

Four Seasons Health Care (England) Limited Preston Glades Care Home

Inspection report

196 Miller Road
Ribbleson
Preston
Lancashire
PR2 6NH

Tel: 01772651484
Website: www.fshc.co.uk

Date of inspection visit:
06 January 2020
10 January 2020
13 January 2020

Date of publication:
12 February 2020

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?

Inadequate 

Summary of findings

Overall summary

About the service

Preston Glades Care Home is a care home registered to provide personal and nursing care for older people, people living with dementia or a mental health condition. At the time of the inspection 32 people lived at the home. The care home accommodates 65 people in one building which is divided into three units. Each unit has separate adapted facilities. At the time of inspection, one unit was closed. One unit specialised in providing care to people living with dementia.

People's experience of using this service and what we found

Although some improvements were noted in relation to the safe management of medicines, medicines continued to be a concern. Risk assessments addressed risks to people and the environment, but risk was not consistently managed. We have made a recommendation about this. People and staff told us deployment of staffing was not always appropriate to meet people's needs. We have made a recommendation about this. Staff were aware of processes to follow should they be concerned people were being mistreated.

Auditing systems for overseeing the safe management of medicines had improved but were not fully embedded. We received conflicting information about staff morale within the home. There was no registered manager in post, however the registered provider had acted to ensure there was oversight and leadership within the home. We saw evidence of multi-disciplinary working.

People told us they were happy with the quality and quantity of food provided. We observed the meal time experience for people and saw this was inconsistent. We have made a recommendation about this. People told us they had access to health professionals when needed. Good practice guidance was considered when planning and supporting people with personal care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Good practice guidance was followed to ensure the processes of the Mental Capacity Act (MCA) were followed.

People and relatives told us on the whole staff were kind and caring. We observed staff enquiring about people's comfort and welfare throughout the visit. Observations made during the inspection confirmed people were treated with dignity and respect.

People were sometimes supported by staff who knew them well. The registered provider encouraged people to remain active. We observed social activities taking place. The registered provider understood the importance of providing high-quality, end of life care. We saw complaints were handled professionally and in a timely manner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was inadequate (published 5th October 2019). We took enforcement action against the registered provider and imposed conditions upon the registration. At this inspection we found some, but not all improvement had been made and the provider was still in breach of regulations. We have used the previous rating and enforcement action taken to inform planning and decisions about the rating at this inspection. The service has been in special measures since May 2018. The service remains inadequate in the well led key area and remains in special measures.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to safe care and treatment and good governance. Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information, we may inspect sooner.

Special Measures

The overall rating for this service is 'Requires improvement'. However, we are placing the service in 'special measures'. We do this when services have been rated as 'Inadequate' in any Key Question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate in any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions of registration.

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.

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.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate 

Preston Glades Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

On the first day of the inspection three inspectors and one Expert by Experience visited the home to carry out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. One inspector returned on the following days to complete the inspection.

Service and service type

Preston Glades Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of inspection, the service did not have a manager registered with the Care Quality Commission. We were made aware at the end of the inspection that a new manager had been identified.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed information we had received about the service since registration. This included looking at information held on our database about the service for example, statutory notifications completed by the registered provider. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also sought feedback from the local authority contracts and commissioning teams 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. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with six people who lived at the home and five relatives. We spoke with the resident experience support manager who was providing day to day support as the acting manager in charge at the home. In addition, we spoke with the regional manager, the director of care, the head of operational quality, the care services support administrator, six carers, two agency nurses working at the home, the maintenance person and the cook.

To gather information, we looked at a variety of records. This included care records related to six people, and medicines administration records. We also looked at information related to the management of the service. These included audits, quality assurance documents and safety certification. We did this to check the management team had oversight of the service and to make sure the service could be appropriately managed. We used the short observational framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We walked around the home and carried out a visual inspection and observed care interactions between people and staff.

After the inspection

We continued to communicate with the management team to corroborate our findings. We asked the registered provider to provide us with an improvement plan, setting out actions they intended to take and dates in which work would be completed to ensure they met the Regulations.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as inadequate. At this inspection this key question was now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection the provider had failed to ensure medicines were managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found some but not all improvements had been made and the provider continued to be in breach of regulation 12.

- Medicines were not consistently managed. We could not be assured people received medicines in line with good practice.
- Checks on people's medicines when they had returned from hospital were not always effective.
- Staff were crushing medicines without the confirmation from the pharmacy that it was safe to do so.
- Time specific medicines were not always given at the correct times as directed. On the first day of the inspection one person's time specific medicine was given ninety minutes late. Another person's records showed instructions had not been followed and we could not be assured the medicine was given thirty minutes before food. In addition, when people required time specific medicines, the times of administration were not always recorded.
- Staff had failed to maintain suitable records about the use of creams, so it was not possible to tell if creams had been applied as prescribed.
- Directions for the safe administration of medicines were not consistently followed. For example, rotation of transdermal patches was not always followed in line with the prescriber's guidance. Additionally, we could not be assured from that when medicines were to be given separately to other medicines, this was being consistently followed.
- We looked at the registered providers medicines policy in relation to management of medicines and saw this had not been consistently implemented.

We found no evidence people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- Processes were in place to assess, monitor and manage risk. Environmental risk was suitably assessed, monitored and managed. We found good practice guidance had been considered and processes implemented to promote safety within the environment

- From records viewed, we saw there were several risk assessments used to assess risk. These included management of weight loss, falls and management of specific health conditions. These were updated and reviewed after significant incidents.
- People and relatives told us they felt safe. Feedback included, "I'm as safe here as any other place. If I didn't feel safe I would make sure someone knew – I'd tell the nurse probably - and they would listen." And, "I don't recall any time in which we've felt [our relative] was unsafe."
- Although processes were in place and people said they felt safe, we found the management of risk was not always consistent. During a visual inspection of the home we saw call bells in bathrooms were not always fully accessible. One person was left unsupervised and their call bell and walking aids were out of arm's length. A room containing potentially harmful substances had been left unlocked and unsupervised. We highlighted these concerns to the management team who took immediate action.

We recommend the provider reviews systems and processes for managing risk to ensure risk is consistently identified, addressed and monitored.

Staffing and recruitment

- Staffing levels continued to be reviewed to ensure they met people's needs. The provider used a staffing dependency tool and assessed people's needs to calculate the number of staff required on each shift. During the inspection, we were made aware the service was relying on agency nurses to ensure nursing requirements were met.
- People and relatives told us overall, they were satisfied with the staffing levels at the home. They told us staff were on hand when needed and said staff responded in a timely manner. Feedback included, "I have an alarm mat by my bed and if you put your foot on it, somebody comes quite quickly. My call bell is just to the side of the bed and staff come quite quickly if you press that as well."
- Staff told us staffing levels were inconsistent and sometimes impacted upon the quality of care people received. We looked at staff rotas and noted staffing levels on one unit varied between two and five staff. On the day of inspection, three staff were deployed to work on the unit and we noted that oversight of people to promote safety was sometimes inconsistent. We fed this back to the provider, so they could consider and review deployment of staffing.

We recommend the provider reviews the deployment of staffing to ensure peoples' needs are consistently met.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes continued to be implemented to safeguard people from the risk of abuse. Everyone we spoke with told us they felt safe while living at the home.
- Staff were able to identify abuse and understood their responsibilities for keeping people safe. When asked, staff could tell us the processes for reporting any safeguarding concerns both internally and externally. Posters were displayed around the home, detailing people's rights to live free from abuse and included contact numbers to phone to highlight any concerns.

Preventing and controlling infection

- Systems and processes were established to prevent the spread of infection. The home employed a team of domestics who visited the home daily. Observations around the home showed us the home was clean and well-maintained in line with good practice guidance.
- People said they considered the home to be cleaned to a high standard. One person said, "The home is absolutely always clean and tidy."

Learning lessons when things go wrong

- The registered provider kept a comprehensive record of all accidents and incidents which occurred within the home. Accidents and incidents were analysed and reviewed and shared with the senior management team. Health professionals had been consulted with for advice to mitigate risk after incidents had occurred.
- Although we saw some good evidence of lessons being learned, we could not be fully assured lessons were consistently learned within the service. This is reported on further within the well-led section of this report.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet

- People were encouraged to maintain a healthy and balanced diet. People told us they were happy with the food provided. Feedback included, "You get two choices on the menu but if you don't want them they will offer something else you can have." And, "[My relative] has a good appetite and doesn't complain about the food at all. They have a jug of juice and cups of tea in their room, and when they get up in the morning they're brought a cup of tea."
- People at risk of unintended weight loss were referred in a timely manner to health professionals for advice and guidance. Records were kept for people at risk of malnutrition and weights were monitored to make sure care was effective.
- We observed lunch being served on both units. On the first day of inspection, we noted that positive lunchtime experiences were not always promoted. We fed this back to the manager. On the second day of inspection, the manager confirmed action had been taken and we saw the dining experience for people had improved.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's consent for care and treatment was gained in line with the law and good practice. Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- The provider had established systems to make sure people who lacked capacity were lawfully deprived of their liberty. Applications had been submitted to the relevant bodies detailing all proposed restrictions placed upon people. These applications were monitored by the management team to ensure they were

lawful.

- MCA processes were consistently implemented. When people lacked capacity, mental capacity assessments had been carried out and best interest discussions held to ensure any decisions made on behalf of the person were the least restrictive and in their best interests.

Staff support: induction, training, skills and experience

- Processes were in place to support staff in their roles. This included providing staff with an induction when they first started working at the home and supervisions. Supervisions allow staff to discuss performance and training needs with a more experienced member of staff. Staff confirmed supervisions were provided. They said they were supported within the supervision process by a more experienced member of staff.
- People and relatives said staff had the necessary training and skills to provide effective support. One person said, "Staff know what people need. I think that's an important part of their job, knowing what to do for each person." Although people and relatives considered staff well trained, one person and one relative told us the use of agency staff within the home sometimes impacted on the care, as staff were not always appropriately trained. One person said, "Agency staff don't always know properly what they're doing."
- Staff confirmed they received regular training to help them carry out their roles. However, two staff told us they did not feel fully equipped to deal with behaviours that sometimes challenged the service. We fed this back to the regional manager who told us staff had received training to deal with challenging behaviours as part of a dementia framework qualification. However, they agreed to investigate additional training.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Multi-disciplinary working took place to support people to access healthcare services and live healthier lives. Good practice guidance was considered.
- Care needs were routinely assessed and monitored. Care records were regularly reviewed and updated when people's needs changed.
- People told us the care was effective. One person said, "I've seen a doctor here several times, and been taken to hospital. The staff do notice if you're ill."

Adapting service, design, decoration to meet people's needs

- The registered provider continued to ensure the service was adapted and designed to meet people's needs. The home was well-maintained. Photos were on display in communal corridors which reflected the era in which people lived.
- People had been encouraged to personalise their own rooms.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect. At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and compassion. Feedback from people and relatives included, "The staff are very nice to you; I have a good laugh with them sometimes." Also, "I've always felt all right here, welcome; staff treat everybody well, from what I've seen." And, "The staff are always very gentle, polite and kind, as far as we've seen."
- We observed positive interactions between people and staff. There was a light-hearted atmosphere throughout the home.
- The provider understood the importance of protecting people's human rights and ensuring equality and diversity was promoted and maintained. The regional manager told us staff had been provided with additional training to support and enhance equality and diversity.

Respecting and promoting people's privacy, dignity and independence

- Independence was promoted and encouraged. One person said, "Every morning I do the top bit [of self-care] then press the buzzer and the carers come to help me." We observed staff supporting one person to mobilise. Staff were patient and respectful when assisting them. Staff gave clear instructions to promote the person's independence.
- People and relatives told us privacy and respect were always considered. They told us staff routinely knocked before entering their bedrooms and sought consent to enter.

Supporting people to express their views and be involved in making decisions about their care

- People told us they were able to express their views and were involved in making decisions about their care. We reviewed one person's record and saw the person's views about their care were comprehensively detailed and documented.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Support was flexible, according to people's needs and wishes. People were encouraged to have control within their lives. One person said, "I choose how to spend my day – there's no rush to get you to bed, for example."
- People were encouraged to be involved in developing their care plan. One person said, "Everything about me and what I need or want is in my care plan; if something changes, someone comes and discusses it with me and as far as I know it gets recorded. The staff seem to know what I need, anyway."
- Care records clearly detailed people's personal preferences. Staff employed within the service had a good understanding of people's needs and preferences and worked hard to ensure these needs were met. For example, one person's record clearly detailed the types of clothes the person felt comfortable wearing. We saw the person was wearing exactly what was documented.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider understood the importance of providing activities to combat isolation and promote well-being. The acting manager said links with the community had been strengthened since the last inspection, with children from nurseries and schools attending the home to entertain people. This had included people and children swapping gifts at Christmas. A well-being coordinator worked at the home three days a week providing aromatherapy and massage services to promote well-being.
- The provider was currently recruiting an activities coordinator. Although there was no formal activities coordinator at the home, people confirmed activities took place. One person said, "They do things to keep you active, keep you busy."
- We observed activities taking place on the downstairs unit during our visit. People were laughing and interacting with staff during the activity. Although we observed activities taking place downstairs, we noted activities for people on the upper floor unit were limited. We asked staff about opportunities for people who were living upstairs. They said less activities took place upstairs. We fed this back to the management team. They assured us activities did take place upstairs and said people were able to come downstairs to join in activities if they wished to do so.

End of life care and support

- Staff confirmed they had received training in end of life care. They said they would work alongside health care professionals to provide end of life care whenever appropriate. We reviewed feedback from one family. They had thanked the staff at the home for their compassionate and supportive approach at the end of their relative's life.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was aware of the need to provide information in an accessible manner. Care records detailed people's communication requirements and included ways in which staff could effectively communicate with people.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure for managing complaints. One complaint had been raised since the last inspection visit. We saw this was dealt with professionally and empathetically.
- People and relatives were aware of the process to follow should they have a complaint. One person said, "I've never made a complaint because they're quite good. You are free to make a complaint though – you have to do a form."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection it remained the same. There were continuing shortfalls in the management and oversight of medicines. Governance within the home was inconsistent. Some regulations were not met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care;

At our last inspection the provider had failed to ensure systems were established and implemented to ensure medicines were being appropriately managed. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection although we noted some improvements, we found the provider continued to be in breach of regulation 17.

- Processes had been developed to promote safe care and treatment, but these had not been firmly embedded. For example, processes for managing creams and ointments were sometimes unclear and staff could not always tell us systems and processes to be followed.
- Records to ensure people were safe, were not always accurate and up to date. For example, one person had been discharged from hospital. Records had not been completed in a timely manner to show the changes in care. Documentation in relation to medicines management continued to be inconsistent. Body charts to show the positioning of medicines patches were not consistently completed. Records about the use of thickener were not accurately maintained.
- The management team had increased oversight at the home and had developed several audits to enable them to identify and act upon any concerns. However, we found auditing systems were inconsistent and not always effective. They had failed to identify the concerns we found during the visit in relation to body charts and transdermal patches.
- Processes for continuous learning to improve the quality of care were inconsistent. For example, at the December 2018 inspection, we identified areas of concern in relation to the safe management of medicines and fed these concerns back to the provider. At this inspection, we found some of the concerns identified in December 2018 had reoccurred. This demonstrated improvements were not consistently embedded.
- Preston Glades Care Home has been inspected nine times since 2012 and has breached regulations on eight of the nine inspections. This demonstrated oversight and governance of the service continued to be inadequate.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Three people told us changes within staffing had, in their opinion affected communication and morale of staff. We were aware seven staff had recently left and two managers had been recruited to work at the home since the last inspection. Feedback included, "[A senior staff member] can get very stressed because they see things needing doing that aren't being done." And, "[My relative] thinks staff don't really work well together. She says they seem to do their own thing but don't really communicate. Maybe it's because there are so many new staff."
- Staff told us improvements at the home were not always embedded and sustained. Feedback included, "We have no consistency." And, "There have been lots of changes over the past 12 months. [Regional Manager] and [Regional Residential Experience Manager] are good, but they are always busy." Also, "There were lots of improvements six months ago, but the manager never stayed."
- At the time of the inspection visit, the service was experiencing a shortage of nurses and was relying on agency nurses to cover. We saw systems had been developed to support agency nurses with their role. However, we could not be assured these were robust enough to ensure safe care and treatment was consistently provided. We fed this back to the senior management team. They told us recruiting nurses at the home was a priority.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- On the whole, people said they were happy at the home and the way it was managed. They told us the service was inclusive and promoted good outcomes. One relative said they had seen improvements over the past two years with a change of management. However, two people said the quality of care was sometimes affected when agency staff were working at the home.
- Staff told us that deployment of staffing did not always promote good outcomes for people. One staff member said, "People are being rushed. We can't sit and enjoy time with people." One person had provided written feedback about their experience. They had stated staffing levels had an impact on how they felt about living at the home. They said the home was a happy place to live and they felt safe when the home was fully staffed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People who used the service, relatives and professionals were encouraged to provide feedback on the service. We reviewed five completed feedback forms and saw that overall, feedback about the service was positive. In addition, people and relatives confirmed residents and relatives' meetings took place.
- Staff confirmed they were communicated with through daily discussions, supervisions and team meetings.
- We saw evidence of the provider working in partnership with professionals.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware of the duty of candour and their legal responsibility to be open and honest. We spoke with a senior member of the management team, they told us the provider was committed to getting things right and improving the quality of care within the home.

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
Treatment of disease, disorder or injury	The registered provider had failed to ensure systems and processes were consistently implemented to ensure the safe management of medicines 12 (1) (2) (g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The registered provider had failed to ensure systems or processes were established and operated effectively to ensure compliance with the Regulations. The registered provider had failed to maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user. 17 (1) (2) (a) (c)