. We also saw that staff communicated clearly and respectfully with people.

People's care plans contained information about their support needs in relation to communication. We saw pictorial meal planners were available if needed, and there was a service user guide that was written in a question and answer style and contained useful information about the home. We saw there was a board displaying the time and date, which was accurate upon our arrival at the home. We asked staff how they communicated effectively with people who might have impaired comprehension. Staff told us they would keep eye contact and speak clearly, and could also use non-verbal means of communication such as the pictorial meal planner, or appropriate touch.

Relatives we spoke with told us they were always welcomed and greeted by staff on their arrival, and said there were no restrictions on when they could visit. Staff told us they encouraged people to keep in contact with their family. Staff told us one way in which they had supported this was by using an internet video calling service over a large TV located in the dining area.

Staff told us they would knock on people's doors and ask permission to enter, and we observed staff doing this during our visit. One relative we spoke with said their family member's privacy and dignity was respected and told us; "If we are visiting they ask us to leave the room before carrying out personal care, which is brilliant."

The relatives we spoke with told us they or another family member had been involved in developing people's care plans. All relatives we spoke with told us their family member appeared well cared for. One relative said that staff spent time with their family member talking about the past and looking at old photos if they were feeling 'down'. Another relative told us the service was doing all it could to enable their family member to continue to stay at Hillcrest and said; "The care and compassion they show is out of this world." The acting manager told us it was important to; "step back and think, how would I feel?"

We saw people's bedrooms had been personalised with people's own decorations and photos. There were also decorations, such as ornaments throughout the home that helped create a homely feel. During the inspection we saw that people were using all communal areas in the home and were allowed to access their bedrooms as they wished. Staff told us they would encourage people to be as independent as was possible. One relative said they felt their family member's independence was supported by staff who took them for walks in the local area where they knew a lot of people.

Good

Is the service responsive?

Our findings

We saw people's preferences in relation to food, routines and how they received their care were recorded in their care plans and in pre-admission assessments. Information about people's social history, interests and hobbies were also recorded. The staff we spoke with demonstrated a good awareness of these details, and we heard staff talking to people about their interests during the inspection.

We asked staff what they did to ensure people received person-centred care. One staff member said that person-centred care was doing what was best for that person, centred round their preferences. They said they did this by offering choices, such as what they ate for dinner, and what they wore when they got up. Another member of staff told us they had been to the library to take out books for a person in relation to their particular interest. The acting manager told us they often took another person to the sweet shop as they enjoyed this, and that the home had brought in an entertainer who covered a person's favourite songs on their Birthday. This showed the home was working in a person-centred way.

We asked people whether they could make day to day choices within the home. People told us they were able to make choices such as when they went to bed, and when they were supported with bathing. Staff told us people would always be asked when they wanted to go to bed, and on the morning of the second day of our inspection, we saw people were given the option to lie in if this is what they wished to do. The acting manager told us people's preferences were taken into account when considering which staff supported them, and gave us an example of how they had done this for one of the people living in the home.

We saw pre-admission assessments were carried out before anyone moved into the home. Staff told us they had to read and sign people's care plans before providing support to that person. They also told us that any changes to people's care plans would be discussed during handovers between shifts and would be highlighted in a record of the handover. We saw there had been frequent, weekly reviews of care plans over the first few weeks following someone moving into the home. Following this there was evidence that care plans had been reviewed as required or on a monthly basis. Care plans provided staff with the required information on how to support people with their care needs, including aspects such as behavioural support. The staff we spoke with were aware of the guidance that was in people's care plans.

One person we spoke with told us they took part in activities such as karaoke, listening to music, shopping and going out for meals. Another person said there were not any activities they joined in with, but that they had books they liked to read. During our inspection we observed a singing activity taking place that a number of people joined in with. An activities planner in the dining room indicated other activities took place including word games, hand massage, arts, Sunday Songs of Praise and gentle exercise. The acting manager told us the timetable was used flexibly dependent on what people wanted to do on the day. One relative we spoke with whose family member was cared for in bed told us their family member did not engage in most activities, but said staff would come and read the paper to them, and would leave the radio on for them too.

The home made use of local community facilities. For example there were regular trips to the local pub and social groups. The acting manager told us the home had visited the cenotaph on remembrance day, and said there were links with a local nursey and primary school who came in for certain special events in the year such as Christmas and harvest festival.

Relatives we spoke with told us they would feel confident raising a complaint should they feel this was required. We saw there was a complaints leaflet available, which outlined how anyone could raise a complaint in relation to the home. This included information on time scales in which people could expect their complaint to be responded to. The acting manager kept a record of complaints and we saw that any concerns raised had been investigated, and actions taken where required.

The service had sent surveys out to relatives at the beginning of the year. The acting manager told us they looked through surveys to identify any areas for improvement and would act on any areas of concern. We looked at a sample of the survey responses and saw the feedback received was positive. Comments included; "There is a consistently professional approach from all staff," and "Perfect environment."

Good

Is the service well-led?

Our findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was also one of the directors of the home and informed us that responsibilities for the day to day running of the location were now being undertaken by the acting manager. The acting manager was in the process of registering with CQC.

Relatives and staff spoke positively about the home and its leadership. One relative said; "I'm very happy with the service and couldn't ask for a nicer place." Another relative said; "It's a lovely place, the staff are lovely." The relatives we spoke with told us they had not attended any meetings about the service. However, this was not a concern as they said the acting manager spoke with them on a regular basis.

The staff we spoke with told us they enjoyed working at the home and said they felt valued. They said they thought the management were fair and approachable, and also told us the staff team worked well together. One staff member said; "It's a team; you don't feel as if you are on your own."

Staff told us they felt they were able to put their views across to the management, and felt they were listened to. Staff told us team meetings were held regularly, but that they could approach the manager at any time if they wanted to discuss something. We reviewed the minutes from the last staff meeting, which showed topics such as health and safety, infection control and the manager's expectations from staff were covered. There was evidence that staff were able to raise items to discuss in the meeting, which were documented in the 'any other business' section.

The acting manager talked about the importance of recruiting staff with the right values. They told us one way to help ensure this had been to involve people living at the home in the recruitment process, such as attending staff interviews. The acting manager told us they felt comfortable seeking advice or support from the directors of the company should they need it.

During our inspection visit the staff appeared well organised. We saw the acting manager provided support throughout the day, and at one point called a 'flash meeting' with staff to ensure support was well organised to meet people's changing needs throughout the day. This demonstrated that the service was well-led.

We saw the acting manager undertook audits to monitor the quality and safety of the service. Audits completed included; infection control, care plans, supervision, training and health and safety. We saw these audits had been regularly completed, and they identified where actions were required to bring about improvements. There were also regular audits of care documents including the daily records, records of activities, continence, weights and referrals to dieticians or other health-care professionals. We saw feedback had been provided to staff on the records or care provided as required. We saw an audit was also regularly completed by the provider, which gave feedback to the acting manager on areas where improvements could be made.

A regular medicines audit was completed, although this was limited in depth and had not picked up the issues we identified in relation to medicines management. Following our inspection, the acting manager sent us an updated, more in-depth template they intended to use for future audits. The acting manager talked about the home's last inspection by CQC, which had taken place before they were in post as manager. It was apparent they were aware of the findings of the report and they discussed how they had made improvements based on the findings of our last inspection. This had included putting in place additional risk assessments. This showed the acting manager was responding to feedback to make improvements to the service.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2014 Safe Care and Treatment Medicines were not managed safely in accordance with national guidance. Regulation 12 (1) (2) (g)