

Pro Care Homes Limited

# The Sylvester Care Centre

## Inspection report

77-79 Reads Avenue  
Blackpool  
Lancashire  
FY1 4DG

Tel: 01253625777

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

This inspection took place on 17 and 19 February 2016 and was an unannounced inspection.

On the day of inspection there were twenty five people living at the home.

The Sylvester Care Centre is located in a residential area in central Blackpool. The home is registered to provide residential care and support for up to 25 people. There are twenty one single rooms and two double rooms, eleven of which have en-suite facilities. All floors have a range of bathrooms and toilets in close proximity to people's bedrooms and communal areas. The home is situated close to local amenities.

A scheduled inspection of the service was last carried out in June 2014. The service was not meeting the requirements of the regulations that were inspected at that time. There were breaches in infection control, records and staff recruitment. A follow up inspection was carried out in August 2014 to check if the home had become compliant with those regulations. On that inspection they were meeting the assessed regulations.

There was a registered manager in place. 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 in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe living at The Sylvester Care Centre. The registered manager had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff we spoke with knew the steps they would take if they became aware of abuse. Risk assessments were in place to reduce risks to people's safety. However some practices while keeping people safe, restricted people's freedom and independence.

The communal areas of the home had been redecorated and a downstairs bathroom had been refurbished to make a more comfortable environment. A new office and medicines room had been created at the edge of the dining room. This helped the management team to monitor what was happening in the home. However a number of bedrooms were in a poor state of maintenance and décor and were sparse of personal belongings.

Medicines procedures were not always followed or medicines given as prescribed. There was no individual person-centred guidance in place for people's PRN pain relieving medicines, as recommended in current national medicines guidance NICE Managing Medicines in Care Homes guidance March 2014. On occasions the spacing between doses of the pain-relieving medicines containing paracetamol did not leave a gap of minimum 4-6 hours. Not leaving an adequate gap between doses of this medicine could place people at risk of unnecessary side effects.

People told us staff were respectful and caring and respected their privacy. Staff were available when people needed them to assist with people's personal care needs. However activities were limited by the way staff were deployed. People said they were often bored and there was nothing to do. People living with dementia were often left with little interaction or meaningful activity.

Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) which meant they were working within the law to support people who may lack capacity to make their own decisions.

People told us the meals were good but drinks and snacks were only provided at set times. However senior staff said this was not the case and meals and snacks and drinks were available at all times.

Although people we spoke with told us they had no complaints, people's understanding on how to complain if they were unhappy with something was variable.

There were procedures in place to monitor the quality of the service. Any issues found on audits were acted on. People said they could talk to the staff and express any ideas or concerns informally. However there were no formal ways of contributing to the running of the home or to air their views.

You can see what actions we have asked 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 always safe.

Although risk assessments were in place to reduce risks to people's safety, some practices restricted their freedom and independence.

Medicines procedures were not always followed or medicines given as prescribed.

Staff recruitment was safe and staffing sufficient for people's personal care needs. However activities were limited by the way staff were deployed.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

People told us choice of meals and the times they could have food and drink was limited. Senior staff disagreed and said food and drinks were available at all times. Clearly there were different understandings of this.

The home was providing care for several people living with dementia. However the home was not designed or adapted to meet their needs and maintain their independence.

Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS). They were working within the law to support people who may lack capacity to make their own decisions.

The staff we spoke with told us they had access to training and support and were encouraged to develop their skills and knowledge.

### Is the service caring?

**Good** ●

The service was caring

People told us staff were supportive and caring and respected their privacy.

Staff knew and understood people's history, likes, dislikes, needs and wishes.

We observed staff assisting people in a respectful and patient way.

### **Is the service responsive?**

The service was not always responsive

There were limited social and leisure activities available so people spent a lot of time inactive and without staff engaging with them.

Although people we spoke with had no complaints, people's understanding on how to complain if they were unhappy with something was variable.

Care plans were personalised and were regularly reviewed.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well led

People were able to informally give their opinions on how the home was supporting them. However there were no formal mechanisms to do so.

There were quality assurance audits in place to monitor the health, safety and welfare of people who lived at the home. Any issues found on audits were acted upon.

There was a transparent and open culture that encouraged people to express any ideas or concerns.

**Requires Improvement** ●

# The Sylvester 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 17 and 19 February 2016 and was unannounced. The inspection team consisted of an adult social care inspector and an 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. The expert by experience for the inspection at The Sylvester Care Centre had experience of services that provide support to people with mental health difficulties.

Before our inspection we reviewed the information we held on the service. Information from a variety of sources was gathered and analysed. This included notifications submitted by the registered persons relating to incidents, accidents, health and safety and safeguarding concerns which affected the health and wellbeing of people who lived at the home.

Information was collected from a variety of sources throughout the inspection process. We spoke with a range of people about the service. They included the registered manager, the deputy manager four staff responsible for delivering care and the cook.

We spoke with seven people who lived at the home to obtain their views on what it was like to live there. We also observed interactions by staff to try and understand the experiences of the people who lived at the home.

We looked at the care records and the medicine records of three people, the previous four weeks of staff rotas, staff training records and records relating to the management of the home. We looked around the home to assess the environment to ensure it met the needs of the people who lived there.

We also spoke with health care professionals, the commissioning department at the local authority and

contacted Healthwatch Blackpool prior to our inspection. Healthwatch Blackpool is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced whilst living at the home.

# Is the service safe?

## Our findings

People said they felt safe and staff looked after them well. One person said, "The staff help you feel safe." Another person told us, "This is a great service and I am happy with the support provided." We saw people were comfortable and relaxed when talking with or supported by staff. However some systems and care practices reduced the safety of people.

We looked at how medicines were managed. Medicines were ordered appropriately, checked on receipt into the home, and stored and disposed of correctly. There was no individual person-centred guidance in place for people's PRN pain relieving medicines, as recommended in current national medicines guidance NICE Managing Medicines in Care Homes guidance March 2014.

Where people living with dementia were not able to communicate their pain verbally, there was no pain care plan in place. There was no information about how a person's pain should be assessed and managed. For example whether the person was able to request pain relief, or whether staff needed to carry out assessments of their level of pain. Formal pain assessment tools were not in use to assess people's level of pain, which may have left people at risk of inadequate pain management.

On occasions the spacing between doses of the pain-relieving medicines containing paracetamol did not leave a gap of minimum 4-6 hours. Not leaving an adequate gap between doses of this medicine could place people at risk of unnecessary side effects.

Staff had received training in medicines and signed the medicines record immediately on giving each person their medication. However we saw staff on two occasions left the medicines cabinet and room door ajar and walked away as they took people their medication. This reduced the safety of the administering of medicines. There were audits in place to monitor medicine procedures and to check people had received their medicines.

This was a breach of Regulation 13 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

No one had medication given covertly and staff were aware people had the right to refuse medicines. They also knew the process to follow if a person did not have the mental capacity to choose whether to take medicines.

There had been a safeguarding alert raised about the service since the last inspection, where a person received a serious injury in the home. The safeguarding had been substantiated. Staff took action to reduce the risk in response to this accident. They informed the Care Quality Commission (CQC), the safeguarding team and other relevant people and co-operated with the subsequent investigation.

There had also been a safeguarding alert raised about the management of a person's finances. It was found the financial procedure had not been followed.



We spoke with staff about their understanding of abuse. They were able to explain the actions to take if they became aware of abuse. This helped reduce the risk for people from abuse and discrimination.

There were procedures in place to protect people who lived at the home from abuse and unsafe care. Risk assessments were in place which provided guidance for staff and assisted them in providing safe care. This reduced risks to people. However restrictions did not always allow people to have the most freedom possible. People were restricted by the practice of keeping the main doors locked and accessible by staff keys only. People told us they had to ask staff when they wanted to go out. Two people said they did not like this. The registered manager said they would look at ways to reduce the restrictions for people who were able to safely leave the home unaccompanied.

We checked a sample of water temperatures. Those in use were delivering water at a safe temperature in line with health and safety guidelines. However several washbasins had no water flowing from the taps. One reason was because the water pressure was too low on the upper floors. A plumber attended to the low pressure on the second day of inspection and the water flow in those rooms was then sufficient.

The water in the wash basins had been turned off in particular rooms. Staff told us this was because the individuals flooded the rooms if they had a water supply as they turned on the taps and left them on. Risk assessments were in place. However there was limited information about how this decision had been made or whether other options, such as self-closing taps had been considered. We also saw plugs had been removed from some bathrooms which made it difficult for people to use the bath or washbasins without going to staff for a plug. The registered manager said they would look at alternative ways of managing this risk.

A fire safety policy and procedure was in place, which outlined action to be taken in the event of a fire. A fire safety risk assessment was not in place on the first day of our inspection. Staff were unable to unlock one person's room with the master key which would be a problem in an emergency. The fire safety risk assessment and personal evacuation plans had been completed when we returned on the second day. This helped staff understand what to do to keep people who lived in the home and themselves safe in case of fire. The main doors were on automatic release in response to fire alarms.

Risk assessments for communal areas and bedrooms in the home had been completed. However we saw on the first day of inspection the ramp into the back garden was very slippery and was a hazard. This was rectified by the second day.

Records were available confirming gas appliances, electrical facilities and other equipment complied with statutory requirements and were safe to use. Legionella checks had been carried out. Equipment had been serviced as required.

Staff spoken with were familiar with the individual needs and behaviours of people. We talked to staff about how they supported people whose behaviour may challenge the service. They showed us information on how to support people when they became distressed or agitated. We looked at records to see if action was taken in response to accidents or incidents. We saw changes had been made to care where people had fallen or been injured. Complaints, concerns, whistleblowing and investigations were discussed for lessons learnt.

We looked at the recruitment and selection procedures for the home for two recently appointed staff. The registered manager explained the processes they followed when recruiting staff, to reduce any risks of employing unsuitable staff. The staff files we looked at showed us, gaps in employment histories were

explored. References had been received before new staff were allowed to work in the home. A Disclosure and Barring Service (DBS) Check (formerly CRB check) had also been received. These checks are made by an employer to reduce the risk of appointment a person who was unsuitable to work with vulnerable adults. Members of staff told us they had not been allowed to start work until all references and DBS checks had been received.

We looked at how the home was staffed to make sure there were enough staff on duty at all times to support people. We talked with people who lived in the home and staff, checked staff rotas and observed if there were enough staff to provide safe care. We saw people who requested help with care were responded to in a timely manner. However there were few activities and limited interaction by staff. People said there were enough staff to care for them but not for outings and activities. One person said, "There are always staff around to help if you need them." Another person, said, "You don't have to wait long if you want help." Staff were confident there were enough staff to provide safe care and said they could ask for extra help if needed.

## Is the service effective?

### Our findings

People told us they had a problem getting snacks or drinks outside of meal times. They said the meals they had were filling but there wasn't much of a choice. They told us meals were at set times through the day and they were unable to have tea or coffee out of these times. However senior staff told us people were always able to have food and drink available to them 24 hours a day, meals were not strictly to time table and some people chose to eat at different times. They said people who lived in the home had their own fridge in the kitchen. They could store food items and drinks which they had bought whilst out of the building or items brought in by family/friends. They said people accessed the kitchen to make their own drinks. Also there were plans to change the registered manager's old office into a room where people could make drinks.

There were mixed views about supper. People told us they usually just had biscuits and a drink for supper. Staff told us people were given soup, toast or sandwiches and fruit and drinks for supper. One person said, "There hasn't been tea and biscuits at 6pm for the last few days and we have had to wait until 7pm because staff are busy putting other residents to bed." Senior staff disagreed with this and said suppers were provided three or four times throughout the evening and then on request after 11pm. From the comments above it appeared there was some confusion over the frequency and flexibility of food and drinks. People who spoke with us, clearly felt they were restricted in their food and drink choices, even if this was misunderstood. They told us they had not had the opportunity to discuss their understanding of and views on the current food and drinks routines and wanted to do so.

We spoke with the cook who told us they maintained records for those people who had allergies or special dietary requirements. They told us they met with care staff to discuss people's needs. There was information about each person's likes and dislikes in the care records and the kitchen. Staff were familiar with each person's dietary needs and any allergies. Special diets were provided where needed. The meals for the day were recorded on the notice board in the dining room and in a food served book. Menus and food records seen showed alternative meal options were offered.

We observed the support given to people at lunchtime. People were taken into the dining room from 11.30am, although lunch was not until midday. This was a long time for some people to wait as they were sat alone and unoccupied.

People were encouraged to eat together. The dining room was clean and warm and people looked relaxed and comfortable. The meals we saw were well presented and looked nutritious. There looked enough for people to eat. Staff checked to see if people needed assistance with their meal. A member of staff sat with one group of people with high support needs, to assist and encourage them to eat their meal. This helped people to have sufficient food and drinks throughout the meal.

People told us of regular health care visits. They said any changes in health were managed in a timely manner. We saw from care records specialist dietary, mobility and equipment needs had been identified in care plans. Staff made referrals to other health and social care professionals as needed. They supported people with appointments. The registered manager told us of the links with health professions to ensure the

most effective care and support for people.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The MCA DoLS requires providers to submit applications to a 'Supervisory Body' for authority to do so.

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 spoke with staff to check their understanding of the MCA and DoLS. Staff considered people's capacity to make particular decisions. Procedures were in place to assess people's mental capacity and to support those who lacked capacity to manage risk.

Staff demonstrated an awareness of the MCA code of practice and confirmed they had received training in these areas. The registered manager showed us DoLS applications which were in place for people who lacked mental capacity. She had recently applied for a DoLS for several people in the home who had limited mental capacity. We saw there were restrictions in place for a number of people living with dementia. This included the front door being locked to keep people safely indoors. Risk assessments were in place in relation to these. However the doors being kept locked affected other people who had capacity, leaving the home.

We saw there were also restrictions on people keeping their cigarette on them. We checked with people that they agreed to staff holding their cigarettes. They said they did. One person said "I would smoke them all at once if I kept them, then I would have none." This information was recorded in the risk assessment,

We saw from care records these had been signed by people and where appropriate their relatives. This showed they had been involved in and consented to the person's planned care within the last year. However from conversations with people they didn't know much about their current care plans.

People were not supported to maintain their independence by the physical environment they lived in. The people who lived in home included people living with dementia but there were few measures to improve well-being and independence for them. There was little signage around the home and few dementia friendly furnishings or contrasting coloured equipment. The doors around the home had little to distinguish one from another, so it was difficult for people to orientate themselves around the home.

The management team acknowledged there were still a lot of improvements to be made to the environment. Several bedrooms were poorly maintained and decorated and were not comfortable or personalised. Flooring in one room was cracked, taps were 'wobbly' and windows were taped up or unable to be opened in several rooms. There had been recent damage to ceilings and walls from the recent rain and gales. Repairs had been arranged for the water damage but as it was outside work was dependent on weather.

The management team had started to improve the standard of décor in communal areas. The dining room and lounge had been redecorated and looked comfortable and inviting. A new wet room had been completed. The registered manager had moved her office from the back of the home where she was 'out of the way of things' to near the lounges and dining room. The new office and a medicine room had been added to the corner of the dining room. This helped the management team to observe how people were and monitor staff. The old office at the back of the home was being redecorated to become a small lounge.

Through records available and talking with staff we saw they had national qualifications in care. The staff we spoke with told us they had good access to training and were encouraged to develop their skills and knowledge. All but a new member of staff had completed national qualifications in care. Staff told us they had received training in safeguarding, moving and handling, dementia, mental capacity and DoLS and did not have sufficient knowledge in this area.

We saw from supervision records staff had received formal supervision on a regular basis. We also spoke with staff who confirmed this. This is where individual staff and those concerned with their performance, typically line managers, discuss their performance and development and the support they need in their role.

We recommend the service finds out more information, based on current best practice, in relation to the specialist needs of people living with dementia.

## Is the service caring?

### Our findings

People we spoke with told us staff were caring and supportive. They told us they were happy and comfortable at the home. One person said, "I am very happy and content being here at this service the staff go above and beyond their duties to make us happy." Another person told us, "On the whole this service is very caring and the staff are great with us and have a lot of time for us."

We saw people spending time in communal areas of the home or relaxing in their bedrooms. They said staff supported them as they wanted. We observed staff interacting with people in a respectful and compassionate way, giving people time to respond to information. We saw staff moving and handling people correctly and carefully. They talked to them about what they were going to do and why, so people knew what was happening. People looked cared for, dressed appropriately and well groomed. One person said, "Staff are really nice and helpful when I need them." Questions or requests from people were handled appropriately and in a kindly way by staff. They responded to any requests for assistance promptly.

We saw staff interacted with people as they carried out their duties. One person told us, "I describe my care as excellent and the staff are always there when you want a chat." Another person said, "I find the staff very caring and compassionate."

People told us they could trust and rely on staff and they were friendly and respectful. Staff were aware of people's needs around privacy and dignity. Personal care was provided in a discrete and sensitive way. Staff spoke with people in a respectful way. They knocked on bedroom and bathroom doors to check if they could enter. They made sure people's privacy was assured when providing personal care. There were privacy screens in shared rooms.

We saw Independent Mental Capacity Advocates (IMCA's) had been involved where people had been assessed in relation to DoLS applications. Information was available about how to get support from independent advocates so people had a 'voice' where there was no family involved. One person we spoke with told us they were aware of and had used an advocacy service.

We saw people had information in place about their preferences for end of life care. We saw one person who had a life limiting illness had chosen to refuse treatment. Appropriate documentation was in place. They had wanted to remain in the home if possible. The registered manager had arranged for support for the person when needed, by palliative care specialists. They would also be available to advise and assist the staff team.

We had responses from external agencies including the social services contracts and commissioning team, Healthwatch and local district nursing teams. Links with health and social care services were satisfactory. They told us there were no current issues with the care provided. These responses helped us to gain a balanced overview of what people experienced.

## Is the service responsive?

### Our findings

People told us there were few activities in the home other than watching TV and smoking in the back garden. People told us there were rarely activities and they were frequently bored and 'there was nothing to do'. One person said, "Nothing ever happens here, no fun or anything. We just sit here." People told us they didn't have trips out and didn't get out enough.

There was a calm atmosphere but a distinct lack of activity when we inspected the home. People sat gazing at the TV or dozing. We saw around twenty people who were sitting in the lounges or dining room with little to occupy them during the inspection.

We observed staff interactions with people. Staff made sure people's personal care needs were met. They talked with people as they went about their duties. Staff were pleasant and kind, but there were few social or leisure activities. We saw three people played a game of dominoes with staff in the afternoon but this was the only social activity we saw staff engage people in.

Where people were motivated to carry out activities independently, they completed puzzle books or read. However this involved only four people. Other people spent a lot of time sitting quietly or sleeping in chairs, particularly where people were living with dementia. Where people were unable to occupy themselves unsupported, this made for a long and unstimulating day.

We observed one person living with dementia at intervals throughout the inspection. We observed the person walking around the home alone or sleeping in a chair. We observed that for over two hours there were two kind but brief interactions but otherwise the person sat alone, either sleeping or with little interaction or activities throughout this period. We saw few staff interactions with other people with the exception of the domino players throughout this time.

People told us staff encouraged their relationships with family and friends. They said their relatives were made welcome when they visited.

We looked at three people's care records. Each person had a care plan and risk assessments in place. These had been improved and developed and were informative and personalised. They gave details of each person's life history, likes and dislikes, the person's care needs and support provided. We saw these were reviewed monthly and a summary report of each month completed. People said they and their relatives, if appropriate were involved in care planning. However they told us they were unsure about their content.

We looked at the complaints policy and asked people if they knew how to raise a concern or to make a complaint. There was a mix of views. Four people told us they knew how to complain. One person said if they had something they weren't happy about they would approach a member staff. Two people said they were not sure how to complain because they have never needed to make a complaint. They added they thought they would talk with staff or social worker, but repeated they had nothing to complain about. Although people we spoke with had no complaints, people's understanding on how to complain if they were

unhappy with something was variable. There had been no complaints over the last year. Staff said they talked to people and tried to deal with any minor issues so they did not become complaints.

We recommend the registered provider develops a person centred, flexible way of working, and provides suitable person-centred activities within the service or in the community.



## Is the service well-led?

### Our findings

People told us the registered manager and staff team were approachable and willing to listen to ideas or concerns. There was a transparent and open culture that encouraged people to express any ideas or concerns. One person told us, "The staff always listen if you need to talk."

People told us they felt they could talk with staff. However there were no formal ways to contribute to the running of the home, no residents meetings held or surveys requesting their views. We talked with the registered manager who said they did not formally ask for people's opinions. This limited opportunities to discuss any ideas or concerns or to bring about changes in the homes routines.

There was a clear management structure in place. The registered manager and staff team had clear lines of responsibility and accountability. Staff were familiar with the needs of the people they supported. Staff had shift handovers so they were informed of all relevant information relating to people who lived at the home.

The registered manager maintained records to demonstrate equipment was appropriately maintained and serviced in a timely manner. A rolling programme of redecoration to improve the standard of décor and furnishings in the home had commenced.

There were procedures in place to monitor the quality of the service. We saw audits were being completed by the registered manager to monitor the quality of the service. These were given to the nominated individual so they were aware of any issues or concerns in the home. The nominated individual visited the home several times each week. They informally checked how the home was running by speaking with people who lived in the home and staff. The home had received accreditation with a national organisation which assisted services to explore practices and outcomes in leading, supporting and improving the service. Audits included monitoring the home's environment and equipment, care plan records, medication procedures and maintenance of the building. Any issues found on audits were acted upon.

The registered manager and staff team spent time talking with people and discussing what they wanted from the service. People were able to informally give their opinions on how the home was supporting them. However there were no formal mechanisms to do so. People told us concerns were listened to and acted upon.

Staff told us they received regular one to one supervision where they could discuss any issues or ask for guidance or training. They said they were supported by the management team and they were able to suggest ideas or opinions. One member of staff said of the management team, "You can ask anything. They are helpful and supportive." Another member of staff said, "I am very happy here. The manager is so kind and listens."

Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met. There were good relationships with other services involved in people's care and support.

We recommend the registered provider develops ways of formally seeking the views of people who lived at the Sylvester care centre.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  People were not protected against the risks associated with medicines because the registered person did not have appropriate arrangements in place to manage medicines.