

Leonard Cheshire Disability

Champion House - Care Home with Nursing Physical Disabilities

Inspection report

Clara Drive
Calverley
Pudsey
West Yorkshire
LS28 5QP

Tel: 01274612459
Website: www.leonardcheshire.org

Date of inspection visit:
03 February 2017
08 February 2017

Date of publication:
13 July 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 3 and 8 February 2017 and was unannounced. At the last inspection in November 2015 we rated the service as requires improvement. We found the provider was breaching three regulations, which related to person centred care, governance and staffing. The provider sent us a report which told us what action they were going to take. At this inspection we found the provider had made improvements and addressed the issues identified at the last inspection.

Champion House provides care for up to 27 people who have a physical disability. The service had 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.

We asked people who used the service if they felt safe; they told us they did. Staff also told us everyone was safe living and working at Champion House. People lived in a safe and pleasant environment. Systems were in place to manage risk to individuals, however, medicines were not managed consistently and safely. The provider took action to address the issues promptly when we raised this with them. During the inspection we observed people received support at appropriate times, which indicated there were enough staff to meet people's needs. There was a better system in place which ensured people received agreed one to one staffing. Robust recruitment processes ensured staff suitability was checked before they were employed.

Staff were supported to do their job well. They received appropriate training and supervision which ensured they understood their role and responsibilities. Staff we spoke with had good knowledge around the Mental Capacity Act 2005 (MCA) and how to support people who did not have capacity to make some decisions. People were happy with the quality and variety of meals. Menus offered people choice including healthy options. Arrangements were in place to make sure people's specialist dietary requirements were met and a range of other professionals were involved to help make sure people stayed healthy.

People were well cared for. Staff knew the people they were supporting well. This included people's individual communication skills, likes, and preferences. Staff had attended training called 'a day in my shoes' which helped them understand people's experience at Champion House. End of life care planning was being further developed to make sure people's wishes were known. Information was displayed to help promote choice and keep people informed.

People's needs had been assessed and care plans contained good information which guided staff around how care should be delivered. Care plans covered what was important to the person, what they wanted to achieve and what support they needed. People were enabled to carry out person centred activities. The service had recently received a new minibus which provided people with more opportunities to access the community. People who used the service were encouraged to share their views and attended monthly meetings where they discussed topics that were relevant to the home. Systems were in place to respond to

concerns and complaints. The service had received compliments about the quality of care provided.

The provider had effective systems in place to monitor most areas of the service; however, auditing processes for management of medicines had not picked up issues identified at the inspection. People were regularly involved with the service and their feedback was positive about the way the service was managed. Staff we spoke with told us the registered manager led the service well and had driven improvement.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. You can see the action we have told the provider to take at the end of this report.

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 managed safely. Systems in place did not ensure people received their medicines as prescribed.

People lived in a safe, well maintained and pleasant environment. A number of areas had been decorated since the last inspection and furnishings had been replaced.

There were enough staff to meet people's needs. There was a much better system in place to make sure people received their agreed one to one staffing.

Is the service effective?

Good 

The service was effective.

Staff were supported to do their job well. Staff received appropriate training and supervision which ensured they understood their role and responsibilities.

Systems were in place to promote choice and assist people to make decisions when they needed help.

People told us they were happy with the quality and variety of meals. Menus were varied and offered people choice. A range of other professionals were involved to help make sure people stayed healthy.

Is the service caring?

Good 

The service was caring.

Care records contained good information about people's likes, dislikes and background, which ensured staff understood people's needs and preferences.

Staff spent time with people and it was clear they knew the people they were supporting well.

Information was displayed to help promote choice and keep

people informed.

Is the service responsive?

Good 

The service was responsive.

People's needs were assessed, and their care was planned and reviewed.

People were enabled to carry out person centred activities.

Systems were in place to respond to concerns and complaints. The service had received compliments about the quality of care provided.

Is the service well-led?

Requires Improvement 

The service was not always well led.

The provider had effective systems in place to monitor most areas of the service; however, auditing processes for management of medicines had not picked up issues identified at the inspection.

People's feedback was positive about the way the service was managed. Staff we spoke with told us the registered manager led the service well and had driven improvement.

People were regularly involved with the service and encouraged to voice their opinion.

Champion House - Care Home with Nursing Physical Disabilities

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 3 and 8 February 2017 and was unannounced. An adult social care inspector and an expert-by-experience carried out the inspection on the first day. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the second day an adult social care inspector carried out the inspection.

Before the inspection we reviewed all the information we held about the service, and contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider completed a Provider Information Return (PIR) in December 2016. 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.

At the time of the inspection there were 26 people living at Champion House. During the visit we looked around the service, observed care, spoke with 12 people who used the service, five visiting relatives/friends, ten members of staff and the registered manager. We gained limited information from some people who used the service about their experience of living at Champion House because of the different ways they communicated. We spent time looking at documents and records that related to people's care and the management of the home. We looked at three people's care records.

Is the service safe?

Our findings

At the last inspection we found the provider did not have a systematic approach to determine the number of staff and range of skills required in order to meet the needs and circumstances of people using the service. The provider sent an action plan and told us how they were going to make improvements. At this inspection we checked and found improvements had been made, sufficient to meet regulations around staffing. However, when we looked at how medicines were managed we found this was not done safely. Systems were not in place to ensure people received their medicines as prescribed.

Before the inspection we reviewed notifications and noted in the last 12 months, the provider had informed us about five medication errors. At the inspection we checked four people's medication administration records (MAR) and found there were discrepancies with all four. Staff who were responsible for managing medicines had not recorded stock carried forward, and therefore it was not possible to check medicines had been administered correctly.

One person was prescribed a medicine once a day to treat stomach problems. However, when we checked the MAR we found this medicine had been entered twice; staff had signed the MAR which indicated the person was receiving it twice a day; we could not check the stock was correct because staff had not carried forward the balance. Staff responsible for medicines had not picked up the recording error. Another person had a cream applied but staff had only ticked and not signed the MAR, therefore it was not possible to establish who had completed the MAR. This does not meet safe administration procedures.

People had been prescribed 'as required' medicine, for example, painkillers, but not everyone had guidance about how and when their medicine should be administered. Some people did have 'as required' guidance for paracetamol but these were generic so staff would not know how and when to administer the medicine to meet people's individual needs. One person had guidance that stated their paracetamol was prescribed 'as required' but when we checked their MAR this stated they were prescribed the medicine twice daily. Another person was prescribed a medicine to treat constipation. We saw the prescriber had stated the person should receive one sachet daily 'as required'. However the MAR indicated the person was only given half a sachet; there was no guidance for staff to understand how to administer the medicine and it was not clear why staff were only administering half the sachet.

We looked at medicine audits and found these were not robust because they had not identified the issues we picked up during the inspection. On the first day of the inspection, the registered manager said they would carry out a full audit and review every person's medicines to make sure any similar problems were highlighted and addressed. We concluded the registered person was not managing medicines safely. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

Although we found the provider was not managing medicines safely, we saw that people had appropriate medicine storage in their room. Staff had received safer medication training and their competency around medicine management had been checked. When we returned to conclude the inspection on the second day

we found the registered manager had arranged for a representative of the provider to carry out an audit. People had guidance for administering 'as required' medicines, tablet count sheets and a new key information sheet at the front of their medicine file. Staff who administered medicines had been issued with a pack containing policies, procedures and relevant guidance. The registered manager said they were also arranging for staff to complete advanced medication training.

We asked people who used the service if they felt safe; they told us they did. One person said, "If I've any problems I just tell one of the staff they are all helpful." Another person had a 'small shop' selling cards and gifts in one of the communal rooms; they showed us how they kept money and stock safe.

We observed staff kept people safe. One person indicated they were having a seizure through a known sound and staff responded promptly to make sure the person received appropriate care. A member of staff said, "It's a distinctive sound that [name of person] makes when having a seizure. The staff all recognise it and respond immediately."

Staff we spoke with told us everyone was safe living and working at Champion House. They said they had received training around keeping people safe and protecting people from abuse, and training records we reviewed confirmed this.

Staff understood their role in relation to safeguarding people and were confident if they raised any concerns around people's safety with the management team, they would be dealt with appropriately and promptly. We saw from management records, safeguarding people from abuse procedures had been discussed with the staff team. The registered manager said at the time of the inspection there were no open safeguarding cases.

We saw from people's individual care records that risks to people had been assessed and managed; each person had a range of risk assessments such as moving and handling, skin care, use of bed rails which identified potential hazards and measures in place to reduce the risk of harm. Additional information was also provided to help make sure staff delivered safe care. For example, one person used splints to help protect their joints; photos and guidance were provided so staff understood how they should be worn.

We looked around the service including communal areas and some bedrooms and saw people lived in a safe, well maintained and pleasant environment. We saw a number of areas had been decorated since the last inspection and furnishings had been replaced. Several people told us the environment had improved. A member of staff said, "It's much nicer, brighter. It's much more pleasant for people." We reviewed some certificates and environmental records which confirmed checks around gas, fire, and electrical safety had been carried out to make sure the premises were safe. Close circuit television had been installed outside the building to improve safety.

Throughout the service, equipment for preventing the spread of infection, such as hand gel, disposable gloves and appropriate handwashing facilities were readily available. In June 2016, the service had been awarded the top food hygiene rating of 'five' which means they were found to have 'very good' standards.

During the inspection we observed people received support at appropriate times, which indicated there were enough staff to meet people's needs. Staff and people who used the service told us they usually had adequate staff. One person told us it was sometimes difficult to obtain immediate assistance at meal times and said, "There are more people who need assistance with feeding than there used to be so the staff are usually busy at meal times." Another person said, "We have to wait to get up if we all want to get up at the same time."

The registered manager told us the staffing arrangements were appropriate and sufficient to meet people's needs. They said, in addition to care workers and nursing staff they employed activity workers, a meal time support assistant, physiotherapy support workers and ancillary staff.

At the last inspection, we found some people received funding for one to one support but we could not establish people were receiving the allocated staffing. At this inspection we saw there was much better system in place and the staffing arrangements were clearly identified on the staff rota. We spoke with staff who said they always knew who they were supporting on a one to one basis.

At the last inspection there was a shortage of nurses so shifts were not covered with a regular nursing team. At this inspection there was a bigger pool of nurses. The provider had improved the nursing situation, and was looking at how they could further improve the arrangements. Some shifts were covered with two nurses but there were times when only one nurse was on duty; the registered manager was reviewing shift patterns to make sure the nurses were being deployed in the most effective way. They told us this was still work in progress.

The provider had a system for identifying staffing requirements and this was based on people's level of dependency. However, we found individual assessments did not always accurately reflect each person's individual requirements. Where people received funding for one to one support this was incorporated onto their assessment. Some people who did not receive any additional funding had been assessed as requiring only 'core hours' but discussions confirmed they would benefit from additional support. The registered manager agreed to review their assessments and base these on need rather than actual funding.

In the PIR the provider told us they operated a robust recruitment process. We looked at three staff files and spoke to a member of staff who had been recruited in the last twelve months which confirmed this.

Is the service effective?

Our findings

Staff we spoke with said they had received appropriate training and supervision which ensured they understood their role and responsibilities. Staff said they were supported by the management team and colleagues.

We looked at the home's training matrix and saw staff received induction training when they started working at the service and periodic training updates. New staff had completed the 'Care Certificate' which is an identified set of standards that workers adhere to in their daily working life and included seven days training. Some training sessions were categorised into 'person focused days' and 'safety focused days'. We saw from the training matrix staff had completed sessions such as moving and handling, fire safety, including training staff to take the role of fire marshal, first aid, person centred care, acquired brain injury, Huntington's and food allergen. The registered manager said in addition to informal support, staff received at least four supervision sessions a year which included one appraisal session. Supervision and appraisals are opportunities for staff to discuss their role, personal performance and development with a supervisor.

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).

Staff told us they had received training around MCA and records we reviewed confirmed this. Staff we spoke with had good knowledge around how to support people who did not have capacity to make some decisions. Staff understood these should always be in the person's best interest. One staff member said, "We always promote choice and where people cannot make choices we involve advocates, families and keyworkers. It works well." They discussed a recent example when a 'best interest' decision was made in relation to a person going on holiday.

People's care records were detailed and when people were unable to make specific decisions, capacity assessments were completed and various people had been involved in the best interest's process. A clear audit trail was maintained which showed DoLS applications were submitted when people were being deprived of their liberty.

Throughout the inspection we observed people made day to day choices, and staff consistently encouraged this, for example, people chose what to eat, where to sit at lunch and during the day, and when to enter and leave the building. One person said, "I can go where I want." We observed one person was going outside. A member of staff approached and asked, "Are you going outside? It's a little cold would you like me to get your coat?"

At lunch we saw staff offered choice by showing plated food options and asked people if they wanted assistance. Staff checked if people wanted to wear clothes protectors. We heard a member of staff ask a person, "Where would you like to sit? Would you like to face the window or into the room?" Another member of staff asked, "Is it okay if I get a tissue to wipe your face? Would you like to do it or should I?"

People told us they discussed meals and menus at resident meetings. One person said, "The residents meetings are useful, we discuss food, the kitchen, catering, and general care." We saw from meeting minutes that meals and menus were discussed in September and December 2016. People told us they were happy with the quality and variety of meals. Comments included, "The chef is brilliant, he will make you whatever you want", "The food is good, you are not stuck with just one thing" and "I liked the chicken drumsticks and asked if I could save one for later so they gave me a doggy bag."

People could choose from the autumn and winter menu which was a three week rolling menu, and a healthy eating menu. Food options were varied and offered people choice. The catering manager explained people could also request alternative meals and we saw this was stated on the menus, which were displayed in the home. The catering manager had a good understanding of people's special dietary requirements and had met with the Speech and Language team to ensure they received accurate information about textured meals.

Staff we spoke with were confident people received good support to make sure their health needs were met. One member of staff said, "We have nurses and physio here, and also involve other professionals." Another member of staff said, "Keyworkers check that people have attended their appointments."

We saw evidence at the inspection that confirmed what the provider told us in the PIR. They said, 'We support service users to have regular health checks and to see specific medical professionals to promote good wellbeing, these are documented in the medical information records'. The service had a physiotherapy room and employed two physiotherapy support workers who worked under the supervision of a physiotherapist. One of the physiotherapist support workers told us, "People have physio assessments and plans. We look at short term goals, independence, rehabilitation and activities. We follow the plans which are very specific."

Is the service caring?

Our findings

People responded positively when we asked if the staff were caring, kind and helpful. One person said, "I'm very well looked after here, the carers are very kind."

We observed interactions between staff and people who used the service were professional and respectful. Staff were friendly and it was evident they knew the people they were supporting well. Some people had communication aids; staff were familiar with these. For example, we saw one person using an iPad to communicate with their family. They were assisted by a member of staff. A care worker sat with three people at a table. They acted as a translator and enabled one person to join in the discussion. Throughout the inspection we saw staff chatted with people. Two people spent time in a lounge watching television and staff regularly went in and checked they were ok.

Care records contained good information about people's likes, dislikes and background, which ensured staff understood people's needs and preferences. We saw everyone had a 'one page profile', which detailed 'what is important to me', 'things other people like and admire about me', 'things you need to know or do to support me', 'how best to support me' and 'communicating with others'. A visiting relative told us, "I'm helping [name of person] to record their life history. The carers have been great. I can come at any time and they make me welcome. I always get asked if I want a drink."

Staff we spoke with said they were confident people were well cared for. One member of staff said, "People have a good quality of life; person centred. They go out and do what they want to do. It's a nice place for people to live and lovely place to work." Another member of staff said, "It's a happy home. People get good care. We have a good team." An agency worker told us, "I like working here, the culture is one of providing person centred care where individuality is important. Here is very different to other places I go, and I go to six others if not more."

Staff had attended training called 'a day in my shoes' where they experienced different care scenarios. They then recorded how it made them feel and how this would influence them in their role. One member of staff told us, "It was a really good experience. I spent time in a wheelchair and had minimal communication. It helped me think about things and how I respond to people."

In the PIR the provider told us, 'Where appropriate people are enabled to make end of life plans to ensure that care and support is provided in a person centred way in line with their wishes. Liaison with local palliative care and district nursing teams and hospices is undertaken where appropriate.' A visiting relative told us their relative had made end of life plans and had chosen to die at Champion House. They said, "They have been very helpful and are facilitating [name of person]'s wishes." The registered manager said they were developing their work around end of life and two people had volunteered to become involved in the project. They held an initial meeting and had supporting information to help decide how to proceed.

We saw information was displayed around the service on notice/information boards to help promote choice and keep people informed. The boards were uncluttered, and contained up to date and specific

information, which included protecting people from abuse, complaint's leaflets, activities, menus and an activity suggestion board. An album of photographs showing people taking part in activities was on display in the foyer.

Is the service responsive?

Our findings

At the last inspection we found the provider did not ensure people received care to meet their individual needs. The provider sent an action plan and told us how they were going to make improvements. At this inspection we checked and found improvements had been made, sufficient to meet regulations.

We reviewed care records and found people's needs had been assessed, and care plans contained good information which guided staff around how care should be delivered. Care plans were divided into sections. For example, one person had a detailed plan for 'movement and mobility', and identified key areas including 'what is important to me about my mobility', 'things I want to achieve or change in this area of my life' and 'things you need to know or do to support me with movement and mobility'.

Staff we spoke with said the care planning process had improved since the last inspection. One member of staff said, "The care plans are set out really well and much clearer." Staff told us monthly key worker meetings were held which ensured people's care was reviewed. One member of staff said, "We spend time making sure people are having quality of life. We find out what people have done and what they want to do." Relatives we spoke with told us they had been involved in developing care plans.

People who used the service told us they held monthly meetings where they discussed topics that were relevant to the home, and a regular agenda item was activities. One person said, "We discuss things such as food and activities. We are going to discuss trips we can take now we have the new minibus." Another person said, "We discuss the 'news' and staff read newspapers to us before the meetings."

We saw there was a programme of activities which included art, craft and games sessions. On the first day of the inspection we observed a ten pin bowling session which people enjoyed. Corridors were decorated with art work and quotes. One person said, "We created a tree to decorate the wall, my part was the owl." Another person said "We had a meeting and decided on the quotes that would go onto the wall."

Some people said up until recently they had not had many opportunities to go out. However, this was no longer a concern because three weeks before the inspection the service had received a new minibus. People told us they had the option to go on holiday. One person said, "We get to go where we want on holiday, I'm going to Southport." Another person said, "I'm going to New York. I've some friends I'm meeting there."

It was evident from discussions and reviewing records people were enabled to carry out person centred activities. One person through the use of their communication aid told us they were a football fan and had attended 'home' and 'away' games. They also demonstrated controlling electrical equipment, including their television, radio and a fan, using a hand held switch.

We saw computers and other information technology which was available. Equipment such as specialist keyboards and joysticks had been adapted to assist people. One care worker showed us how they had identified a piece of communication technology which was not being fully utilised so had created a set of simple instructions for use and had noted there had been an increase in use.

People we spoke with did not raise any concerns about the care they received. One relative raised a minor issue and said they would speak with the registered manager about this. When we returned to conclude the inspection, the registered manager said the issue had been raised and went on to explain how they had resolved the concern which included liaising with other professionals.

In the PIR the provider told us they had, 'Implemented systems to support the smooth running of the service, and these monitor any resident issues, complaints, compliments and safeguarding.' We saw information about raising a complaint was displayed in the service and a suggestion box was situated on the foyer near the main entrance.

We looked at the provider's complaint record and saw two complaints had been raised in the last 12 months; action had been taken in response to both complaints. One person who used the service told us they had not made a formal complaint but had raised an issue which was resolved. They said, "It's only a little thing but the rubbish bags they used in my room were not very good quality and when I mentioned it they changed them."

The service had received compliments about the quality of care provided, which included the following comments; 'We really felt we must write and congratulate you on the standard of staff and the efficient running of Champion House. We had the privilege and we don't use the word lightly, to visit our [name of person] recently and cannot speak highly enough of the standard of care they receive' and 'The care offered to, and received by [name of person] over the years has been truly wonderful and I thank you all from the bottom of my heart'.

Is the service well-led?

Our findings

At the last inspection we found quality management systems were not always effective. The provider sent an action plan and told us how they were going to make improvements. At this inspection we checked and found quality management systems were in place and covered most key areas that needed to be monitored. However, we found medicine audits were not effective and medicines were not being managed safely, and therefore concluded the provider needed to embed and improve on the governance and quality assurance systems. The provider took prompt action to address the issues relating to management of medicines when we brought it to their attention.

We saw a range of other audits were carried out and effective. For example, infection control and prevention audits had been carried out regularly. A call bell audit had been introduced and the registered manager showed us how they were monitoring response times. Monthly 'environmental walk around' audits were completed. A member of staff told us they completed the environmental audits with the registered manager which they described as "very thorough" and said actions from the previous audit were always checked. We saw records which confirmed this. Provider representatives had also visited the service and carried out checks to make sure standards were being achieved.

The service had a registered manager who registered with CQC in February 2016. People we spoke with knew the registered manager and we saw from records that the manager had 'open door days' where they went around the service and chatted to people who used the service. We saw in January 2017 discussions with people included meals, activities and security cameras. It was recorded people had said they were happy living at Champion House. Staff we spoke with provided positive feedback about the registered manager and told us the service was well managed.

We received several comments about improvements that had been introduced since the last inspection. One member of staff said, "Since [name of registered manager] started she reviews what works well and what is not working. She is willing to work and take this place upwards. She runs things well." Another member of staff said, "[Name of registered manager] has worked really hard, and made sure staff understand their role and people are happy in their home."

In the PIR the provider told us they would, 'Continue to build good working relationship with local links, including commissioners, social workers, specialist, local community, external auditors and volunteers.' They said the registered manager was 'keen to continue to build on training, expectations, roles and responsibilities in the service; this promotes development and growth of the individual and service.'

We saw people were encouraged to share their views and put forward ideas of how the service could improve. Regular 'resident' meetings were held. The provider had also introduced a 'future choices' project where themes from individual reviews were discussed and identified as areas to improve. A regional plan and a Champion House plan had been devised to look at how they could make the improvements. For example, people had said they wanted more one to one staff time; the plan stated they would look at re-assessment for those people who wanted extra support and then find out if extra funding was available. The

registered manager confirmed this was work in progress.

A newsletter to keep people informed was produced in January 2017. This went through events that had taken place such as a trip to the pantomime and had a calendar of future events. Suggestions to name the new minibus were requested. We saw the provider had carried out a survey between January and March 2016. People who used the service rated their quality of life as 'very good 'or 'good'. People said they were quite satisfied, very satisfied or extremely satisfied with the care they received. We saw some people had commented they were 'very unhappy' about smoking areas. This was an area that had been addressed; the smoking area had been relocated. The registered manager said they were continuing to develop other areas where people had suggested the service could improve.

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
Diagnostic and screening procedures	The registered person did not have systems for the proper and safe management of medicines.
Treatment of disease, disorder or injury	