

# Thorncliffe Care Limited







# Thorncliffe House

## Inspection report

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### Ratings

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

### Overall summary

This inspection took place on 1 September 2015 and was unannounced. This meant the provider did not know we would be visiting. A second day of the inspection took place on 3 September and was announced. We last inspected the service in October 2013 and found the provider was meeting the regulations we inspected against at that time.

Thorncliffe House is registered to provide accommodation and personal care for up to 24 people, including some people who were living with dementia. At the time of our inspection there were 20 people using the service.

The home had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

During this inspection we found the provider had breached a number of regulations. Procedures for managing people's medicines were not safe. The provider did not have effective systems in place to ensure that medicines had been ordered, stored and administered.

# Summary of findings

We noted safeguarding concerns were not investigated by the provider. We also found the provider did not ensure staff received appropriate training and development to enable them to carry out the duties they were employed to perform. We found people using the service did not have access to keys to their own rooms. We also found that the provider did not have effective quality assurance processes to monitor the quality and safety of the service provided and to ensure that people received appropriate care and support.

You can see what action we told the provider to take at the back of the full version of the report.

Risk assessments were completed individually for people within the home based upon their needs. For example, one person's risk assessment indicated they had elected not to have thickener added to their fluids.

The provider completed reference checks and a Disclosure and Barring Service (DBS) check prior to employees starting work.

During our tour of all bedrooms in the home we noted none of the wardrobes were fixed to the wall to prevent any accidental injuries to people.

The five year electrical installation report was not available at the time of our inspection.

The provider did not have a personal emergency evacuation procedure in place.

We noted staff had received three supervisions since the beginning of the year. We saw these were conducted in group supervision. We saw three out of 26 staff had received appraisals

When required people were supported to have specialist or modified diets. The chef was able to describe the specialist diets of individual people.

We saw evidence in care plans of cooperation between care staff and external healthcare professionals including community nurses, occupational therapists, and GPs to ensure people received effective care.

People seemed happy and comfortable with staff. One person told us, "They look after me well." Another said, "They are good."

We noted large amounts of continence pads stored in a number of bedrooms. We questioned the appropriateness of storing such items and the impact of a person's self-esteem and dignity.

We noticed when the home was at its maximum staffing levels there were positive interaction between care workers and people using the service. However later in the day when staffing was reduced to one senior and two carer workers interactions were limited.

All care plans were comprehensive and included communication, continence needs, washing and dressing, activities, religious beliefs and medication.

Staff we spoke with said they were happy in their work. They also said they felt supported in their roles by management. Staff said the home had a good atmosphere.

People who used the service and their family members had the opportunity to give their views about the service.

The overall rating for this service is 'inadequate' and the service is therefore in 'Special Measures'.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

# Summary of findings

For adult social care services the maximum time for being in special measures will usually be no more than 12

months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

# 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.

Procedures for managing people's medicines were not safe. We noted no systems were in place to ensure that medicines had been ordered, stored and administered safely.

Although the provider made safeguarding alerts to the local authority they did not conduct their own investigation into the concerns raised.

The provider did not have a personal emergency evacuation procedure in place.

**Inadequate**



### Is the service effective?

The service was not always effective.

We found the provider did not have a system in place to ensure staff received appropriate training to perform their role effectively.

Mental Capacity Act assessments and 'best interests' decisions were not carried out for people who lacked capacity to make decisions for themselves.

We saw from people's care plans involvement of external medical professionals including SALT, community nurses and GPs regularly took place.

**Requires improvement**



### Is the service caring?

The service was not always caring.

We found the provider did not make efforts to ensure people's religious needs were being met.

We saw staff were professional and had a patient and caring attitude.

The home did not promote or provide information about advocacy services for people had no family or personal representative.

**Requires improvement**



### Is the service responsive?

The service was not always responsive.

We did not see the scheduled activities taking place but staff did organise games of bingo or dominos.

Care plans were individualised and contained personalised information about the person and their preferences.

Information advising people how to make a complaint was not available. We found the home did not have a system for the recording and investigation of complaints. However, we were advised no complaints had been received.

**Requires improvement**



# Summary of findings

## Is the service well-led?

The service was not well-led.

The home did not have a formal system in place to monitor the quality and running of the service.

We found that whilst the provider was aware of areas of concerns these had not been addressed in a timely manner.

When we reviewed the safeguarding records we identified two alerts which should have been notified to the Care Quality Commission in line with their legal responsibilities.

**Inadequate**



# Thorncliffe 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.

We visited the home on 1 and 3 September 2015. The inspection team consisted of three adult social care inspectors.

Before the inspection, we reviewed the information we held about the service, including any notifications we had received from the provider. Notifications are changes,

events or incidents that the provider is legally obliged to send us within the required timescale. We also contacted the local authority safeguarding team, commissioners for the service, and the Clinical Commissioning Group (CCG).

During the inspection we met with five people who used the service. We spoke with seven staff members including the provider, the registered manager, senior care staff, care staff and domestic staff.

We reviewed five people's care records and five staff files including recruitment information. We reviewed medicine records, supervision and training logs and records relating to the management of the service.

We looked around the home, visited people's bedrooms with their permission and spent time with people in the communal areas.

# Is the service safe?

## Our findings

We examined the medicines administration records (MARs) for 15 people for the period 17 August 2015 to 3 September 2015. We found two people had not received their prescribed medicine for that period. We also saw one person had not received their medicine for four days. The registered manager told us the senior care workers had made efforts to get the medicine from the pharmacy but due to recently moving pharmacies it had not been successful.

The medicines trolley was located in a locked store room. We found a blister pack containing four weeks supply of medicine on the top of a filing cabinet within the room. On examining the contents of the medicine trolley we saw a bottle containing tablets had no bottle top and two unopened bottles of medicine which should have been stored in a refrigerator (2° to 8°C) prior to opening. This meant medicines were not being stored in the right way in line with the manufacturers guidance.

We noted people's medicine were stored in supermarket plastic bags. We enquired with the senior care worker why people's medicine was in plastic bags. The senior care worker advised, "The medication had been ordered late and the pharmacy was unable to produce the normal blister packs in time."

We noted a signature list was not available with the MARs documentation. This made it difficult to determine who administered the medicine. We enquired about the frequency of medicine audits. The registered manager told us, "No medication audits had been conducted in the last two and a half years."

We saw a log for returned medicine however we did not see any systems in place to ensure that medicines had been ordered, stored and administered.

During our tour of all bedrooms in the home we noted none of the wardrobes were fixed to the wall to prevent any accidental injuries to people. We also noticed two windows did not have appropriate window restrictors. We brought this to the attention of the provider and registered manager. When we returned to the home to give feedback on the inspection the provider showed us new window restrictors which had been fitted.

We witnessed the kitchen door held open by an apron on a coat hook attached to the wall; this allowed people access to a boiler containing hot water via a tap, the oven and other kitchen equipment. We noted staff walked past the door but took no action. We brought this hazard to the attention of the registered manager. They said, "[Person] always does this as they used to be a cook."

We asked to view the electrical installation report. The provider told us, "I know we have one but I can't find it. I will organise an electrician to come in and conduct an inspection." Following the inspection the registered manager advised us an inspection took place on 8 September 2015.

This was a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw fridge temperatures were monitored and recorded. We noted a lockable medicines fridge was located in the staff room. The provider advised us when work was completed in the store room the fridge would be moved and the room will become a dedicated treatment room.

We asked to review documentation relating to safeguarding incidents. We saw the local authority had been alerted to two safeguarding incidents. However there was no log, evidence of an investigation by the registered manager, or analysis to identify lessons learnt within the file.

During our tour of the home we did not see any information advising how to raise a concern. However people we spoke with told us they would go to the registered manager. One person said, "If I had a problem I would tell the senior or the manager." Care staff told us they knew what to do if they witnessed a safeguarding issue.

We asked the registered manager what measures were in place for the monitoring of safeguarding incidents. The registered manager told us, "We complete alerts; we don't look out for patterns or trends." We saw from training records four care staff had received no safeguarding training and two had received training in 2011 and five in 2012. This meant only three staff had current training.

This was a breach of Regulation 13 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We reviewed the accidents and incidents records. We saw 39 records were held within the file but no analysis had

## Is the service safe?

been conducted to identify trends for further investigation. However we noted two care plans contained accidents and incidents documentation which was not duplicated within the accidents and incidents file. This meant the accidents and incidents record did not truly reflect the number of incidents within the home.

We asked the registered manager to provide the personal emergency evacuation procedures for each person (PEEPs). The registered manager advised, "We have a procedure now but we don't have individual risk assessments for residents. I don't know where to start with it; I tried looking online for documents." This meant the provider did not have suitable plans to keep people safe in an emergency.

This was a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risk assessments were completed individually for people within the home based upon their needs. For example, one person's risk assessment indicated they had elected not to have thickener added to their fluids. The assessment explored the risk of aspirating and the person's ability to make an informed choice.

We reviewed five staff recruitment files. We found the provider had requested and received references including one from the previous employer. A Disclosure and Barring service (DBS) check had been carried out prior to their start date. DBS checks help employers make safer decisions and help to prevent unsuitable people from working with vulnerable adults.

We asked people who used the service and staff members if there was enough staff. One person said, "If I need someone they are here straight away." Another said, "The staff look after me well." The staff members we spoke with had mixed views on the subject. One staff member commented, "Good, alright. Sometimes it can be busy." Another care worker said, "Need to get a few more staff. Some days it is really busy. We work together as a team."

We asked the registered manager about staffing levels. They told us, "We do not have a dependency tool to calculate staffing levels. Levels are set by people's dependencies." Due to the lack of a dependency tool we were unable to clarify how the staffing levels were calculated. We examined staff rotas for the week of our inspection and the previous two weeks. We saw two care workers and one senior care worker were deployed during the day and one care worker and one senior care worker at night.

The registered manager advised both activities coordinators were currently off work but they had recently introduced two apprentices working the daytime shift. The provider told us they do not use external agency staff and had the ability to use a pool of experienced staff within the providers domiciliary care agency if needed.



# Is the service effective?

## Our findings

We found that the training and development of staff was not up to date. We examined the training matrix for 18 care staff. We saw 13 care workers had moving and handling training over its renewal date. We noted equality and diversity training took place in 2009. Nine staff had completed challenging behaviour training in May 2012 and eight staff had dementia awareness in January 2012.

We asked the registered manager to explain the frequency for training and what training was mandatory for the home. They said, "I'm not sure what is mandatory, we do not have a programme at present. I am arranging courses." The registered manager showed us the courses offered to staff which included dysphagia, caring for the dying person and care and support planning. We asked if refresher training was due to take place for moving and handling. The registered manager told us, "It is an area we need to review."

This meant that we were not able to confirm that staff had the appropriate skills and knowledge to ensure people's needs were met. This was a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff we spoke with confirmed they had received supervisions sessions with a line supervisor in the last month. The registered manager told us, "Supervisions were brought up by the local authority and we have introduced them at the beginning of the year." One staff member said, "I have had one [supervision] last month."

We noted staff had received three supervisions since the beginning of the year. We saw these were conducted in group supervision. We noticed three out of 26 staff had received an annual appraisal. Supervision and appraisal is important so staff have an opportunity to discuss the support, training and development they need.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. MCA is a law that protects and supports people who do not have the ability to make their own decisions and to ensure decisions are made in their 'best interests.' It also ensures unlawful restrictions are not placed on people in care homes and hospitals.

The registered manager advised nine people in the home were subject to DoLS. However we did not see evidence of MCA assessments and 'best interests' decisions being carried out for people who lacked capacity to make decisions for themselves. The registered manager told us they didn't record an assessment prior to making the application to the local authority.

We noted on the training matrix the registered manager was the only person who had received training on MCA and DoLS. One care worker advised they had completed DoLS training about two months earlier however this was not reflected in the information recorded in the training matrix.

On the first day of our inspection we found people's bedrooms were locked. We enquired who had access to the keys for each room and why the rooms were locked. One care worker said, "We always locked them when people are downstairs. The senior has a master key for all the bedrooms."

We found people using the service did not have keys to their own rooms. The registered manager stated, "We lock the doors because one person was wandering and going in people's room." We asked if they had consulted with people to ask if they wished their room to be locked. The registered manager told us, "We offered people keys." They did not have a record of this discussion with people.

This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

One person told us, "I enjoy the meals they are tasty." Another told us, "Food is food, it keeps me right." We saw a written menu displayed on the wall in the dining room. We asked if a visual menu was available for people living with dementia. One care worker told us, "No we don't have a menu like that but we do go around and ask people what they want."

We spoke with the chef and they stated they were happy to prepare an alternative to the meals on offer if people requested. We observed a number of beverage breaks for people throughout the day where staff were ensuring people were taking fluids, with a choice of hot or cold drinks.

We saw when required people were supported to have specialist or modified diets. The chef was able to describe

## Is the service effective?

people and any specialist diet they were receiving. They told us the registered manager had discussed with them attending training relating to allergens which they were looking forward to.

We observed the lunchtime period. People were happy and chatting amongst themselves and with care workers. The dining room was large and spacious. We saw the tables were dressed with a tablecloth and laid for each meal. Staff readily assisted people when required with cutting up their food or assisting with a drink and this was given in a sensitive manner.

We observed a number of the interactions between people and staff. We saw staff checked with people that they had their permission to do something, such as, “Are you ready for some more to eat or a little wait,” or “would you like a drink now”.

We saw evidence in care plans of cooperation between care staff and external healthcare professionals including community nurses, occupational therapists, and GPs to ensure people received effective care. The speech and language therapy team (SALT) and a community nurse visited during our inspection.

# Is the service caring?

## Our findings

People seemed happy and comfortable with staff. One person told us, “They look after me well.” Another said, “They are good.”

We spent time in the lounge area observing how staff interacted with and treated people who used the service. We saw care workers taking time to chat with people. Care workers were aware of people’s needs, asked if they required help in carrying their coffee to their seat and offered a sip of water when one person had a cough.

Staff asked people what activities they wished to take part in, offering dominos, bingo or watching a film. Staff encouraged people to take part or would find an alternate activity for them to enjoy. One care worker said, Come on [person] it’s your favourite you always win.”

We observed staff assisting a person to move from an armchair to their wheelchair. We noted two care workers were present and clear directions were given to the person. One care worker said, “Hi [person] we will get you upstairs and comfortable. That’s it put your hand there and I will do the rest. Look we are all sorted, up we go.”

We noticed when the home was at its maximum staffing levels we witnessed positive interaction between care workers and people using the service. However later in the day when staffing was reduced to one senior care worker and two care workers interactions were limited.

We noted one person on the first floor shouting to staff to alert them of their needs. We let staff know the person had requested a drink. After 10 minutes had passed we heard the person still shouting. We advised the staff and they told us they were preparing a drink to take. We asked how the person would normally alert them. One care worker said, “[Person] stands on a pressure mat, it must have been moved.” The staff did not act with any urgency to check the location of the pressure mat or to reassure the person.

People who were independently mobile were free to move around the home (other than their bedrooms which were locked), and were able to sit where they wished, with some people sat in the main lounge area or in the dining room.

We viewed people’s bedrooms we noted large amounts of continence pads stored in a number of rooms. These were piled high in corners of the room visible for all to see. We asked the registered manager about storage facilities. They advised. “Following the fire risk assessment by the fire service we had to move all the pads from the loft due to fire risk. We don’t have another storage room so we had to use people’s rooms.” We questioned the appropriateness of storing such items and the impact on a person’s self-esteem and dignity.

During our tour of the home we did not notice any information relating to advocacy services available. We asked the registered manager if information about advocacy services was available in any format for people living in the home and their family members. They told us, “We don’t have a handbook currently but we are updating one and it will hold that type of information.”

We spoke to a care professional visiting a person in the home. They told us, “People seem happy. Staff work together well. Nothing is a bother they just sort it. Staff immediately contact us if they have concerns about a person’s health.”

Care workers told us no one living at the home had any particular cultural or religious needs. However we noted in one person’s care plan within the religious beliefs section it reported, ‘These regular visits remain an important part of [person]’s life.’ We asked the registered manager if any religious orders attend the home. They told us, “No one attends at the moment.” This meant people’s religious needs were not always being met.

# Is the service responsive?

## Our findings

We looked at five people's care plans and saw these contained personalised information about the person, a life story and their preferences. We noted people's life stories were detailed covering their earliest memories through adolescence to present day. Each care plan held a photograph of the person, and any allergies were clearly marked on the first page.

All care plans were comprehensive and included communication, continence needs, washing and dressing, religious beliefs and medication. We saw people had specific care plans for certain aspects of their care; these were person centred and thorough. For example in one person's care plan within the section for medication it reported, "I prefer to take my medication with a cold drink." In another it outlined within the sleeping section, "I like to go to bed between 6.30pm -7.30pm. I like to have two pillows behind my head to support me."

We saw reviews of people's care plans had begun at the beginning of the year. However we noticed there was no system to the frequency with some being reviewed whilst others had not received a review in the last three months. The registered manager advised the provider had recently purchased a new management system and that once it was up and running it will assist in setting up a procedure and tracking care plan reviews.

We examined records relating to compliments and complaints. We did not see a system for the recording and investigation of complaints. The registered manager advised us that no complaints had been received last year. They also said they were currently reviewing all policies including the complaints policy and procedure.

During our tour of the home we did not see any information advising how to make a complaint. We asked people what they would do if they had a concern or

complaint about the service they received. One person said, "I would knock on the manager's door and have a word." Another said, "I would have a chat with [the provider] he's a friendly chap."

The registered manager told us both activity coordinators were currently off work. They said, "To bridge the gap the apprentices are managing to assist with activities when they are here or they can release another member of staff to deliver an activity."

We saw an activities notice board had a different activity for each day, including games day, pampering and chair exercises. We noted there was a lack of activities designed for people living with dementia. During our inspection we did not see the scheduled activities taking place however staff did organise a game of bingo or dominos.

The domino game was well received with staff taking time to assist people to play. We also observed people watching television or reading the paper. We found whilst care workers made efforts to support people with activities the home was not offering people individual activities and meaningful pastimes.

People told us about the activities available in the home. One person told us, "I enjoy going out on the patio when the sun is out, it's lovely." Another recalled the time the home had put on a BBQ. They said, "We had a great time and the food was smashing." We saw notices advertising a forthcoming BBQ. Staff told us other activities were available including examples given were nail care, board games, colouring and drawing and a hairdresser attends the home.

Staff had access to information about people's needs and preferences including their likes and dislikes. Staff told us they knew about people's preferences through reading people's care plans.

One care worker told us, "I have looked after them for a long time. I have a good idea of need. Preferences are in care plans." Another said, "We read care plans once a month."

# Is the service well-led?

## Our findings

We asked the registered manager what systems were in place to monitor the quality of the service and requested to see evidence of specific audits or quality checks including for staff training records, safeguarding, accidents and incidents, care plans and medication. The registered manager told us, “We don’t have audits in place but we have recently bought a management system which has them.” They advised the only audits being done were infection control and a falls tool.

The registered manager confirmed that no medications audits had been done during the time she had been employed. They stated, “They [pharmacy] promised the earth, never get the forms from them.”

We asked the registered manager how auditing of the care provided was conducted. They told us, “I carry out spot checks three times a day.” We asked for copies of the checks including the areas covered. They advised us, “I don’t have anything recorded but will implement a record for in the future.”

During our inspection we identified concerns with unsafe window restrictors. We asked the registered manager and the provider what audits were done to assess and monitor the safety of the premises. The registered manager told us, “We don’t have an audit relating to premises.” However the provider said us, “I am aware of the window in room nine, it’s on a list of work for the maintenance man to complete.” We asked when the work would be completed. They told us “As soon as he can get round to it.”

We noted the personal emergency evacuation procedure (PEEP) was not available. The registered manager advised, “We have a procedure now but we don’t have individual risk assessments for residents.” We found that whilst the provider was aware of areas of concerns these had not been addressed in a timely manner.

We asked the registered manager for confirmation that statutory notifications been completed and then sent to the Care Quality Commission in accordance with regulatory requirements. They advised us, “All notifications have been

made to the CQC.” However when we reviewed the safeguarding records we identified two alerts which should have been notified to the Care Quality Commission in line with their legal responsibilities.

This was a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We viewed the falls register. This had been completed each month and identified some action had been taken. For example, new footwear for one person and a district nurse ordered bedrails for another person. We saw the infection control audit had been completed monthly. The audit for September 2015 had identified areas to be addressed, for example ‘some areas of carpet requires attention for repair and cleaning’ and ‘ground floor bedroom requires painting skirting boards.’

Staff we spoke with said they were happy in their work. They also said they felt supported in their roles by management. Staff said the home had a good atmosphere. One care worker described it as “fine.” The other described it as “caring,” and “it’s a nice little home”.

We looked at what the provider did to seek people's and relatives' views about the quality of the service. The registered manager showed us recently completed surveys. She advised surveys are given to people who use the service, their family members and external health care professionals.

We noted the majority of the comments were positive. One person described the atmosphere as ‘very calming and warm’ and the registered manager as, ‘very approachable and pleasant’. However we did note one negative comment from an external professional reporting, ‘Care plans are not discussed.’ The provider advised they intend to analyse the information provided and put together an action plan to drive improvement.

We saw records that showed the registered manager held regular team meetings that showed staff were given information and advice. For example the rolling out of supervisions and appraisals. Staff confirmed they had attended team meetings.

This section is primarily information for the provider

## Action we have told the provider to take

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

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

The provider did not investigate concerns immediately upon becoming aware of, any allegation or evidence of such abuse.

Regulation 13(3)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The provider did not ensure staff received appropriate training and development to enable them to carry out the duties they are employed to perform.

Regulation 18(2)(a)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

The provider did not ensure consent was gained in respect of locking people's rooms.

Regulation 11(1)

This section is primarily information for the provider

## Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The provider did not have effective systems in place to ensure that medicines had been ordered, stored and administered.

Regulation 12(2)(b)

#### **The enforcement action we took:**

A warning notice was issued.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider did not have effective quality assurance processes to monitor the quality and safety of the service provided and to ensure that people received appropriate care and support.

Regulation 17(2)(a)

#### **The enforcement action we took:**

A warning notice was issued.