

# Aitch Care Homes (London) Limited

## Cloverdale House

### Inspection report

19 Vallance Gardens  
Hove  
East Sussex  
BN3 2DB

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Good</b> ●
Is the service caring?	<b>Good</b> ●
Is the service responsive?	<b>Good</b> ●
Is the service well-led?	<b>Requires Improvement</b> ●

# Summary of findings

## Overall summary

We inspected Cloverdale House on the 24 and 25 May 2016. The inspection was unannounced.

Cloverdale House is registered to provide personal care and support for a maximum of 11 adults with learning disabilities and additional complex needs such as autism, epilepsy and behaviours that challenge. Accommodation is provided over three floors and consists of ten single rooms with ensuite facilities and one bed sitting room with an ensuite wet room. Cloverdale House is an older style building close to the seafront, town centre shops and amenities with transport links close by. On the day of our inspection there were 10 people living at the service with a variety of complex learning disability and physical needs requiring high levels of supervision and support in order to live full and active lives.

The service was last inspected on 24 April 2015 and some concerns were identified. We found one breach of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 where staff did not have the required levels of skill and knowledge to assess or meet the needs of people. The provider was asked to submit an action plan to address this and we looked at the effectiveness of this action plan as part of this inspection. At this inspection We found that improvements had been made in the required area. However we identified a further breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Cloverdale House requires a registered manager. 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 not had a registered manager in post since February 2016, however, there was a newly appointed manager who had submitted their application to become registered manager and their application was in progress.

People did not always receive their medicines as prescribed. The safe management of medicines was not always consistent and there were times when there was no suitably trained staff available to administer 'as required' medicines. This was identified as a breach of regulation.

There were individual risk assessments in place and management plans to reduce risk had been reviewed. Support plans were personalised and there was detailed guidance for staff on how to support people. However, staff did not consistently follow the guidance given in the support plans which could put people at risk of harm and this is an area that needs improvement.

Staffing levels were not always maintained. The provider had calculated the number of staff required on a daily basis but rotas demonstrated, and staff told us, that these staffing levels were not always achieved and this is an area that needs improvement.

Staff had received training in safeguarding adults and had a good understanding of their role in keeping

people safe, how to recognise abuse and report any concerns. Recruitment practices were robust and ensured that any staff employed were safe to work with people.

One person told us they had, "No problems with safety." The environment and equipment were subject to regular checks, there was an emergency plan in place to include detailed Personal Emergency Evacuation Plans (PEEPs). Accidents and incidents reports were reviewed and there was a system in place to monitor and track actions taken to reduce risk of recurrence.

There was a training matrix in place and staff had received training specific to the needs of people for example catheter care and epilepsy awareness. Induction training had been subject to review and improved. Staff received regular supervision from senior members of the team.

People said they enjoyed the food and were involved in menu planning, shopping and the preparation of food and drink. Staff were aware of any allergies and individual preferences and support plans gave detailed guidance on these.

The service acted in accordance with the Mental Capacity Act (2005) (MCA) and the Deprivation of Liberty Safeguards (DoLS). The provisions of the MCA are used to protect people who might not be able to make informed decisions on their own about the support they receive. Consent was sought from people with regard to the support that was planned and delivered. Where people were unable to make decisions for themselves staff had considered the person's capacity under the Mental Capacity Act 2005 and applied for DoLS authorisations where appropriate.

Peoples' health was monitored and they were referred to health services in an appropriate and timely manner. Any recommendations made by health care professionals were acted upon and incorporated into people's support plans. One person told us how they were supported through a long period of outpatient treatment and another was supported by staff during an admission to hospital.

Staff supported people gently and with kindness. One person said that they liked a member of staff because they knew and understood them well. Staff encouraged people to be independent and work towards personal goals. People were appropriately dressed according to their personal preferences and personalities. There were individual activity plans and people were busy throughout the day and were supported by staff to follow their chosen lifestyles

There was a complaints process in place and all complaints had been responded to appropriately and within a reasonable time frame. There were weekly resident meetings and an annual service user satisfaction survey. People said they felt listened to and that their opinions counted.

There was a quality assurance system in place and there were processes for gathering feedback from people and staff. Action plans were visible and monitored by the provider to ensure that any actions were completed in a timely manner.

## 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 storage and management of medicines was not in accordance with current professional guidelines and night staff were not trained to administer medicines should they be required overnight.

Support was not always delivered in accordance with the guidance detailed in individual support plans.

There were not always sufficient numbers of suitable staff employed to keep people safe and meet their needs.

Staff had received training in safeguarding adults and understood their responsibilities with regard to keeping people safe from harm. Recruitment practices were robust to ensure that staff employed were safe to work with people.

### Is the service effective?

**Good** 

The service was effective.

Staff had the skills and knowledge to meet people's needs and were supported through regular supervision.

People enjoyed the food and were involved in planning, shopping and preparing food every day.

The service was meeting the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were supported to access health care services as required and any recommendations from health care professionals were included in support plans.

### Is the service caring?

**Good** 

The service was caring.

Staff treated people with kindness and respect.

People were supported to express their individuality and follow their chosen lifestyles.

Staff supported people to maintain independence. People were involved in the running of the service and felt that their opinions mattered.

People were encouraged to keep in touch with family and friends and were supported to visit relatives.

### Is the service responsive?

Good ●

The service was responsive.

People received support that was person centred and tailored to their individual needs and preferences.

There were individual and group activity plans in place to support people to lead active, purposeful lives and to be involved in the wider community

Staff supported people to work towards goals and plan for the future.

There was a complaints procedure in place and any complaints had been dealt with appropriately.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

There was no registered manager in place.

The manager and staff understood their roles and responsibilities. Staff spoke positively about their roles and the people they supported.

There was a quality assurance system in place. There was a programme of audits and action plans were monitored to ensure that actions were completed in a timely manner.

The provider actively sought feedback from people and staff and took appropriate actions to improve the service.

# Cloverdale House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 24 and 25 May 2016 and was unannounced. The inspection team consisted of an inspector and a specialist advisor experienced in running residential services.

The service was last inspected on 24 April 2015 where one breach of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 was identified and the provider was asked to submit an action plan to address this breach. We looked at the effectiveness of this action plan as part of this inspection.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make. We looked at this and other information we held about the service. This included notifications. Notifications are changes, events or incidents that the service must inform us about. We also contacted stakeholders, including health and social care professionals involved in the service for their feedback.

We spoke with four people, one relative, five members of staff and the manager. Not all people were able to communicate their opinions due to complex support needs and one person did not want to be involved in the inspection process. During the inspection we observed the support that people received in the garden, lounge and dining areas and where invited, in their individual rooms. We took time to observe how people and staff interacted at lunch time and throughout the day.

We reviewed three staff files, four medication records, staff rotas, policies and procedures, meeting minutes, compliments and complaints recording, incident and accident records, quality monitoring documentation, training records and surveys undertaken by the service. We also looked at the menu and activity plans.

We looked at three sets of personal records. These included support plans, risk assessments, health records and daily notes.

# Is the service safe?

## Our findings

One person told us, "I like to live here and I feel safe." A relative said that they felt their family member was safe. However two members of staff told us that they were concerned that there were not always enough staff on duty to keep people safe.

Medicines were not always managed safely. One person told us that they received their medicines, "All on time," but it was not clear from individual medication records that medicines were always administered as prescribed. For example one person's medication record did not account for five doses of antibiotic medication and for another it was not clear if they had received medicine prescribed to prevent seizures. Guidance for the administration of 'as required' medicines was not always in place and was not person centred. For example, one person had 'as required' pain medicine. The guidance for this medication explained what it was for and at what intervals it should be given but did not explain how staff would know if the person was in pain. Another person had several 'as required' medicines prescribed but there was no guidance in place for staff on how to administer these medicines safely and appropriately.

Medicines were not always stored or managed in accordance with current professional guidance. Stock balances were not brought forward or checked. This meant that staff would not be able to check if a person had received their medicines if there was a discrepancy. The provider's procedure for the disposal of unwanted medication had not been followed and unwanted medicines had been left in pots some of which were unlabelled and therefore unaccounted for. Some medicines were inappropriately stored in a secure locked cabinet to include one person's emergency medicine. This meant that staff could not easily access the emergency medicine should it be required.

Medicines were administered by appropriately trained staff who were checked as competent to give medication. A member of staff newly trained to administer medicines told us that they were waiting for their competency check before they were able to give medication unsupervised. Another told us that they had received training to administer medications and had just passed their competency check. The provider had undertaken a medication audit earlier in the year which recommended repeat competency checks for all staff who administered medication and these were completed in March 2016. This showed that there was a robust process in place to train and check the competence of staff administering medication. However, night staff had not received training to administer medication which meant that people did not have immediate access to 'as required' or emergency medicine during the night. The manager explained that there is always an on call person trained to administer medication should it be required during the night shift however this could result in a time delay between a person needing 'as required' or emergency medicine and receiving it. The issues identified regarding the administration and storage of medicines meant that medicines were not managed safely and this was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Feedback regarding staffing levels was variable. A relative told us that staffing levels were adjusted to meet the needs of people and that the planned number of staff was, "The right number." Staffing levels were calculated according to the individual needs of people living at the service but staff told us that staff

vacancies and short term absence meant that these levels were not always maintained. Rotas demonstrated that sometimes staff were booked to work the night shift when they had been working during the day and that there were occasions where there were insufficient members of staff on duty to meet people's needs. This meant that staffing levels calculated to meet the needs of people were not consistently met and this is an area that needs improvement.

People were supported to take positive risks in order to support independent lifestyles and try new experiences. Individual records identified risks such as going out, use of the kitchen and behaviours that could be challenging to other people. There were detailed support plans in place to minimise these risks. However staff did not always follow the guidance outlined in the support plans which could put people at risk of harm. For example, at lunchtime one person became upset when another person wanted to lay the table for lunch. The support plan stated that staff should support this person individually but we observed that several members of staff addressed the person at the same time. Staff did not use the strategies described in the support plan to calm this person and diffuse the situation. This meant that the situation took some time to resolve and left the person who had been trying to lay the table and other members of the household, who were clearly upset, without reassurance or support. We later observed staff engaging this person in a jigsaw puzzle. This was a strategy that was included in the support plan for the person and we noted that support was both effective and appropriate in settling the person. By not consistently applying the strategies set out in people's support plans staff could put people at risk of harm and this is an area that needs improvement.

Staff had received training and understood their responsibilities in regard to keeping people safe. They were able to clearly explain how they would recognise the signs of abuse and what actions they would take. There were safeguarding and whistleblowing policies in place. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation or directly to external organisations.

There was a robust recruitment process with appropriate pre-employment checks in place to ensure any staff employed were suitable to work with people, these included checks through the Disclosure and Barring Service (DBS). These checks identified if prospective staff had a criminal record or were barred from working with children or vulnerable people. The service had obtained proof of identity, employment references and employment histories.

There was a system in place to monitor any accidents and incidents and these were analysed at both service and provider level. This meant that the manager and the provider had good oversight of any incidents and plans in place to prevent recurrence or reduce risk of recurrence. Support staff undertook cleaning and laundry duties. The environment was accessible and clean with no malodours. The provider used an independent handyman to attend to any maintenance issues. Staff undertook basic health and safety checks and there was an emergency plan in place. The fire folder contained personal emergency evacuation plans for the people living at the service and these were detailed and up to date.



# Is the service effective?

## Our findings

Staff were knowledgeable and knew people well. A relative said, "I am confident that they are well looked after." A person commented that the staff were, "Doing well." And an agency member of staff said that the team was, "Very well trained."

At the previous inspection we found one breach of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 as staff did not always have the required level of knowledge and skills to assess and meet the needs of people. The provider had submitted an action plan to address this breach and we looked at the effectiveness of this plan. We found that induction training had been reviewed and improved and that training specific to the needs of people living at the service had taken place and we found that staff had the required level of knowledge and skills to meet people's needs.

Training was delivered through a combination of eLearning and face to face training and there was a training plan in place to ensure that staff completed essential training with regular updates. Some staff had also received training specific to the needs of people such as catheter care and epilepsy awareness. A visiting health care professional had complimented staff on their catheter management which demonstrated that training was effective. Staff confirmed that they received regular supervision and appraisal and felt well supported by the senior support staff within the team. A member of staff explained to us how the manager had supported them in their recent studies with suggested reading and research areas.

There was an induction process for new members of staff with time set aside to read policies and procedures, undertake essential training and shadow existing team members. One member of staff told us that shadow shifts were continued until they felt confident. Another told us that they received three days of shadow shifts as part of their induction.

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 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. Staff had received training and understood the principles of the MCA and DoLS and were clear about the mental capacity of individuals. There were mental capacity assessments in place to support decisions made in the best interests of people and DoLS applications had been made to the local authority appropriately. One DoLS authorisation had expired but the provider had applied for this to continue and the application was in progress.

People told us that they enjoyed the food and were actively involved in menu planning and shopping. One

person told us, "The food is nice." A member of staff told us, "One thing we do really well is food. It's usually really good and we create a balanced diet." Food being prepared was fresh and home cooked. There was an accessible menu on display in the lounge that had photographs of meals. People told us that the menu was decided at their weekly meeting and staff explained how they used the pictures of meals to support people to make choices. People were supported to shop for food items on a daily basis and told us that this gave them another opportunity to make food choices.

At lunchtime a member of staff asked three people if they wanted to come to the kitchen to make lunch together. People had congregated in the kitchen and dining areas and there was a homely, family feel as people and staff looked in the fridge and the cupboards to decide what to have.. Three people decided to eat at a table in the garden at the last minute and staff supported them with this by bringing eating utensils, drinks and food out into the garden. People were asked by staff if they were enjoying their food and staff checked that people had everything they needed. One person was eating a plate of pasta with a fork and was asked if they need a knife which they declined.

Individual support plans gave detailed guidance regarding people's nutritional needs and staff knew people's food preferences, allergies and dietary requirements well. People were able to enter the kitchen area freely and they helped themselves to drinks and snacks throughout the day. In order to preserve this freedom for everyone, certain food items were available but kept locked away for example peanut butter where one person had a nut allergy. Some people were watching their weight and staff knew this and were supporting them to eat healthily. One person told us that they did not eat between meals, they said, "I just wait until dinner time." One relative said that staff adhered to the special diet required by their family member and that staff were happy to serve foods that they provided or prepare foods that they thought their relative might enjoy.

People's health and wellbeing were monitored and where required they were supported to access routine medical support, for example, from health care professionals such as doctors, opticians and dentists and any recommendations were incorporated into people's support plans. One person explained to us how staff had supported them to attend weekly hospital appointments over a period of several months. One health care professional wrote to the provider to compliment staff on their supportive and creative approach following a visit to the service to assess a resident's moving and handling needs.

# Is the service caring?

## Our findings

People felt cared for and were treated with respect and kindness. One person said, "Staff treat me well." A member of staff explained that being a key worker meant doing their best for that person and another member of staff said that their colleagues were, "Constantly looking out for people's rights and independence."

People were not all able to communicate their opinions due to complex support needs; however we observed that they appeared happy as people were lively and often playful. One person knocked on doors or hid round corners seeking fun interactions with staff who responded appropriately by acknowledging them by name and offering gentle banter and smiles. One person told us that they got on well with staff; they said that staff listened to them and that their key worker helped them to plan things like holidays. Another said, "The staff are nice." A relative told us how they were, "Impressed with their homeliness," and that it was good to see people, "Having a bit of fun."

Each person took a turn to chair the weekly household meeting and one person told us that it had been their turn that week. Meetings were used to plan menus and activities. A member of staff told us that they used pictures and photographs in the meetings to facilitate decisions for those that had difficulties communicating their preferences and two people told us that they felt that their opinions mattered. One person told us how they were involved in developing their support plan and where appropriate people had signed their individual records.

The provider undertook an annual service user satisfaction survey and the results of the August-September 2015 survey had been collated. The survey was accessible and asked people their views on food, the environment and staff as well as how people felt about their home. People's comments and suggestions were included in the report but there was no action plan in place. The manager told us that he would review and produce an action plan.

Staff knew people well and tailored their approach according to the person. For example one person needed more time to communicate their wishes. The member of staff slowed down and adjusted their pace to give the person the time that they needed to make and communicate their decision.

Staff encouraged people to have choice and control over their lives by including them in household and individual decision making throughout the day, such as what to make for lunch or whether to go to the library or the bookshop. Where it was not possible for staff to support a person with something, they took time to explain the reason why and to offer an alternative.

People were dressed appropriately and according to their individual personalities and lifestyles. One person explained that they were wearing a t-shirt that depicted their favourite film. Another person was supported to colour her hair how they liked it. A staff member explained that they would support people to preserve their dignity by helping them if their clothes became untucked or reminding them to wipe their mouth at mealtimes. They said that they would ask if a person wanted to use the toilet quietly and discreetly so as not

to embarrass them. Another said that it was important to promote independence and not take over tasks that people were capable of doing themselves. At lunch time a member of staff discreetly passed a person a napkin and throughout the day we saw that people were supported to tidy their rooms, help with the shopping and undertake simple cleaning tasks such as vacuuming.

The atmosphere in the service was appropriate to the people living at the service. It was fun and lively and close friendships had formed between people. A relative said, "It feels like a home." People were supported to maintain contact with family and friends. One person said that her mum and her family were very important to her. They told us that their family were able to visit whenever they liked and that a member of staff supported them to visit their mum at her home.

## Is the service responsive?

### Our findings

People received personalised care that was responsive to their needs. People were supported to live their lives as they wished and this was reflected in their individual support plans. People knew who their key workers were and two people said they would speak to their key workers or with a senior support worker if they were upset or worried about anything.

Activity plans were tailored to meet people's individual interests and needs. One person told us how they like to go to the gym every week and another told us about a trip to the circus. In addition to individual activity plans the provider held group activities that brought people and staff together. For example, arrangements were made for people and staff to watch the football cup final on television. People made decorations for the lounge and there was pizza to eat while they watched the match. One person confirmed that, "Everyone got together to watch the match," and had clearly enjoyed the evening.

Individual support plans were detailed and personalised to include life histories, likes/dislikes and people and dates that were important to people. Support plans included hopes for the future and goals that people wanted to work towards. People told us how they were involved in developing these plans with their key workers. One person was supported by her key worker to undertake a charity run and was featured in an article in the local newspaper. Their key worker described how the run had given the person a sense of achievement, community and improved self-confidence. Another person told us how they were planning a trip to Amsterdam to see the tulips and visit some of the art galleries.

People were supported to make choices about where they wanted to go and what they wanted to do. One member of staff was supporting a person who wanted to go to the cinema. They helped the person to look up what films were showing and to decide whether or not to watch a film in 3D.

People's preferences and likes/dislikes were respected. People were able to choose the gender of the member of staff supporting them with personal care. One person told us they preferred a female member of staff and that they, "Always have a lady to help me." Individual support plans detailed when people wanted to go to bed and staff knew that one person often sat up late whilst another liked to retire early.

People were supported to develop and maintain friendships. One person was supported to attend a local college and to keep in touch with friends through letters and social media. Another person was supported to stay with their partner in the community returning to the service for support when required.

People's rooms were well decorated and personalised. The communal environment had been decorated by staff to reflect the age and interests of the people living at the service. For example, the dining room had an American diner theme which gave the room a relaxed, playful feel. Some visiting healthcare professionals remarked on the, "Young décor."

There was an accessible complaints policy and procedure on display and people understood and had exercised their right to complain. Complaints were logged and monitored and all complaints had been dealt

with in a timely and appropriate manner.

## Is the service well-led?

### Our findings

At the time of inspection the service had been without a registered manager since February 2016. The previous registered manager left the service in January 2016 having registered in October 2015 which meant that the high turnover of registered managers noted at the previous inspection had continued. A new manager had recently been appointed in April 2016 and their application for registration was in progress. The manager was experienced in running similar services and understood their responsibilities and the requirements following the implementation of the Care Act 2014. A relative said, "Seems like a nice chap, still early days." One person said that the new manager, "Wanted to make a difference," and that, "He cares." A member of staff said of the new manager, "He tries his best."

The aims of the service were set out in the statement of purpose as, 'To assist the residents to develop their independence, autonomy, knowledge, confidence and daily living skills in order to enable them to live a full and independent life as possible as a full part of the local community.' People and staff told us how they worked together to achieve this aim, for example, by taking part in community events together or being supported to attend a course at college. One person told us how much taking part in the local community had improved their confidence.

People were supported by a team of support workers who also undertook all domestic tasks such as cooking, laundry and environmental safety checks. Senior support workers organised the shift and supported less experienced staff. A member of staff said, "The seniors are very good, work very hard." Staff were clear about their roles and responsibilities and spoke positively of the team and the people they supported. One member of staff said, "It's the best job I have ever had, staff are good and the residents are cool." Another member of staff told us, "We have a really good team."

The leadership team included a deputy manager but at the time of the inspection the deputy manager role was vacant. This meant that the senior support workers were assisting the manager to complete some administrative tasks and on call duties which they felt took them away from supporting and coaching the team. The provider was working to fill the deputy manager role and they were actively recruiting into other vacancies but in the meantime was using existing staff to cover many of the outstanding shifts. This coupled with the extra managerial duties was putting a strain on the team and staff said that they were tired and stressed and less willing to step in at the last moment. A member of staff told us how on occasion this had left them with insufficient staff on duty. They explained how a member of staff had telephoned one Saturday morning to say that they were unwell and therefore would not be coming to work. The number of staff on duty was already depleted as the agency had not been able to cover a vacant shift on that day. The member of staff told us how usually a member of staff would step in to cover the shift but that they were all working flat out and were tired so no one was willing to pick up the shift which meant that there were insufficient members of staff on duty to support people adequately. The management of current vacancies therefore needs improvement to ensure that there are sufficient numbers of suitable staff to keep people safe and meet their needs.

There was a quality assurance system with a series of audits and action planning tracked at service and

provider level. A comprehensive audit of the service was undertaken by the provider in December 2015 and there were provider health and safety and infection control audits in March 2016. There was evidence that the action plan produced in response to the previous inspection had been followed up during these provider audits and there were further actions regarding induction training identified and completed. In light of our findings regarding medication practice the manager has arranged for a pharmacy audit to be undertaken in addition to the internal medication audit.

Staff meetings were held regularly and were well attended. At a recent meeting staff had raised concerns around the promptness of the maintenance person contracted to the service and the manager had agreed to look into this. People were invited to participate in a service user's satisfaction survey on an annual basis the results were collated by the provider and had been communicated to the manager for action planning. There had been a staff survey in May 2016 which was generally positive but identified three areas for action over the next 3 months regarding staff stress, development and recruitment and there was a plan in place to issue another survey in 3 months' time to measure the effectiveness of any actions taken.



This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  People's medicines were not managed so that they received them properly and safely. Regulation 12(2)(g)