

# Eldercare (Lancashire) Limited

## Lakeside Care Home

### Inspection report

Smithy Bridge Road  
Littleborough  
Rochdale  
OL15 0DB  
Tel: 01706 377766  
Website: [www.eldercare.org.uk](http://www.eldercare.org.uk)

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### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Inadequate



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



### Overall summary

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 registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

The manager has been registered with the Care Quality Commission (CQC) since March 2014. It is a condition of the provider's registration that there should be a registered manager. A registered manager is a person

who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

The last inspection of the home was carried out in October 2013. The home was meeting all the assessed standards inspected at that time.

Lakeside Residential Care Home is situated in Smithybridge, close to Hollinworth Lake. The home provides care and accommodation up to 42 people who

# Summary of findings

require assistance with personal care. The home mainly supports older people and people living with dementia. All but four bedrooms are single occupancy. At the time of our inspection there were 35 people living at the home.

Suitable arrangements were not in place to ensure that people received their medication as prescribed. Morning medication took a long time to administer and records were not accurately completed. This did not demonstrate a safe system was in place. This meant there was a breach in Regulation 13.

Sufficient numbers of staff were not always available, providing flexibility in the support people needed. Whilst staff were kind and respectful, people had to wait long periods of time to be supported in meeting their personal care needs ensuring their dignity was maintained. This meant there was a breach in Regulation 22.

Systems were in place to check the quality of the service provided. However, checks were not as effective as they should have been so that improvements enhanced the experiences of people and protected them against unsafe care and support. This meant there was a breach of regulation 10(1)(a)(b)

Individual care records were in place for people living at Lakeside. Records showed that people had regular access to health care professionals so that their health care needs were addressed. Care records were not as up to date as they should have been. This information is important so that staff are provided with clear information about the current and changing needs of people and how they wish to be cared for. This meant there was a breach in Regulation 20

Suitable arrangements were in place to promote and protect the rights of people, particularly where they lacked the ability to make important decisions for themselves. A programme of training and development was in place that staff had the knowledge and skills need to meet the current and changing needs of people.

We saw that mealtime arrangements were not well organised and received conflicting views about the quality of food provided. This was to be explored by the manager so that people's views were taken into consideration.

Some people told us that opportunities for people to take part in activities both in and away from the home were limited. The registered manager was exploring ways to make improvements promoting people's autonomy, independence and choice.

People living at the home and their visitors were complimentary about the staff and care and support provided. People told us staff were caring and respectful. All the people we spoke with were confident if they raised any issues or concerns these would be dealt with to their satisfaction.

We found breaches of the health and Social Care Act 2008 (Regulated Activities) Regulations 2010 in relation to the management of medicines, accurate and up to date care records to guide staff, staffing arrangements to support people and the monitoring of the quality of service people received. You can see what action we have told the provider to take at the back of the full version of this report.

# 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?

The service was not safe. Improvements were also needed in the safe administration of medication to show that people received their medicines as prescribed.

Up to date records were in place in the recruitment of new staff. However sufficient numbers of staff were not always available to meet the needs of people in a timely manner.

Suitable arrangements were in place to promote and protect the rights of people, particularly where they lacked capacity to do so for themselves.

Safety checks needed improving so that people were protected against the risk of harm.

Inadequate



### Is the service effective?

The service was not effective. Whilst people were offered adequate food and drink throughout the day, we saw mealtime arrangements were not well organised and some people were unhappy with the quality of food provided.

Care records provided information about people's individual needs and wishes. However information was not as up to date as they should have been, reflecting the current and changing needs of people so that staff were clearly directed in the care and support people needed.

Opportunities for staff training and development needed improving so that staff are effectively supported and have the knowledge and skills needed to meet the specific needs of people.

Inadequate



### Is the service caring?

The service was caring. People who lived at Lakeside Residential Care Home told us that staff were kind, caring and respectful towards them.

Some people were not able to tell us about their experiences. We saw that staff offered encouragement and support in a gentle and unhurried manner.

Staff spoke with ere able to demonstrate how they maintained people's privacy and dignity and were seen to be discrete when offering support.

Good



### Is the service responsive?

The service was not responsive because opportunities for people to take part in a range of activities both in and away from the home were limited, offering little stimulation or variety to people's day.

Requires Improvement



# Summary of findings

People had access to information about how to raise issues or concerns, however this needed updating so that relevant contact details for other agencies was included. Where concerns had been raised, records showed that these had been taken seriously and responded to.

## Is the service well-led?

The service was not well-led. Whilst systems were in place to monitor and review the overall quality of service, these were not as effective as they could have been. We found a number of areas, such as staffing, nutrition, medication and activities needed improving to enhance the quality and experiences of people living at Lakeside.

The registered manager acted on and responded to any incidents, accident or concerns so that people received the care and support they needed.

**Requires Improvement**



# Lakeside Care Home

## Detailed findings

### Background to this inspection

We visited Lakeside Care Home on the 23 July 2014. This was an unannounced inspection. We spent time speaking with seven people, two relatives and a podiatrist who was visiting people. We spoke with the registered manager, the care staff supervisor, cook and three care staff. We also observed how staff provided care and support to people in the large lounge/dining room and looked at three people's care records as well as information about the management and conduct of the service. At the time of our inspection there were 35 people living at the home.

The inspection team was made up of an adult social care inspector and an Expert by Experience. This is a person who has personal experience of using or caring for someone who uses this type of care service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Before our inspection, we reviewed all the information we held about the home. The registered provider also sent us a completed provider information record (PIR) prior to our visit. This provided us with information about the service and helped to focus our work and the areas we looked at.

We contacted the local authority commissioning and safeguarding teams to seek their views about the service. No issues or concerns were raised with us.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

# Is the service safe?

## Our findings

We looked at the staffing levels provided at the home. We were told that staff turnover had been high. Over the last 12 months 16 new staff had been employed to fill vacancies. The registered manager said staff had left the home due to a variety of reasons, such as, retirement, disciplinary action and personal reasons. Agency staff were being utilised whilst new appointments were being made. The registered manager and staff said that availability of staff had improved over recent weeks.

We were told the current staffing arrangements comprised of a senior carer and 4 care staff throughout the day. This reduced to one senior carer and two care staff at night. This was confirmed on examination of the rotas. Care staff were supported during the day by the registered manager, care supervisor and ancillary staff. Two care staff we spoke with during the inspection said at times people had to wait for support as they may be busy helping others who required two staff to assist them. One care worker, who also worked at night, told us that on a night shift staff were expected to complete cleaning tasks. However, they said this was not always possible if people required assistance or there had been an incident.

People who used the service also commented about the support from staff. They told us that staff could not come immediately if called as they were so busy. One person told us it was, "Important staff don't rush people being assisted". When asked how long they would wait for staff, they added; "Not very long, say about 20 minutes, to go to bed or the toilet." Another person said; "You sometimes have to wait quite a long time to go to the toilet". The visitors we spoke with also said that they too had to wait for assistance. During our inspection we saw one person ask the activity worker to assist them to the bathroom. The worker said they would get a carer to help them. However, this took some 20 minutes, resulting in the person trying to walk unaided.

We discussed the staffing arrangements with the Registered Manager. We were told the manager had planned to meet with senior management following our inspection to discuss the staffing levels at the home. The registered manager told us they had identified, following discussions with staff, that additional staff were required at certain times. Without sufficient numbers of staff, people

are at risk of not receiving safe and effective care in a timely manner. This was a breach of Regulation 22 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulation 2010.

We looked at the medication system in place. We spoke with one staff member who was responsible for the administration of medicines. They had a good understanding of the system and medicines required by people. We looked at how medicines were stored and the medication administration records (MARs). We also checked to see how controlled drugs (CD) were kept at the home. We checked the CD stock, these corresponded with the records. However, we found a number of gaps on the MAR sheets. One of the codes used when medication had not been given did not correspond with the guide on the MAR. We saw that records were signed by senior staff in relation to the application of creams. However, we were told that this was done by care staff. We also looked at the training records for those staff responsible for the administration of medication. We saw seven staff had completed training in the safe administration of medicines. However, records showed that one staff member had not updated this training since 2009 and two staff since 2012.

We saw that the administration of the morning medication took several hours to complete due to assistance being offered to people. This impacted on the lunchtime medication round which was delayed so that there was sufficient time between consecutive doses of medicines. We noted that records on the handover sheets did not accurately reflect the time when medication had been given by staff. This information needs to be clear so that staff are aware when the next dose of medicine should be given so that medication administration is safe and received as prescribed. Safe and effective systems should be in place to ensure that people receive their medication as prescribed by staff competent to do so. This was a breach of Regulation 13 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulation 2010.

We found the registered provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). While no applications had been submitted, the registered manager was aware and had information to guide her on the procedure to follow should a person need to be deprived of their liberty. The registered manager told us that where people potentially lacked the capacity to make important decisions for themselves, staff would

## Is the service safe?

consult with relatives, where appropriate, and outside agencies such as social workers. This meant relevant viewpoints would be taken into consideration when making decisions about what was in the person's best interest. These safeguards make sure that people who lack capacity to make decisions for themselves are not deprived of their liberty unlawfully and are protected.

Staff training records showed that training in the Mental Capacity Act 2005 and DoLS procedures had not been completed by all staff. Three staff we spoke with were not able to clearly tell us what they understood of the MCA and DoLS procedures. The registered manager said this had been identified as an area of development and further training was planned. This training should help staff develop their knowledge so that good practice is followed and people are effectively supported and their rights promoted.

We saw that policies were in place to guide staff in safeguarding adult's procedures. We saw records to show that staff training had been provided in this area. Of the four care staff we spoke with three had completed the course, the fourth member of staff was newly employed however told us that a training date had been planned. Staff were able to tell us what action they would take if they suspected abuse or a concern was raised with them. They also told us they felt confident the registered manager would listen and take any action required.

We looked at what systems were in place in the event of an emergency, for example in the event of a fire. We were told the home's contingency plan was out of date and currently under review. We saw a fire risk assessment had been carried out in March 2014. Twenty points of action were identified within the report. We saw that immediate action had been completed however other areas remained

outstanding. We looked at the fire evacuation plan. This included the personal emergency evacuation plans (PEEPs) for people living at the home. This was dated May 2014. We discussed with the manager the need to keep this under review due changes in occupancy. Clear information needs to be available to inform and guide staff in the event of an emergency so that people are protected against the risk of harm or injury. We also looked at records to show that in-house checks were carried out. Fire safety checks had been completed to the alarm and building however there had not been a fire drill since December 2013. Due to the number of new staff employed to work at the home, the registered provider should ensure all staff are aware of the evacuation procedure in place.

We looked to see if up to date servicing certificates were in place for building and equipment used by people. We saw an up to date certificates for the gas safety, small appliances, passenger lift, hoisting equipment and the fire alarm. However, there was no up to date certificate for the mains electric circuits. The registered manager confirmed with us following the inspection visit that an up to date certificate was in place.

We looked at the personnel files for four staff who had recently been employed to work at the home. Files were orderly and showed that relevant information and checks had been undertaken prior to new staff commencing work. Records examined included an application form, written references, identification, health declarations and a criminal record check carried out by the Disclosure and Barring Service (DBS). The registered manager told us that should a declaration be made on the DBS, this would be discussed with the applicant and consideration given to their suitability.



# Is the service effective?

## Our findings

We saw people had their needs assessed prior to moving into the home. We were told that people were visited at home or in hospital by senior staff so that relevant information about their needs could be gathered. Where appropriate relatives were also asked for information. One person we spoke with said they had been involved in discussions about their needs prior to moving into the home and were involved in developing their own care plan. They added; “They did a right good job.”

We saw that following admission care plans were then drawn up detailing how the person wished to be supported. Staff spoken with and records seen showed that people’s preferences, needs and wishes were taken into consideration when planning their care. Records included assessments where potential hazards had been identified, such as, nutrition and hydration, pressure care and mobility. When we checked people’s records we found that information had not been reviewed and updated for some time. The registered manager acknowledged these were not as up to date as they should have been. This meant people were potentially at risk of receiving inappropriate care and support as clear information was not available to guide staff in the safe delivery of care and support. This was a breach of Regulation 20 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulation 2010.

During the inspection we looked at the training and development opportunities offered to staff. The registered manager told us the induction programme followed by new staff was not as thorough as it should be. The registered manager had developed a new induction and supervision programme, which was currently being piloted with a new member of staff. Once agreed this would be introduced for all new staff. Two staff we spoke with during the inspection told us they had completed an induction and shadowed existing staff for approximately two weeks. They said this helped them to learn their role from competent and supportive staff.

We asked the registered manager and staff about the arrangements for staff supervisions and team meetings. We were told a team meeting had been held the day prior to our inspection. A further team meeting was planned for September 2014 involving senior management and the owner of the service. We were told that supervision meetings would generally take place every two months

with an annual appraisal. However, the registered manager acknowledged that improvements were needed in this area as meetings had not taken place for approximately six months. Two staff we spoke with said they felt supported in their role but were unsure if they had received supervisions. One staff member said they had been observed when using moving and handling equipment for the first time. Whilst another said, “You could ask for supervision if you needed it.”

Two care staff we spoke with told us about the training they had completed. One staff member said they done regular training in areas such as moving and handling, infection control, nutrition, safeguarding and dementia care. They added, “I know I’m due some updates.” The second staff member, who was new to the home, said they had completed training in moving and handling and first aid with their previous employer. They said they had not yet received any specific training at the home however were aware courses were planned. The registered manager provided us with a training plan for the current year, detailing a range of courses available to staff. A review of these training records confirmed what we had been told. Completion of such training is essential so that staff are suitably equipped to meet the specific needs of people.

We looked at how people were supported in meeting their nutritional needs. We looked at the kitchen and food storage area and spoke with the cook about the arrangements for ordering of food. We were told regular deliveries of fresh, frozen, tinned and dry goods were made. We asked the cook to tell us how they were made aware of the individual dietary needs of people. The cook was aware of people’s dietary needs and had access to guidance from the speech and language therapists or dietician.

People said that menus were not provided however meals for the day were written on the chalk board in the dining room. From our observations we found people were not provided with a relaxed environment in which to enjoy their meal. Dining room tables were not set ready and the service offered at lunch time was disorganised. One person was heard to ask where their meal was. We discussed our findings with the registered manager who said arrangements would be reviewed and people’s views would be sought about the meal time arrangements.

We asked people what they thought about the meals provided at the home. Overall we received a mixed



## Is the service effective?

response. Three people told they did not like the meals. People told us; “Usually I like the food but that was poor and there wasn’t enough”, and “I’m not keen on the food.” Whilst other people told us there was a choice of food at each meal time, that portions were large enough and that drinks and biscuits were offered between meals. Two people spoke about refreshments being provided during the night time. One person said they had rang their call bell and night staff brought them a cup of tea. Another person said, “The other night when the staff checked on me around 4am, I was awake and they brought me tea and biscuits.”

Records examined showed nutritional risk assessments were completed for each person. Where concerns had been identified increased monitoring was in place. Where it had been identified that people’s needs had changed, additional support and advice was sought from the persons GP or dietician.

We saw people had access to all NHS entitlements. These include; GP’s, district nurses, dietician, optician and podiatry services. This helped to ensure people’s health

and wellbeing was maintained. All the people we spoke with said they were helped to stay healthy and their health needs were catered for. We were told that people were able to go to a private room if a health care professional visited and wanted to see them in private.

We spoke with a visiting podiatrist. They told us that staff were co-operative and had a collaborative approach to people’s care. They said staff kept in contact with them if any issues arose. They also told us they had offered to provide training at the home in relation to good foot care but had not been taken up on the offer.

Suitable arrangements were in place when people needed support to attend appointments or in the event of an emergency. We were told staff would always provide an escort unless people requested to go alone or with a family member. Basic information about people’s medication and health needs would be shared with people so that they received continuity in their care. The home was introducing a ‘hospital passport’. This would provide more comprehensive information about people when being transferred between services.

# Is the service caring?

## Our findings

We saw that people had a wide range of needs and abilities requiring varying levels of support. We saw that a lot of people spent time in the communal areas, whilst others chose to spend time in their own rooms. Three people were also being cared for in bed. We saw that staff respected people's privacy and dignity. Personal care support was carried out in private and staff were seen to knock on people's doors before entering. From our discussions and observations of staff we found they had a good understanding of people's individual needs. People were encouraged to be as independent as possible and where necessary, were assisted in a gentle and unhurried way. One person said; "It's a belting place".

People spoke positively about the care and support they received. Comments included; "The girls are very caring and kind", "Some nice people here" and "The staff are alright." One person commented about a senior member of staff saying, "She's a very good worker" and "She does many jobs during the day and just gets on and deals with everything." Another person told us the way staff were kind to them was, "Unique."

One visitor told us their relative always looked clean and well cared for. They said the hairdresser at the home did her hair regularly and another lady did manicures and polish nails. Another visitor said they were always made welcome, drinks and meals were offered to them and staff were approachable. A third visitor said, "There is no-one who is not kind and friendly, there is a good atmosphere here."

People were asked if they felt their privacy and dignity was respected. All the people we spoke with said it was. One person told us they had previously discussed their concerns about staff assisting them with their personal care. This was discussed with a senior member of staff and arrangements were put in place to the satisfaction of the person. For those people not able to tell us about their experiences, we spent some time observing how they were spoke to and supported by the care staff. We saw staff speak with people in a respectful, warm and friendly manner.

Two staff we spoke with were able to tell us in detail how they respected people's privacy and dignity when assisting with personal care. Staff said they were discreet when asking people if they needed to go the toilet whilst in communal areas. Staff gave examples of closing bedroom curtains when helping people undress and asking people if they wished to be left alone whilst they used the toilet. They said they also asked people how they liked things to be done and where people were not able to express this for themselves, for example when choosing what to wear, staff would show people items for them to pick from.

People had access to suitable walking aids, such as walking sticks and frames to promote independence. Where necessary some people were assisted with the aid of a hoist. We saw staff who used the hoist were patient and sensitive to people's needs, offering reassurance and encouragement, where necessary.

Information about advocacy services was also displayed in the reception area should people wish to access independent support.

# Is the service responsive?

## Our findings

We saw that information about the service was available in the entrance area to the home. We were told that as part of the assessment process people would be informed about what they could expect should they move into the home. During the inspection we saw a prospective resident and their family being shown round the home. The registered manager was seen advising them of the services provided at Lakeside and what they could expect should they choose to stay.

People living at Lakeside had varying needs and abilities. Whilst some people were able to chat about their daily lives, others were less able to understand and make important decisions about their care and support. From our observations staff were sensitive to people's needs and offered reassurance and encouragement where necessary. Staff we spoke with knew what to do to meet the current and changing needs of people.

We saw daily reports and monitoring sheets were completed so that any changes in need could be monitored. A staff handover also took place at each shift change so everyone was made aware of any change in the care and support people needed.

We saw that the large lounge was being redecorated. The registered manager told us that several seating areas were to be created in the lounge, these would be decorated with pictures using themes such as, local mills and factories, armed forces during the war and 50's celebrities. Large scrap book had also been purchased for people to look at. The purpose of these was to prompt discussion and encourage people to reminisce about their lives and past events. Due to the needs of some people this would need to be facilitated by staff to encourage people's involvement.

We looked at how people spent their time throughout the day. We were told by care staff that the activities worker occasionally arranged a singer to visit the home. They said that other activities, such as passing the ball, skittle, bingo and board games were offered. When asked staff said they didn't get involved in the activities but felt people had got enough to do, "If they wanted to." We saw that an activities

board was displayed showing activities planned for the week. These included a pamper day, hairdresser, arts and crafts, exercises, Friday pub night, music and film afternoon. Whilst a designated staff member was on duty during the inspection to provide activities, we saw no activities taking place during the inspection.

We asked people their views about their daily routine. Two people said they had become friends living at the home and enjoyed each other's company. One person said they would like the opportunity to go out more to the nearby lake. Another person said they would like to go for a drink at a local pub, whilst a third person said they would like to go to the shops, "Just like before I came in the home, the carer use to take me to the supermarket." We asked people and their visitors if staff were able to sit and talk with them about what was important to them. One person said, "No, they have other jobs to do", another person said "They are really busy, but very caring." A visitor said, "Not often, they are too busy." What people told us and observed did not support that regular activities, as displayed, were being provided. We discussed this registered manager. It was acknowledged that recent changes in staff had impacted on the service however further recruitment had, and was still, taking place so that more flexibility in support could be provided. The registered manager said they would explore this area further as part of their quality monitoring so people's autonomy, independence and community involvement was promoted.

We looked at what systems were in place when responding to any complaints and concerns. Information was provided to people on admission and was displayed within the reception area. Information needed expanding on with regards to outside agencies people could contact should they need to. The registered manager raised this with senior managers during the inspection. We saw that the registered manager maintained records of any issues brought to their attention. This included any investigation and response made to the complainant. We discussed two issues that had been raised. Appropriate action had been taken to investigate and respond to people's concerns. The registered manager liaised with local authority where necessary.

# Is the service well-led?

## Our findings

The registered manager of the home was supported in her day to day role by a care staff supervisor.

People living at the home, their visitors and staff spoke positively about the management of the service. One visitor said they were, "Very happy with the home." They added; "They have good staff now, the new manager has put her foot down where necessary." Two people we spoke with said they felt able to speak with any of the staff if they needed to.

Prior to our inspection we asked the local authority who commission placements at the home for their views about the service provided at Lakeside. Their last quality monitoring visit was carried out in May 2013. Action was identified which the manager was asked to address. We were not made aware of any concerns about the service. Positive comments were received from a social worker who had been involved with a person living in the home. They said that the manager and care supervisor worked well together. They found the home to be pleasant, well-staffed and very busy. They had no concerns about the care offered to people.

We saw systems were in place to monitor and review the service. Quarterly audits were completed and explored areas such as accidents and incidents, nutrition and weight, mattresses, care, staff and the environment. We saw that internal audits identified where improvements were needed, such as staffing levels, accurate information about people's care and support and medication management. This supported our findings during the inspection. Whilst an improvement plan had been drawn up progress was still needed so that people receive safe and effective support which met their needs

The registered manager told us that other methods were used to seek the views and opinions of people. These included resident and relative meetings and feedback surveys. We were told that the last resident and relatives meeting was held in October 2013 and feedback surveys had last been distributed in 2013. We saw information summarising the results from 2013. Surveys for the current year had yet to be distributed. Seeking the views and opinions of people about their experiences may help to inform the homes improvement plan and the quality of service offered to people. This was a breach of Regulation 10 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulation 2010.

Information detailed in the provider information record (PIR) received prior to the inspection showed there had been a considerable number of staff changes over the last year. We discussed this with the Registered Manager during the inspection to see what steps had been taken to ensure this did not impact on the care and support people received. The registered manager told us some staff had chosen to leave whilst other were dismissed following disciplinary action. Further recruitment had taken place with the majority of vacancies now filled.

The Care Quality Commission had been informed of any incidents or accidents which occurred at the home, as required by current legislation. These had been received in a timely manner.

A system was also in place for the recording and responding to any complaints or concerns. Detailed records were maintained of any issues brought to the registered manager's attention along with action taken. People we spoke with said they felt able to speak with both the manager and staff and had confidence any issues raised would be dealt with.

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 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing  How the regulation was not being met: In order to safeguard the health, safety and welfare of service users, the registered person must take appropriate steps to ensure that, at all times, there are sufficient numbers of suitably qualified, skilled and experienced persons employed for the purposes of carrying on the regulated activity.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers  How the regulation was not being met: Suitable arrangements were not in place to effectively monitor and improve the quality of service provided so that people were protected against the risks of inappropriate or unsafe care.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines  How the regulation was not being met: Suitable arrangements were not in place with regards to the safe management and administration of people's medication.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records

This section is primarily information for the provider

## Action we have told the provider to take

How the regulation was not being met: People were at risk of receiving inappropriate care and support as clear information was not available to guide staff in the safe delivery of care and support.