

Boyack Enterprises Limited

Beaufort Hall Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 12 October 2017 and was unannounced. Beaufort Hall Nursing Home is registered to provide accommodation for up to 33 people who require nursing or personal care. At the time of our inspection there were 30 people living at the service.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

Medicines management were not consistently managed safely.

The provider did not have consistent effective systems and processes for identifying and assessing risks to the health, safety and welfare of people who use the service. The registered manager took immediate actions to address the identified shortfalls in the inspection.

Recruitment procedures ensured all pre-employment requirements were completed before new staff were appointed and commenced their employment. Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely.

Environmental checks had been undertaken regularly to help ensure the premises and equipment were safe.

The provider had met their responsibilities with regard to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm.

People received effective support from staff that had the skills and knowledge to meet their needs. Staff said they felt well supported and all had regular supervision sessions. Supervision is where staff meet one to one with their line manager.

People told us that staff were kind and caring. We observed that people's privacy and dignity was respected at all times. The service had received a number of compliments from relatives and visitors.

Care plans contained details of people's preferences and choices regarding the care and support they needed. Plans in relation to people's health needs were detailed. Care plans had been regularly reviewed. People and relatives felt that the service was responsive to people's needs. People had access to a range of activities and held the activities coordinator in high regard.

Staff felt well supported by the registered manager and the provider. People were encouraged to provide

their views through surveys and regular meetings. Actions were taken in response to people's feedback.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Medicines were not consistently managed safely.

People told us they felt safe living at the service.

Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely.

Is the service effective?

Good ●

The service was effective.

Consent to care and treatment was in the main consistently sought in line with legislation and guidance. Notable exceptions were addressed by the service.

The provider had met their responsibilities with regard to the Deprivation of Liberty Safeguards (DoLS).

People received effective support from staff that had the skills and knowledge to meet their needs.

Is the service caring?

Good ●

The service is caring

People told us that staff were kind and caring.

We observed that people's privacy and dignity was respected at all times.

The service had received a number of compliments from relatives and visitors.

Is the service responsive?

Good ●

The service was responsive.

Care plans contained details of people's preferences and choices regarding the care and support they needed.

People and relatives felt that the service were responsive to people's needs.

People had access to a range of activities and held the activities coordinator in high regard.

Is the service well-led?

The service was not always well-led

The provider did not have consistent effective systems and processes for identifying and assessing risks to the health, safety and welfare of people who use the service.

Staff felt well supported by the registered manager.

People were encouraged to provide their views through surveys and regular meetings.

Requires Improvement 

Beaufort Hall Nursing Home

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive unannounced inspection took place on 12 October 2017. This inspection was carried out by two inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

On the day of the inspection we spoke with seven people, four relatives, seven members of staff, the registered manager and the provider.

We looked at five people's care and support and medicine administration records. We also looked at records relating to the management of the service such as the incident reports, meeting minutes, audits, family feedback, surveys, recruitment, staff supervision and training records.

Is the service safe?

Our findings

Medicines were not consistently managed safely. The temperature of the medicines fridge was monitored and this showed that fridge items were stored safely. The temperature of the clinical room was monitored daily. Records viewed showed that on at least three occasions the temperature was above the maximum recommended level. There was no cooling unit in the clinical room and although staff said that if the temperature was high they put a fan on, this was not documented. Additionally, when the temperature had been recorded as high, there was nothing documented to show that the temperature had been rechecked later. On the day of our inspection the temperature was 26°C which is above the recommended temperature for the safe storage of medicines. Following the inspection the provider wrote to us and advised that a cooling fan has now been installed in the treatment room. They advised; "We will continue to monitor the temperature to ensure full compliance and take further action if needed."

We observed part of a medicines round. The nurse administering the medicines knew people well and what they were prescribed and why. They took their time with people and asked them if they needed any additional medicines such as pain relief. However, on one occasion when a controlled medicine was administered, although two staff members checked the tablet out of the secure cupboard, they both signed the log book prior to observing the person taking the medicine. Additionally, when the person said they would take their medicines when they had eaten their breakfast, the tablets were left with them. Despite this the medicine administration record (MAR) was signed. This is not good practise as medicines should only be signed for once the person has been seen to take them. The provider's policy stated "One (member of staff) administers the other (member of staff) witnesses. Following administration, records are signed." The potential risk is that the person may not have administered their medicines.

There were photographs in place at the front of MAR's and these had all been dated to show they were still a true likeness of people. People's preferences in relation to how they preferred to take their medicines had been documented, such as "takes tablets with a spoon" and "takes tablets from the pot 3 by 3 with water."

Some people had been prescribed medicines on a PRN (as required) basis. However, despite reference within the provider's policy to PRN protocols, there were none in place. A PRN protocol provides staff administering medicines with information about when and why a person might require additional medicines and any action to take before resorting to medication; for example when supporting people with agitation. Protocols can also be useful if people are unable to communicate when they might need pain relief. We discussed this with the Deputy Manager who said they would address this as a matter of urgency.

The management and administration of topical medicines such as creams and lotions was not robust. Topical MAR's were not in place; instead we were informed that staff documented within the electronic care record when the creams were applied. However, this was not seen consistently. For example, one person had been prescribed a daily emollient. The care plan guided staff to apply this daily "to promote skin condition" but staff had not documented on a daily basis that this had been done.

In one person's room we saw a tube of cream with a dispensing label for another person as well as a bottle

of lotion which staff had labelled as "opened on 05/03/2017" and "Expires in 3 months". We showed these to the registered manager who disposed of both immediately. The provider told us that creams had come with the person from their previous care home and had not been disposed of when new creams arrived. Other opened tubes of creams and lotions that we saw had not always been labelled with the date of opening which meant there was a risk that out of date creams and lotions might be used.

Although medication audits had been completed, they had not identified the issue we found with the clinical room temperature. We saw the latest pharmacist advice visit report dated 15 July 2016. Recommendations from this visit had mainly been actioned; however the pharmacist had recommended that transcribed entries were double signed and we noted four examples where there was only one signature in place. This was also not identified in the provider's medicines audit.

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

People were not consistently cared for in a safe and clean environment. The ground floor bathroom contained creams, talcum powder and a hairbrush. This increased the risk of cross contamination because there was a risk that products were being shared. There was also a clean skirt hanging in the bathroom near the toilet. The environment was untidy. The health and safety audit dated the 5 September 2017 stated that all the bathrooms were clean and tidy. The registered manager ensured the issues were rectified immediately. When we entered the laundry room we requested that the clean laundry hanging where dirty laundry entered the room be removed to the designated clean laundry area. Although domestic staff cleaned throughout the building every day they did not complete cleaning schedules for monitoring purposes. The registered manager told us that cleaning schedules would be introduced.

Care plans contained risk assessments for areas such as mobility, falls, skin integrity and malnutrition. These had all been reviewed monthly and when risks had been identified, the plans provided clear guidance for staff on how to reduce the risk of harm to people. For example, mobility plans detailed any equipment people might require as well as other relevant information such as "mobility is affected by pain, poor balance and breathlessness." The guidance for staff in relation to this person included encouraging the person to move slowly and to stop at regular intervals. When equipment such as hoists were required to move people safely, the details of the hoist and sling requirements were documented.

Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely. Staffing rotas demonstrated that the staffing levels were maintained in accordance with the dependency needs of the people who lived at the service. The staff we spoke with all said they felt there were enough of them on duty to meet people's needs. Comments included; "I don't think you can ever have enough, but generally, unless someone goes off sick we have enough"; and "Yes we have enough staff. The (registered) manager works alternate weekends too and will always roll her sleeves up and help if needed."

We received mixed comments from people regarding staffing levels. Comments included; "always busy"; "the staff are so busy all the time"; "there's definitely not enough staff at night"; "The night staff work so hard. If I want to get up it can take time for them to come"; and "Night time seems worse. I don't like to use the buzzer in case they're busy". Night time staffing levels comprised of one nurse and two care staff. The registered manager told us that this "seems to work quite well." People said their care needs were met, but that staff didn't have time to sit and talk with them. One person told us; "I'm a bit of a loner and staff don't always have the time to chat." Despite their reservations regarding the staffing level people we spoke with said they felt safe living at the home. We observed staff assisting people when required, such as mealtimes

and providing support for personal care. Call bells were responded to within reasonable timescales.

Staff told us they had received safeguarding training and through scenario based conversation they demonstrated a good knowledge of what abuse was and how to report any concerns. All said they believed that any concerns would be taken seriously by the registered manager. Staff knew how to report concerns internally or via the commission.

Staff understood the term whistleblowing. This is a process for staff to raise concerns about potential malpractice in the workplace. The provider had a policy in place to support people who wished to raise concerns in this way. Staff told us that they felt confident to raise any concerns about poor care.

Recruitment procedures ensured all pre-employment requirements were completed before new staff were appointed and commenced their employment. An enhanced Disclosure and Barring Service (DBS) check had been completed. The DBS check ensured that people barred from working with certain groups such as vulnerable adults would be identified.

Accidents and incidents were recorded and analysed by the registered manager. Following incidents risk assessments were updated and if necessary referrals were made to healthcare professionals. A monthly audit is also conducted to analyse whether there are any emerging themes to address for individuals.

Environmental checks had been undertaken regularly to help ensure the premises were safe. These included water, building maintenance and equipment checks. Lifts were fully refurbished during 2016. They are regularly serviced to ensure people have continued access to all areas of the building. The provider ensured that premises and any equipment provided in connection with fire-fighting, fire detection and warning or emergency routes and exits were covered by a suitable system of maintenance by a competent person. Contingency plans were in place in case the service needed to be evacuated and each person had a Personal Emergency Evacuation Plan (PEEP) in place to provide information to emergency services in the event of an evacuation. On the day of our inspection a fire safety expert was providing advice regarding new fire doors and escapes. There is an on-going schedule of refurbishment, redecoration, upgrading, replacing aged gas boilers with a full maintenance programme in place which has included the removal of asbestos.

Is the service effective?

Our findings

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.

Consent to care and treatment was in the main sought in line with legislation and guidance. People's mental capacity had been assessed in relation to all aspects of their care. For example, one person was having their medicines administered covertly and records showed a capacity assessment had been completed and the best interest decision process had been documented. We did note two notable exceptions regarding the use of bed rails for one person and the use of a sensory mat for another person. Capacity assessments and how the decision was made regarding the consideration of the options available had not been documented. However, one relative told us; "I have been involved in meetings about her care." We discussed this with the deputy and the registered manager regarding the omission of the documentation. They told us they would address these exceptions immediately.

The provider had met their responsibilities with regard to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that in relation to DoLS people's capacity to make decisions had been assessed where needed and appropriate DoLS applications had been made. The service regularly sought the progress of applications from the local authority.

We observed staff asking people for their consent prior to assisting them. Staff knocked before entering people's rooms. People using the service said staff always asked before supporting them with anything.

People received effective support from staff that had the skills and knowledge to meet their needs. All of the staff we spoke with said they had access to on-going training and development and had the skills to undertake their roles. One member of staff told us; "The manager encourages us to share knowledge with the rest of the team". We saw that staff had lead roles in some topics, for example, one staff member was the lead for learning disabilities. Nursing staff had access to professional development. The service's induction was aligned with the Care Certificate. The Care Certificate is a modular induction which introduces new starters to a set of minimum working standards. We reviewed the training records which showed mandatory training was completed in key aspects of people's care to ensure staff and people at the service were safe. Modules included moving and handling, infection control, fire safety and food hygiene. Staff received on-going training to enable them to fulfil the requirements of the role. People and their relatives felt that staff were well-trained. One relative told us; "They are particularly impressive clinically. They understand her

needs."

All staff said they felt well supported and all had regular supervision sessions. Supervision is where staff meet one to one with their line manager. Conducting regular supervisions ensured that staff competence levels were maintained to the expected standard and training needs were acted upon. One member of staff told us; "We have supervision every three months." Records viewed demonstrated that staff received regular supervision and appraisal sessions.

People's nutrition and hydration needs were met. People's nutritional needs were assessed and their weights were monitored. When people were having their food or fluid intake monitored, the associated charts had been completed in full and showed that people had enough to eat and drink. Where required people received assistance through a percutaneous endoscopic gastrostomy (PEG) tube. This provided a means of providing nutritional assistance when oral intake is not adequate. People using the service gave mixed feedback on the quality of food. Comments included "The food is lovely. I'm a vegetarian and they've gone out of their way for me"; "I think the food is lovely"; "The food is horrid. It's not home cooked, it's brought in, although we do get a choice"; "The food isn't freshly cooked. Although it's edible, there aren't enough fresh vegetables"; and "The food is reasonable, but it's not brilliant". People said they had plenty to drink. We saw that people were offered regular drinks and one person told us; "The staff are always getting me drinks and telling me to drink more." We advised the registered manager about the negative comments about the food. Despite the negative comments received the provider provided results of a resident's survey for North Somerset Council in April 2017. The six people who responded advised the food was either good or very good.

People were supported to maintain their well-being and good health and had access to on-going healthcare. Where needed records showed that people were reviewed by the GP, speech and language therapist and the Mental Health team

Is the service caring?

Our findings

People spoke very highly about the staff team. Comments included; "The staff are so lovely, they help with anything you need. They're all very kind"; "The staff are a smashing bunch, I get on with them all"; and "The staff help me with everything. They're all very good, kind staff".

Relatives also spoke positively about staff. Comments included; "I'm very pleased. It's excellent. I like the ambience and it's like a home from home. She came here very ill. She couldn't walk. She's out weight on and is now independently mobile. They're marvellous"; "I can't imagine a better place that offers integrated care. They are professional. They have really tried to get her involved with activities. They offer choices of food when she raised concerns about the options"; "They're sensitive to his needs and enable him to do as much as possible for himself. He feels part of the family. He feels very secure"; "It's fantastic. She's very well looked after and loved. This is the best place for her. They make sure she has everything she needs."

The service had received a number of compliments from relatives and visitors. Recent compliments stated; "Our sincere gratitude to all members of staff. We always knew she would be in safe hands so this gave us peace of mind"; "Staff who really care, not orchestrated in any way and was totally client centred and a credit to the caring profession"; "Wonderful staff. Thank you for your kindness and gentle care"; and "A wonderful home from home."

We observed positive interactions between staff and people using the service. The atmosphere was friendly and relaxed. People seemed relaxed around the staff, they were smiling and laughing. During the lunchtime service people were assisted, where required. Choices of food and drinks were offered. Some people were wearing fancy dress following the activities in the morning. It caused a lot of amusement between people and staff. One person asked for Frank Sinatra to be played and their request was accommodated. People were asked if they like to wear a clothes protector whilst eating. To enable people's independence when eating people were provided with specialist equipment, such as a plate guard. One person was laughing and cuddling a soft toy provided by a member of staff. The morning's activities were discussed, particularly the quiz and who were the winners. Staff offered people assistance with their meal, such as cutting food. If people refused their offer of help their decision was respected. People were asked for their opinion of lunch and were not rushed. Staff were respectful towards people. One person had food on their cheek. A member of staff advised them discretely and helped them to wipe it off. The registered manager came into the lounge at lunch and told a person that they had bought them sweets whilst they were on holiday, as they requested. Staff were warm and regularly asked about people's welfare. One person told us; "I like talking but do not like to be surrounded by lots of people." Following lunch they remained in the dining room and were regularly visited by staff to have a chat.

Staff spoke positively about their roles. Comments included "We treat everyone as individuals here, it's very person centred" and "Everyone is different, so we get to know people, their likes and dislikes, want they want etc. It's all in the care plans". One said "We know what the care is like here. Residents are looked after properly". All of the staff said they would recommend the service. One staff member said "I know at the end of my shift that everyone's had good care."

We observed that people's privacy and dignity was respected at all times. Personal care took place behind closed doors. We saw that signs were put on doors to inform others not to enter. We observed that staff knocked on doors before entering. When one person asked staff to assist them to change their top after spilling some food a staff member did so.

Is the service responsive?

Our findings

Care plans contained details of people's preferences and choices regarding the care and support they needed. For example, people's preferences for when they liked to get up and go to bed had been documented. In one person's plan in the personal care section it had been documented that they preferred female care staff and didn't like to have showers because they didn't like getting their face wet. Staff comments included; "We know about people's choices. We know that [person's name] only likes to get washed and dressed at a set time and that other people like things done in different ways"; and "All of the staff know people really well so they notice any changes quickly. I really trust the staff here."

Plans in relation to people's health needs were detailed. Wound care plans provided details of the type of dressing required and how often it needed changing. We saw that when necessary staff responded to people's changing needs. For example, staff had noted that one person's wound looked like it might be infected and they had taken a swab and contacted the GP for advice. The person was subsequently prescribed antibiotics. Plans in relation to people's psychological needs were detailed. For example, in one person's plan it had been documented that they occasionally had periods of anxiousness and agitation. The triggers for these were listed and detailed how staff could help to prevent this happening.

Some people had been assessed as a high risk of developing pressure sores. In these instances, the care plans detailed whether any pressure relieving aids should be used and whether people's position needed to be changed and how frequently. We saw that pressure relieving aids such as air mattresses and pressure relieving cushions were used in accordance with the plans. Position charts that we looked at showed that people had their positions changed regularly. All of the air mattresses except one were set correctly. When we showed the registered manager that one mattress was not set to the person's actual weight, this was immediately rectified.

Care plans had been regularly reviewed. Some of the people using the service were aware that they had a care plan, but not all. Some said they had been involved in care plan reviews and some couldn't remember. One said "I am aware of my care plan yes." Family members told us they were involved in care plan meetings, where appropriate. Comments included; "I'm involved with care plan meetings. They also consult with me about everything"; "I have been involved with meetings about her care. The provider is very good. They communicate well. They're very open"; "They review meds regularly. I am involved in care plan meetings. I have met with the psychiatrist to discuss needs. I can't imagine a better place that offers integrated care. My relative is complicated and would raise issues with the staff. They will investigate. They are professional and balanced."

People and relatives felt that the service were responsive to people's needs. Comments included on feedback forms included; "She was very ill when she was admitted, after a spell in hospital through a fall, but she has come on leaps and bounds. She has put weight on a frame. My mother is very happy, loves the food, has a hairdresser, chiropodist and doctor visits"; "After a two month stay in hospital being treated for an infection last year my father was no longer able to walk, therefore his needs had changed dramatically. While initially in the hospital it had been inferred to me that my father may not recover. Twelve months later

my father has gone from strength to strength thanks to Beaufort Hall and the care he has received there."

During 2017 the service has received one formal complaint and it had been handled in accordance with the provider's protocol. Actions were taken to resolve the issue of concern. People and their relatives told us they knew how to make a complaint if they needed to, although the majority said they had never needed to. One person said they had made one complaint in the past to the registered manager and this had been satisfactorily resolved. The remaining people we spoke with told us; "I've never had to complain, but I would speak to the manager, she will always listen" and "I've never had to complain. They're as good as gold here."

People had access to a range of activities and held the activities coordinator in high regard. Activities included church club, baking, films, arts and crafts, gardening club, exercises and trips outside of the service. Comments included; "I prefer to stay in my room, but they do invite me to join in"; "I only go to the things that interest me. I can keep myself occupied but there's enough for me to do here"; "I join in some of the activities, they're good"; "I would recommend living here. You're not told what to do. You can live your own life here". The activities coordinator has approached a charity who are leading practitioners in the provision of meaningful activities for older people. They are also trying to extend links with the local community and have approached a local nursery regarding possible future visits to the service. Relatives were welcomed to the service and could visit people at times that were convenient to them. People maintained contact with their family and were therefore not isolated from those people closest to them.

Is the service well-led?

Our findings

The provider did not have consistent effective systems and processes for identifying and assessing risks to the health, safety and welfare of people who use the service. Their auditing processes had not identified that the medicines were not consistently managed safely and that people were not consistently cared for in a safe and clean environment. The registered manager took immediate actions to address the identified shortfalls in the inspection and advised that they would review their audit comments and processes. They acknowledged that the audits should have identified the shortfalls as they were reviewed by the service. We identified that other audits conducted by the service identified actions that required to be actioned and were taken forward, such as fire risk and environment needs. As a response to these audits the provider was undertaking a major refurbishment programme to improve the environment.

All services registered with the Commission must notify the Commission about certain changes, events and incidents affecting their service or the people who use it. Notifications tell us about significant events that happen in the service. We use this information to monitor the service and to check how events have been handled. We found that the registered manager had sent appropriate notifications to us.

Staff felt well supported by the registered manager. Feedback from a recent staff survey confirmed that they were content working at the service. Comments included; "Good team morale" and "We are a motivated hard working team." The registered manager and the provider encouraged an open line of communication with their team. Regular staff meetings were held. We viewed minutes of the previous staff meeting and issues directly involving the running of the home were discussed, such as building and maintenance updates, the new call bell system, health and safety, training, safeguarding and the submission of the Provider Information Return to the Commission. This ensured that staff were kept up-to-date with operational issues.

People and their relatives spoke very highly about the registered manager and the provider. Comments included: "She's extremely good"; "The manager has been very, very good to me"; "The manager is a great woman, she's so lovely and really listens to you"; "The manager is lovely, I really like her. She's very approachable and very efficient"; "The provider is very good. They communicate well. They're very open. The registered manager is lovely and marvellous. She encouraged them to vote at the elections and they went to the polling booth"; and "overall it's brilliant."

People and their relatives were encouraged to provide their views through surveys and regular meetings. Regular meetings were held to seek people's views on the service and their thoughts on issues such as activities, food, laundry and the environment. In response to the comments received the service had set up a new church club and gardening project. A tasting evening had recently been held with wine to seek people's views on a new range of dishes. Comments from the most recent survey included; "Staff are always very accommodating, pleasant and easy to talk to. They're very patient, diplomatic and understanding" and "We as a family think our Dad is in the best possible place." One relative had requested that their mother be taken out more regularly. The activities coordinator had taken their comments on board and regularly takes people out of the service.

The provider has established a proactive relationship with local schools and colleges and the University of West of England, providing high quality work placements and encouraging young people to consider health care as a career. The provider also is a member of North Somerset Council's 'Proud to Care' Committee which is developed to support apprenticeships and recruitment into the care sector.

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 Medicines were not consistently managed safely.