Ambiance Care (Blackwell) Limited

Blackwell Care Centre

Inspection report

Blackwell Care Home
Gloves Lane, Blackwell
Alfreton
Derbyshire
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Tel: 01773863388

Date of inspection visit:
31 October 2016
03 November 2016

Date of publication:
09 December 2016

Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

This inspection took place on 31 October and 3 November 2016. The first visit was unannounced.

Blackwell Care Centre is a care home which provides accommodation, nursing and personal care for up to 49 people. On the day of our inspection 46 people were living there.

The service had a registered manager who was also one of the providers of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was last inspected on 22 July 2014 when we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) regulations 2010. The registered person had not established and acted in full accordance with the best interests of people receiving care where they were unable to provide their own consent. At this inspection we found the required improvements had been made. Also, the provider had not protected people against the risks associated with the unsafe use and management of medicines because they had not ensured appropriate arrangements for their administration, recording, handling and storage were in place. At this inspection we identified several areas where improvements were still required.

People were protected from bullying and harassment by staff who were aware of what to do if they had any concerns regarding this. Appropriate risk assessments were included in care plans and people's freedom was respected. Where it was appropriate people were involved in making decisions about taking risks. There were sufficient numbers of staff on duty to keep people safe, though these were not always deployed effectively enough to ensure people's safety. People's medicines were not always managed safely and we found some medicines had been opened and the date of opening not recorded.

People received care from skilled and trained staff who were aware of their responsibilities. Consent to care and treatment was sought in line with the Mental Capacity Act and Deprivation of Liberty Safeguards.

People were supported to have enough to eat and drink and fresh food was available. Where people required a specialist diet this was provided. Access to health and social care was readily available when necessary.

Positive caring relationships were seen between people and the staff who supported them and we saw kindness and compassion demonstrated in the home. People were supported to express their views and privacy and dignity was promoted and respected.

People's needs were responded to in a way that showed respect for their preferences and people were

involved in activities in the home. Activities were undertaken five days a week and, where people were unable to leave their rooms due to their medical condition, they were supported by the activities co-ordinator in social activities in their own rooms twice a week. Concerns and complaints were investigated and people told us they felt able to approach the registered manager with any concerns they had.

There was an open culture in the home and links with the local community enhanced the quality of life of people living in the home. The registered manager was a visible and respected leader who was aware of their responsibilities. This helped to ensure high quality care was delivered. This was monitored by a series of processes and robust records were kept.

We identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to safe care and treatment of people using the service. You can see what action we told the provider to take at the back of the full version of the 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 safe.

Medicines were not always managed safely.

People were protected from bullying and harassment by staff who were aware of what to do if they witnessed this.

There were sufficient numbers of staff available to meet people's needs.

Is the service effective?

Good

The service was effective.

People received care from staff who had a wide of training to support them in carrying out their caring role.

The requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards were carried out effectively.

People were supported to have sufficient to eat and drink and health care was sought when this was required.

Is the service caring?

Good

The service was caring.

Positive caring relationships were seen between people and the staff who worked in the home.

People were supported to express their views and make choices about how their support was provided.

People's privacy and dignity was respected by staff who were aware of how important this was.

Is the service responsive?

Good

The service was responsive.

People's preferences and what was important to them was

known and understood.

Staff understood the importance of supporting people to be actively involved in following their interests and maintaining relationships.

People felt able to raise any concerns they had and felt those concerns would be acted upon.

Is the service well-led?

Good

The service was well led.

People lived in an environment that was open and inclusive.

The registered manager and care staff were aware of their responsibilities.

Quality audits were undertaken to ensure the service provided was of a good quality.

Blackwell Care Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 31 October and 3 November 2016. The first day was unannounced. The inspection was conducted by one inspector, one specialist adviser who was a nurse and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service. This included the provider information return (PIR) and the notifications that the provider had sent to us. The PIR 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. The PIR also provides data about the organisation or service. Prior to the inspection we looked at notifications we received from the provider. Notifications are changes, events or incidents that providers must tell us about.

During the inspection we observed care practice, spoke with six people who used the service, two relatives, six members of staff, the registered manager and the provider. We also spoke with two professionals involved with the home. We looked at documentation, including five people's care and support plans, their health records, risk assessments and daily notes. We also looked at three staff files and records relating to the management of the service. This included audits of the service provision, staffing rotas, training records and policies and procedures.

We also undertook a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care and helps us to understand the experiences of people who could not talk to us due to their complex needs.

Requires Improvement

Is the service safe?

Our findings

At the previous inspection on 22 July 2014 it was identified that medicines were not managed and stored safely. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At this inspection we found there were still some actions that needed to be taken to make the administration of medicine safe. This was a breach of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 12 Safe Care and Treatment.

The date of medicines being opened always being recorded on documentation. By failing to do this the provider was putting people at risk from receiving out of date medicines which were no longer effective. Also, dressings to be used for pressure area care were not detailed in the care records of one person. Care records should contain details of where pain relieving patches were positioned on the body. One person had pain relieving patches prescribed but their care records did not always detail the position of reapplied patches. Finally, handwritten prescriptions on MAR sheets should contain at least two signatures. On this inspection we found this was not always the case.

We also noted risk assessments were not always carried out when this was required. For example, one person was wearing a lap belt but this was not identified in the care plan and a risk assessment had not been undertaken. We saw that risk assessments for the use of bed rails were not always carried out. By not undertaking risk assessments and putting practices to mitigate that risk the provider was not reducing the hazards people were at risk from.

Not all bathrooms contained clinical waste bins and where used continence aids required disposing of these were bagged and then carried to other areas of the home. This meant the risk of cross contamination to people was not minimised to help ensure their safety. Pedal bins did not contain bags which would also have helped to ensure better hygiene.

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

During our inspection of the home we noticed that several store room doors were not locked. The store rooms contained substances harmful to health, including fly spray, ant powder and sharps. We drew this to the attention of the registered manager who said they would ensure these doors were kept locked in the future. When we visited the home again on 3 November 2016 to complete the inspection we could see number coded locks were being fitted to all these doors.
People told us they felt safe in the home and told us their families felt they were safe too. One person said "Very safe. Nice people. I can't walk. Never had any falls". A family member said "It's very safe here". We saw that, on most occasions, staff were proactive in recognising and, where possible, reducing the risk to people. For example, we heard staff reminding people to use their walking frames when they stood up to walk.

One member of staff explained how they helped to keep people safe by encouraging them to use their walking frame if this was appropriate. They also said it was important to ensure there were no tripping

hazards in the room, for example no dining chairs sticking out of tables and appropriate shoes were being worn. They went on to tell us they felt it was important to supervise and monitor people while they were walking and we saw this happening on the day of the inspection. They also said they would explain to people why these things were important so they understood this was staff offering support to keep them safe. This showed that attention to detail was being paid to help keep people safe in some instances.

However, on one occasion we saw a person attempting to stand from a recliner chair and staff did not notice this for several minutes until the inspector pointed it out. We also saw one person walking along one of the long bedroom corridors asking for help and it was several minutes before a member of staff noticed them and went to their assistance.

Most people told us there were enough staff on duty to help to care for them appropriately. People told us there were enough staff to give them support when they required assistance and relatives told us there were always staff around and visible if anyone needed help. One relative said "They come quickly enough for me". We saw the staffing rotas for the following three weeks and could see the registered manager had identified where any extra staff were required to meet people's needs.
However, we saw on several occasions groups of three or four staff standing chatting and not engaging with people living in the home. This meant the staff were not monitored and deployed sufficiently well to help ensure safe practices were always followed. We discussed this with the registered manager who said they would monitor this more closely.

There was a safe recruitment process in place which helped to ensure that only people of good character were employed in the home. All of the necessary references and checks, including Disclosure and Barring Service (DBS) checks had been undertaken. Staff told us they did not take up employment until these had been completed. This helped to ensure people in the home continued to be protected from the risk of harm.

Medicines were administered by senior staff and nurses who had been trained to do this. Training included observations of medicines administered and they told us the registered manager had observed practice to deem competence. Medicines were audited accurately. There were photographs of people on the Medicine Administration Records (MAR) sheets to help ensure the correct medicine was given in a safe way to individuals. Allergies were also noted in the MAR sheets to inform staff about how to keep people safe.

Staff knew how to identify signs of abuse and what action to take if they saw anything that concerned them. When we spoke with staff they told us they were confident to raise any concerns with their line manager. They also told us they were confident to approach the registered manager if they didn't feel any action was being taken. Staff we spoke with were aware of the whistleblowing policy. There were emergency plans in place should the home need to be evacuated in an emergency and staff were aware of what to do. To help keep people safe equipment had evidence of up to date servicing records. This meant the provider had taken steps to protect people's safety while they used the service

Good

Is the service effective?

Our findings

At the previous inspection on 22 July 2014 it was identified that action was required with regard to gaining consent for care and treatment in full accordance with their best interests. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This relates to a breach of the Health and Social Care 2008 (Regulated Activities) Regulations 2014 Regulation 11 Need for Consent. At this inspection we found sufficient improvements had been made.

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. Records we looked at showed that, where people lacked capacity to make a decision about their care or support, the proper procedures had been followed.

People can only be deprived of their liberty so they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People we spoke with told us staff asked their consent before providing care and we saw evidence of this on the day. For example one person told us they were always asked if they wanted to receive personal care before it was delivered.

People and their relatives told us they were well cared for. Staff had received training so they had the appropriate skills to care and support people. Staff gave examples of some of their training and this included first aid, palliative care, infection control and tissue viability. When we looked at records we could see training was up to date for all staff, including yearly updates. Staff told us the training they received was good and felt it prepared them to undertake their responsibilities in the home. This meant staff were trained in the skills they required to care for people properly. The registered manager told us they believed training was very important for staff to help them undertake their roles and responsibilities. During our inspection we saw people were supported in a skilled way by staff.

Staff told us they had received an induction when they first started to work in the home which consisted of at least three days shadowing a more experienced member of staff. One member of staff told us they had not been allowed to work independently until they felt ready to do so and the registered manager supported them in this. Staff also confirmed they were not allowed to support people in moving with specialist equipment until they had been trained. Staff told us they could ask a more experienced member of staff for help if they required this and felt confident they would be supported. We saw staff caring for people in a skilled and knowledgeable way.

There was sufficient food available to people. One person said "The food is nice. You can have a snack if you want". A relative said "[Person] eats well" and "Their fluids are done very well". Another relative told us they chatted to the cook as they thought their relative could not swallow easily and the cook arranged for them to have softer food. People ate up to five courses a day including a cooked breakfast, cooked lunch, buffet

tea and supper.

People told us if they did not like what food was being offered at meal times they could have something else. When we talked to staff they told us it was no problem to get people an alternative if they wanted something different, for example a pancake. This helps to show other options were available if requested. However, there were no photographs of what meal was being prepared for that day on display in the dining room or communal spaces. This would have assisted people with dementia to be engaged with meal times and more likely to eat a nutritious diet.

There was only one choice of hot meal available at lunch time and some people told us they would like more choice. For example, one person said "There are no choices of food or drink. "Yes, it would be nice to have some choice". Another person said "The food is okay but I would like to have choices".

We saw the food on offer contained fresh ingredients and when we visited the kitchen we saw there was a variety of fresh vegetables available. Food stored in the refrigerator and freezer were within the appropriate use by dates. Kitchen staff were aware of who required special diets and how to prepare these. The registered manager explained how they, or one of their managers, ate a meal prepared by the kitchen every day to ensure quality was maintained.

Where people required support to get to the dining room for their meal this was done in an unhurried and dignified way, though some people were sitting at the dining table from 12 noon onwards and the meal wasn't served until 12.45pm. Two people were heard to say they were tired of waiting for their food. This meant some people were waiting a long time for their food sitting in a dining chair. People were offered drinks when they sat down but we saw staff were standing around in small groups chatting rather than engaging with people and helping to ensure lunch time was a social occasion.

People who required assistance with their meals were supported with dignity by staff who helped them. During this time staff were heard to talk more readily to the people they were supporting to make lunch time a pleasant experience for them. Food was appropriately prepared and served and people were offered seconds of the main course before they were offered their pudding. People who chose to eat in their rooms were supported to do this. This meant people were able to make choices about meal times.

People had access to health care professionals when this was required. We saw their physical health was being monitored and promoted and advice was sought from the local GP practice when this was required. One relative told us "They discuss any health concerns with me" and went on to say if their family member required any support from health care professionals this was provided. Another relative told us their family member required frequent medical interventions and said "They get picked up quickly as [person] gets more confused". They went on to say "The doctor comes to give some antibiotics".

When we looked at care records we could see there was clear documented evidence and that referrals had been made to GP's, podiatry and speech and language therapy when this was required. Records also showed that people had been referred for sight and hearing checks on a regular basis. We spoke with two health professionals involved with the home who confirmed staff were very good at recognising when someone required a visit from a health care professional and that their advice was carried out regarding any care or treatment for people.

One professional said they "Promptly seek advice" This meant people's health was being monitored and maintained with appropriate health care.

Good

Is the service caring?

Our findings

People were complimentary about the staff team at Blackwell Care Centre and one person said "Yes I like it here, the people are nice". Another person said "Yes I can talk to the staff and manager, very friendly; we get on very well together". A relative said "Yes, I think [person] is happy, we can come and go as we wish. I come on Christmas day and birthdays as well". Another relative said "Very friendly. It's like home from home. I always feel very comfortable when I come here. All the staff talk to you. They know most of the relatives by name".

People who lived in the home and their relatives said they felt the staff were very caring and felt staff knew how to look after them. They also told us they felt very comfortable with staff. These comments from people and their relatives showed the staff were working with people in a caring and kind way. People told us that, when they were unhappy, the staff would come and talk to them to find out what they were worried about and try to cheer them up.

We saw staff were kind and gentle with people and they made eye contact with them. Staff did not rush people when they were helping them with their personal care and support. We saw staff supported people in a way that showed caring and understanding relationships. For example, staff chatted to people while they were helping them to move around the home and we saw they spoke with them in a kind and respectful way. One member of staff told us it was important the home provided a homely atmosphere, they said "It's nice to make the resident feel it's their home".

Staff explained how they got to know people when they first came to live in the home and how they made them feel welcome and comfortable by getting to know what was important to them. Also by learning about the things people enjoyed in life. One member of staff said how important it was to give time for people to feel comfortable and settle in the home and they never "Push" people before they are ready. One member of staff said we "Adapt care to fit in with people's personalities". Another member of staff said "I love my job, I love caring". This meant people were being supported by staff who valued the importance of people living in a homely atmosphere and enjoyed their work.

People and their relatives told us people were able to make their own decisions within the home where this was possible. For example, deciding when to get up in the morning, what they were going to wear that day and what activities they took part in. We saw on the day of our inspection that people were being supported to undertake different activities of their choice.

People told us they felt they were treated with respect. One person said "Yes, they seem to respect me here". Another person said "The staff are very caring and respectful". People and their relatives told us that staff respected privacy and knocked on their doors before entering the room. People also told us they always felt staff helped to maintain their dignity when they were providing personal care by being kind. We saw the staff help to maintain peoples' dignity when they were using mobile hoists by adjusting their clothing and continually talking to them and telling them what was happening. Staff told us how they shared information between themselves about how individuals liked to receive their personal care to maintain their dignity.

Staff gave examples of how people liked their bed time routine to be supported and said they always ensured they did this.

The registered manager was very proud of the way they supported people with their end of life care. All staff had been trained in how to support people, and relatives through end of life, and the registered manager gave some examples of what they had done to support people's last wishes.
The home has the 'End of Life Care Award" given jointly by Derbyshire County Council and McMillan Cancer Care.

Good

Is the service responsive?

Our findings

People told us they could make decisions for themselves. Some people also told us about the activities they enjoyed doing, for example, knitting, painting and going out on trips to the supermarket. We saw when people wanted something it was provided for them, for example, one person wanted to read a book together with a member of staff and this was done.

The registered manager undertook all the assessments of people's needs prior to them being invited to live in the home to ensure their needs could be met. They also found out what their likes and dislikes were so they could support them in this area while they were living in the home. Staff said it was important to respect people's preferences and that person centred care was "About the individual", also that "Everyone is different and it is important we respect and support that". This helped to show staff were aware of the importance of responding to peoples wishes and aspirations in a person centred way.

There was an activity room that had recently been refurbished to provide the best possible environment for people to undertake activities. We spoke with the activities co-ordinator who explained how they arranged activities for people by talking to them about what they were interested in. One person told us they enjoyed the cinema when they chose what film they wanted to watch and were given sweets and ice creams like going to the real cinema outside of the home.
The activities co-ordinator told us they got to know what people liked and then tried to do it with them at least once a week. They explained where people couldn't leave their rooms they would visit them in their rooms at least twice a week, either to chat or to support them in hobbies they were interested in. For example they might give people a hand massage, do jigsaw puzzles or paint and make craft work. We asked staff if people were supported to follow interests and one member of staff said "Yes [activities co-ordinator] does a good job".

The activities co-ordinator told us it was important to encourage people to take part in their hobbies and interests. They explained if people weren't interested initially, they would spend time with them and introduce new activities until they found something they enjoyed doing. They also told us they went to residents meetings so they could talk to them about what new events they might like to become involved with. They told us people enjoyed singing and every month someone would come into the home and sing for residents. This included singing songs and tunes from past decades which would have been part of people's lives before they came to live in the home. The activities co-ordinator said "It's nice to spend time with residents" and went on to say "I love my job".

Outside there were two gardens, a memory garden and a dementia garden. The walls around the dementia garden had been painted to look like a street with shops and a telephone box. This helped people with dementia to walk outside in the fresh air and reminisce about earlier times. We also saw there was sensory equipment available for people to use if they would benefit from this, for example, unusual lighting and movement. This meant the home were providing ways to stimulate senses when they could no longer get out of bed or interact with people in a full way.

We saw, where possible, people were supported to be in control of their lives and make their own decisions. They were encouraged to make decisions for themselves. Staff had a good understanding of, and were knowledgeable about, people's individual likes and dislikes. They were able to tell us about people's care and support needs and preferences regarding the way they liked to receive their personal care. People's care plans had been reviewed and contained information about how they liked to live their lives. This helped to support staff in their caring role. The registered manager said "I don't like care plans that are generic" and went on to explain how important it was they were individual to different people and reflected their likes, dislikes and goals. They went on to say it was important a member of staff could pick up a care plan and understand what the person wanted from their lives. The registered manager also said it was important that small requests were listened to and changes made in the home if this was possible. For example several people had requested their doors were painted in specific colours and this was arranged.

People were encouraged to maintain family relationships and occasionally family members stayed over in the home when the weather was inclement or they did not want to leave their loved one. Relatives and visitors were able to make themselves drinks from the machine in reception so they felt comfortable in getting themselves and their family member a drink. Relatives were supported to spend meal times with their relatives in a separate area if they wished this.

There was a complaints system in place and complaints had been recorded and investigated in a timely manner. People told us they were confident in raising concerns and complaints with the staff and the registered manager. They told us they believed their complaints would be listened to and acted upon. This meant that people had the confidence to ask for changes in the home and felt they were responded to.

Good

Is the service well-led?

Our findings

People told us they knew who the managers were and said they came to speak with them regularly. They also told us they had confidence in the way the registered manager ran the service and they felt it was well managed. One relative said "The manager is lovely. Like talking to a friend. [Registered manager] takes on board whatever you say to them". We saw people were happy and relaxed to talk to the staff team. We looked at the comments book and saw positive comments from visitors to the home including "Nice warm greetings from staff".

Staff told us they believed the service was well led and they enjoyed working in the home. They told us they were happy in their work and knew what their responsibilities were. One member of staff said "Everybody here knows what they're doing"; they went on to say they learned from each other. They also told us they felt comfortable asking about anything if they felt unsure and that they would be supported. Another member of staff said they thought the manager was "Fair", in the way they managed the home and deployed staff. They said the registered manager knew how to use the different skills of staff around the home to provide the best possible care for people living there. Staff told us they felt supported and had supervisions with their line manager every six months. The registered manager said "I want them [people and staff] to feel comfortable coming to me about anything".

Some members of staff were supernumerary to the requirements of caring needs in the home. This was to help ensure the quality of service provision was maintained. There was extra staff time to ensure mattress care and quality was maintained, end of life care was provided in a quality way and people's nutrition was maintained. Medicines audits were undertaken by the registered nurses in the home, however, the quality of these audits was not always effective in ensuring medicines were managed, for example, when medicines were opened the date of opening was not always recorded.

We saw the registered manager promoted a personalised culture within the home and was open to any improvements that might be made. They were also looking for ideas to drive forward improvements in the home. This meant the home was continually striving to improve the experience of people who lived there. For example, the home was currently having a conservatory built so people could have a better view of the outdoors. Also, when we identified the risks around unlocked doors they were quick to arrange for push button locks to be fitted to doors that contained dangerous substances. The registered manager said "I put my heart and soul into it [the home] there's nothing I wouldn't do". The registered manager also spoke about how important it was the staff team respected each other as this reflected how staff showed respect to people who lived in the home.

People were involved in the running of the home and we saw residents and relatives meetings were held twice a year. We also saw there had been a staff meeting held in September 2016 with notes and actions for the next meeting. There were monthly newsletters published for people living in the home their relatives and another for staff. We saw evidence of these and the registered manager told us they believed it was a good way of communicating information to people on a regular basis to keep them up to date with what was happening in the home. Every six months, questionnaires were sent to people and their relatives to ask

them their views on the care provided in the home. Action plans were formed from the feedback.

The registered manager had a clear vision for the home and placed a strong emphasis on caring and kindness. The manager told us they felt it was important to lead by example and to be organised. They said they "Expect staff to be professional and have etiquette but expected them to have a bit of fun in a homely atmosphere". In this way the registered manager was leading the staff team to be balanced and responsible.

Resources were managed so there were funds available should the need arise for equipment in the home. There was a system in place for quality assurance. These included monthly and quarterly audits and checks in all areas of service provision, including care plans. We saw evidence of action being taken when any issues were identified. For example, there was a system in place for analysing accidents and incidents and action taken to address those risks. The registered manager also monitored hospital admission so they could check and monitor if there were any recurring incidents which necessitated hospital admission so these could be reduced. In this way the registered manager was pro-active in helping to ensure the home provided a safe environment for people. The registered manager had a monthly task list which was displayed on the wall in the office which supported the open culture in the home.

The home had links with the local nursery, local schools, and the Scouts movement, when children come into the home at various times to spend time with people living in the home. There are also contacts with a local charity that provide visitors with pet dogs into the home for people to enjoy.

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 Diagnostic and screening procedures Personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Deployment of staff to keep people safe. Medicines not recorded date when opened.