

# Yorkshire Property Investment Fund Limited

# Ernelesthorp Manor & Lodge

## Inspection report

Cow House Lane  
Armthorpe  
Doncaster  
South Yorkshire  
DN3 3EE

Tel: 01302834643

Website: [www.ernelesthorpcarehome.co.uk](http://www.ernelesthorpcarehome.co.uk)

Date of inspection visit:  
17 July 2018

Date of publication:  
14 August 2018

## Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

The inspection took place on 17 July 2018 and was unannounced. The last comprehensive inspection took place in June 2017, when we identified a breach in the well led domain and the service was rated requires improvement. At our inspection of 17 July 2018, we checked if improvements had been made. We found that the provider had failed to make or sustain sufficient improvements in this area. You can read the report from our last inspections, by selecting the 'all reports' link for 'Ernelesthorp Manor and Lodge' on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Ernelesthorp Manor and Lodge is a care home. People living in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Ernelesthorp Manor and Lodge can accommodate up to 65 people. At the time of our inspection 36 people were using the service. The registered provider had closed part of the service known as the Lodge and people had moved from the Lodge to vacancies available at the Manor. There was no refurbishment or other plans in place for the future of the Lodge.

At the time of our inspection the service had a registered manager. 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.

Risks associated with people's care and treatment were not always identified or managed safely. This put people at risk of not receiving the right support to meet their needs and showed the registered provider was not doing all that was reasonably practicable to mitigate risks associated with people's care and treatment.

We completed a tour of the home with the registered manager and found that some environmental risks which had not been identified prior to our inspection.

Accident and incident analysis was not taking place effectively and there was no evidence that trends or patterns were being identified, or that actions had been taken to reduce hazards in relation to people's care.

The registered provider did not always ensure that safe arrangements were in place for managing people's medicines. We found some people were prescribed medication to be taken as and when required known as PRN (as required) medicine. However, whilst some people had protocols in place to guide staff in how these should be administered, some people did not have these. The protocols that were completed had not been reviewed. We also saw that eye creams and ointments were not always dated when opened. Medicines in stock did not tally with the amount recorded on the MAR sheets. Therefore, we could not evidence that people had received their medicines as prescribed.

The registered provider had a system in place to safeguard people from the risk of abuse. Staff told us they received training in this subject and confirmed that they would take appropriate action if they suspected abuse. During this inspection we identified two safeguarding concerns which were reported to the safeguarding authority.

The registered provider ensured that there were enough numbers of suitably qualified staff to support people to meet their needs. However, staff told us that there were times during staff breaks, when staff were short supply.

The registered provider ensured that staff received training and support to carry out their role. Staff told us they felt supported by the registered manager.

People's needs and choices were assessed but care and treatment was not always delivered in line with current legislation and standards. Care records did not clearly evidence if people's needs were being met. People mainly had access to healthcare professionals, however there were occasions where this was delayed or did not happen.

People were not always supported to have maximum choice and control of their lives and staff did not always support people in the least restrictive way possible; the policies and systems in the service were designed to offer people maximum choice. Some people, who lacked capacity, did not have best interest decisions in place for the use of bed rails and specialist chairs which posed a restriction. However, we saw some people had clear documentation regarding other decisions such as personal care. We have made a recommendation that the registered provider ensures that all aspects of the MCA are being adhered to.

People received support to maintain a balanced diet. Meals provided were nutritious and looked appetising. However, where people were at risk of weight loss, food and fluid charts did not always provide an accurate account of diet taken.

We spent time observing staff interacting with people and found they were kind and caring in nature. However, staff did not always recognise when people needed support and did not always engage appropriately with family members to ensure their needs were met. Information about people was not always kept confidential. The duty office was very open and documents could be easily accessed.

We found people did not always receive care that was responsive to their needs. Care plans we looked at were not always followed in line with people's current needs. People's choices for their end of life care had not always been considered and were not clearly recorded, communicated or kept under review.

All the people we spoke with knew how to raise a complaint and said they felt comfortable speaking with any of the staff team. People felt that any concerns they had would be addressed quickly and effectively.

Audits were in place to ensure the service was working to the registered providers expected standards. However, audits were not always effective and did not identify the concerns we had raised as part of this inspection. Some concerns were highlighted as part of the audit process but there was no evidence that sufficient action had taken place to correct them.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were breaches in; Regulation 9; person-centred care, Regulation 12; safe care and treatment, Regulation 17; good governance. We have also made a recommendation regarding Regulation 11; consent to care and treatment. You can see what action we told the provider to take at the back of the full version of

the report. Full information about CQC's regulatory response to the more serious concerns found during inspections are added to reports after any representations and appeals have been concluded.

The overall rating for this service is 'Inadequate' and the service is therefore in 'Special measures.'

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

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

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

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Inadequate** ●

The service was not safe.

Risks associated with people's care and treatment were not always identified or managed safely.

The registered provider did not ensure that safe arrangements were in place for managing people's medicines.

Staff were knowledgeable about safeguarding people from abuse.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

The registered provider ensured that staff received appropriate training and support to carry out their role.

The registered provider was meeting the requirements of the MCA 2005, for the majority of people's care. However, best interest decisions had not always been considered for some aspects of people's care. We have made a recommendation.

People did not always have access to healthcare professionals.

### Is the service caring?

**Requires Improvement** ●

The service was not always caring.

We spent time observing staff interacting with people and found they were kind and caring in nature. However, staff did not always recognise when people needed support.

Information about people was not always kept confidential. The duty office was very open and documents could be easily accessed.

We saw staff respected people's privacy and dignity when

offering support.

### Is the service responsive?

The service was not always responsive.

We found people did not always receive care that was responsive to their needs.

People's choices for their end of life care had not always been considered and were not clearly recorded, communicated or kept under review.

All the people we spoke with knew how to raise a complaint and said they felt comfortable speaking with the staff team.

**Requires Improvement** ●

### Is the service well-led?

The service was not well led.

Audits were in place to ensure the service was operating in line with the registered providers expected standards. However, audits were not always effective and did not identify the concerns we had raised as part of this inspection.

The registered manager held meetings with people who used the service and their relatives to offer a forum where discussions could take place.

**Inadequate** ●

# Ernelesthorp Manor & Lodge

## **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.

The inspection took place on 17 July 2018 and was unannounced. The inspection was carried out by two adult social care inspectors 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 service.

Prior to the inspection visit we gathered information from a number of sources. We also looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We ask the registered provider to submit 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. We also spoke with other professionals supporting people at the service, to gain further information about the service.

We spoke with 11 people who used the service and 10 relatives of people living at the home. We spent time observing staff interacting with people.

We spoke with staff including care workers, senior care workers, a nurse, the cook, the registered manager, and other members of the management team. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at people's care and support records, including the plans of their care. We saw the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

# Is the service safe?

## Our findings

At our last inspection of June 2017, this key question was rated as requires improvement. This was because people who were prescribed medicines on an 'as and when' required basis, did not have protocols in place to ensure they were administered safely and the medicine store room was untidy.

At our inspection of 17 July 2018, we found these actions had not been completed and other concerns were identified. People requiring medicine on an 'as and when' required basis, known as PRN, did not have detailed PRN protocols in place. These did not detail when the medicines should be given and what signs to look for especially for people living with dementia. Staff did not always record the effect the PRN medicine had, therefore there was no measure in place to check if the medicine had been effective.

We looked to see if people's medicines were managed in a safe way and administered as prescribed. We looked at medication administration records (MAR's) and found there were several gaps in the records. This meant that there was no clear account of medicines being administered as prescribed. For example, one person had been prescribed some eye ointment, but the MAR sheet had not been signed from 9 to 17 July 2018. We asked the nurse where the ointment was and they found this in the medicines store room. We also saw from MAR sheets that some gaps were not completed. This did not show an accurate record of medicines administered.

We saw that items such as eye ointments, which should be discarded after four weeks of opening, did not have a date of opening on the bottle/tube.

We also found that medicine in stock did not tally with the quantity recorded on the MAR sheets, therefore, not all medicines could be accounted for. For example, one person had 56 tablets of one medicine, which had been recorded on the MAR. The person had taken 17 of them as prescribed, but had 66 tablets left in the medicine trolley when the calculation should have been 39.

We looked at one person's medication administration record for topical medicines (TMAR) and the record showed they had not had their prescribed cream applied on 19 May 2018. This cream was prescribed to be administered 2 or 3 times daily. We spoke to one person about their medicines and they said they didn't always have their creams applied, "Because sometimes they (the staff) can sometimes forget."

We completed a tour of the home and found a prescribed barrier cream on a trolley in the corridor. This did not demonstrate safe handling of medicines or person-centred care.

The window of the medicine room was large and open with one restrictor in place which was not secure. We raised this with the registered manager who took appropriate action following our inspection and had a jack bolt fitted for extra security.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider did not ensure the safe management of medicines.



Risks associated with people's care and treatment had not always been identified and managed safely. For example, some people were using bed rails and had no risk assessment in place to ensure they were used correctly. We saw one person had no bumpers on the bed rails, instead a blanket had been used which created a risk of entrapment. Another person had been assessed as not requiring bed rails as they were mobile and could get in and out of bed independently. This person was using bed rails when this had been identified as being inappropriate and unsafe.

Another person was using a catheter bag and we noticed this had become over full. We brought this to the attention of the registered manager who addressed the issue immediately. The registered manager informed us that the person passed a lot of urine and the bag got full quickly. We looked at the care plan which stated that the catheter bag required emptying on a frequent basis, but our observations showed that this had not been completed in line with the person's needs.

Another person required a pureed diet and thickened fluids due to being at risk of choking. There was no risk assessment in place to identify what staff should do to minimise the risk occurring. We saw a relative was offering the person a drink which had not been thickened to the required consistency. We raised this with the staff on duty and asked if the risk had been discussed with the relative. Staff told us that this had not been discussed and did not realise this was happening, therefore putting the person at risk of choking. The registered manager confirmed that a risk assessment had been completed following our findings.

Accident and incident analysis was not taking place and there was no evidence that trends or patterns were being identified and actions taken to reduce hazards in relation to people's care. One person had fallen seven times since May 2018 and this had been identified on the accident and incident audit. However, no action had been taken to minimise the risk and no referral made to healthcare professionals.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider was not doing all that was reasonably practicable to mitigate risks associated with people's care and treatment.

We spoke with people who used the service and they felt safe living at the home. One person said, "I feel safe, just feel safe. Yes, they [staff] know how to look after me." However, one relative said, "Some of the staff are a bit lax, I think they don't think about stuff, for example they come and turn [relative] just before meals then put on their side. How can they be fed if [relative] is laid on their side?"

People were protected from the risk of fire. Regular fire detection checks were taking place. People had personal emergency evacuation plans (PEEP) which gave detail of their evacuation needs. Staff were aware of what to do in the event of a fire taking place and how to safely evacuate.

We saw from service certificates that equipment had been serviced in line with the provision and use of work equipment regulation (PUWER) and lifting operations and lifting equipment regulations (LOLER). We saw that equipment was regularly checked to ensure it was safe to use. However, we saw that a gas safety certificate had been issued with two safety recommendations, that had not been carried out. We also saw that window restrictors were not safely and securely fitted, despite being checked monthly.

We completed a tour of the service with the registered manager and found that some environmental risks had not been identified. For example, the entry to a linen room had broken and cracked floor tiles and a raised grate in the garden area were creating a potential trip hazard. We raised these concerns with the registered manager who informed us that they would take appropriate action.

The registered provider had a system in place to ensure people were safeguarded from the risk of abuse. Staff were knowledgeable about how to respond if they suspected abuse and felt appropriate action would be taken. However, following our inspection we identified two safeguarding referrals which had not previously been considered. These were reported to the safeguarding authority.

There were enough staff available to meet people's needs. We observed staff interaction with people and found they were able to support and respond to people in a timely way. One member of staff told us that when two staff went on their breaks together it left the service short staffed, which impacted on people receiving the care that they needed. We discussed this with the registered manager who said they would consider when breaks were allocated.

We spoke with people who used the service and some people told us they wished there were more staff. People felt this would allow staff time to chat with them instead of being in a rush or busy all the time. People told us the staff always responded to the call bell, but sometimes had to wait a while before staff arrived.

We looked at recruitment files and found the provider had a safe and effective system in place for employing new staff. The files we looked at contained pre-employment checks were obtained prior to new staff commencing employment. These included two references, and a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable people.

## Is the service effective?

### Our findings

At our inspection of June 2017 this key question was rated Good. At our inspection of July 2018, the rating for this domain had deteriorated to Requires Improvement.

People's needs and choices were assessed but care and treatment was not always delivered in line with current legislation and standards. For example, equipment was not always used appropriately to ensure delivery of effective care and to promote people's independence. We looked at care records and saw two people had been assessed not to use bed rails yet they were still in place.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 people lack mental capacity to take 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager told us that staff had completed training in this subject and staff we spoke with confirmed this. The staff we spoke with had good knowledge of the MCA. For example, one staff member said, "It's about whether people can make their own decisions, sometimes people might have fluctuating capacity so you must never assume they aren't able to make decisions for themselves."

We found care records contained information in relation to people mental capacity, however not all decisions had been considered, for example, people were using bed rails and specialist equipment without the persons best interests being considered. We looked at other care records and found best interests had been considered for aspects of daily life such as personal care.

We recommend that the service ensures that best interest decisions are considered for all decisions made on behalf of people who lack capacity.

People received support to maintain a balanced diet. Meals provided were nutritious and looked appetising. We looked at the menus for four weeks which showed people were offered a varied and balanced diet, and were able to choose alternatives should they want something different. We noticed the menu stated that the soup was homemade, but when we asked about this the cook told us it was tinned soup that was offered and told us the menu needed changing to reflect this. Information about people's nutrition and hydration needs was kept in the kitchen for catering staff to refer to, but this was not kept up to date. The cook had good knowledge about people's dietary requirements, however there was a risk of people receiving incorrect food and fluid in the event of the cook not being at work.

People we spoke with told us they enjoyed their meals and that choices were available. One person said,

"I'm happy, nice food, choose whatever you want. I eat in my own room. I prefer my own company."

We looked at care records and found that people did not always have access to healthcare professionals. For example, one person had not been referred to the falls team following seven falls. We also found that advice given by healthcare professionals had not always been followed. For example, one person was not routinely having thickened drinks as advised by the speech and language therapist (SALT). However, some people had been referred appropriately and advice had been entered in care records and followed accordingly. We spoke with the registered manager following our inspection and were informed these concerns had been addressed.

Relatives we spoke with felt their family member was supported to attend health care appointments. One relative said, "Staff escort [relative] to hospital appointments because It's too much for me now."

The registered provider ensured that staff received training and support to carry out their role. The registered manager kept training records up to date which showed staff had received training in areas such as moving and handling, safeguarding, food hygiene, and infection control. Staff told us the training provided was worthwhile and kept them up to date.

Staff also told us they received appropriate supervision sessions. These were one to one sessions with the registered manager to discuss work related issues. We also saw that staff received annual appraisals of their work to ensure training and development requirements were identified.

## Is the service caring?

### Our findings

At our inspection of June 2017 this key question was rated Good. At our inspection of July 2018, the rating for this domain had deteriorated to Requires Improvement.

We spent time observing staff interacting with people and found they were kind and caring in nature. However, staff did not always recognise when people needed support and did not always engage appropriately with family members to ensure their needs were met.

Staff were kind and caring in general but on some occasions, they lacked consideration and didn't always respect people's privacy. We observed one person asleep in their bedroom, with the door open. The laundry room was situated close by and there was music turned on loudly in the laundry. The registered manager noticed this and turned the music off straight away, but this showed staff had not been mindful of the persons privacy.

We spoke with staff who were knowledgeable about people's needs and aware of how people like to be dressed and favourite routines. We saw one person's care plan stated that they liked to have their hair styled in a certain way, we saw the persons hair had been done in the way they liked.

We observed staff talking with people in the lounge and there was some friendly and appropriate banter between them. It was clear that people enjoyed this as they were smiling and laughing in the company of the staff.

Information about people was not always kept confidential. The duty office was very open and documents could be easily accessed. The care records were kept in an open filing cabinet which was kept unlocked. Following our inspection, the registered provider informed us that some lockable storage would be purchased to ensure care records remained confidential.

We spoke with people and their relatives and received good feedback about the care and support received at the service. They told us they felt at home and comfortable in their surroundings. One person said, "They definitely respect my privacy." Another person said, "Since day one it's been good." One relative said, "Very nice and polite staff, they keep me informed and I come every day."

# Is the service responsive?

## Our findings

At our inspection of June 2017 this key question was rated Good. At our inspection of July 2018, the rating for this domain had deteriorated to Requires Improvement. We found people did not always receive care that was responsive to their needs. At this inspection we found the service had not improved in this domain.

Some people required end of life care but their care records did not reflect this. People's choices for their end of life care had not always been considered and were not clearly recorded, communicated or kept under review. We looked at people's care records and found forms in place to support end of life care but this had not been completed.

One person required support with eating and drinking and needed their nutritional intake recording. However, the food and fluid charts in place did not specifically state what diet they required or the size of the portion. It was therefore difficult to assess if the person was being supported appropriately and in line with their assessed needs.

We observed that another person was left in the dining area most of the day. We saw the person drinking milk from a bowl leaving their cornflakes untouched. Staff bought toast as they removed the cornflakes. The toast was removed at the same time their lunch was served and this was removed uneaten. We saw only one member of staff tend properly to this person throughout our inspection.

This was a repeated breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider did not always ensure that people received person centred care which met their needs.

The service had an activity co-ordinator who organised and planned social events and activities. The service had a schedule of activities which changes on a weekly basis and was displayed in the entrance area of the home. The activity co-ordinator told us they organised day trips to various places of interest such as garden centres.

The activity co-ordinator also organised entertainment within the home such as singers. On the morning of our inspection there was a bingo session being held, which people participated in. The activity co-ordinator told us about a knitting group that took place at the home and the co-ordinator was trying to learn to knit so they could support the group properly.

The registered provider had a complaints procedure and people told us they would speak with the registered manager if they had any concerns at all. Staff felt that the registered manager and registered provider would listen and act if they raised a complaint. They said they had confidence that their concerns would be actioned in a timely manner.

All the people we spoke with knew how to raise a complaint and said they felt comfortable speaking with any of the staff.

People felt free to express themselves and talk about things that concerned them. For example, when the Lodge side of the service closed and people moved in to the Manor, people felt the dining rooms became too crowded. The registered manager responded by reopening the dining room in the Lodge, which was also used for some activities and as an additional lounge area.

# Is the service well-led?

## Our findings

At our last inspection of June 2017, this key question was rated as requires improvement. This was because audit systems in place were not always effective and action plans did not contain enough details.

At our inspection of 17 July 2018, we found these actions had not been completed and other concerns were identified.

Audits were in place to ensure the service was working to the registered providers expected standards. However, audits were not always effective and did not always identify the concerns we had raised as part of this inspection. For example, recent medication audits had not identified the concerns we found with the management of people's medicines. Care plan audits did not identify that risk assessments for choking and the use of bed rails were not completed. Environmental audits had not recognised the cracked tiles and the raised grate creating tripping hazards.

The registered manager also completed an accident and incident audit. However, this had not identified any trends or patterns and although people had fallen on several occasions. The audit recognised the amount of times the incidents had occurred but no actions had been completed.

The registered manager had a daily walk round audit in place but this was completed by the nurse and senior care worker on duty each day. This was then used as part of the handover. However, the registered provider had developed the form to be used to assist the registered manager to gain an over view of the service for governance and leadership purposes. The registered manager told us that they were not involved in completing this form.

In addition to the audits carried out by the registered manager, the regional manager carried out monthly visits on behalf of the registered provider. As part of this review interviews with staff and people and their relatives took place. Also, an inspection of the premises, and a review of documentation. These visits had not identified the concerns we found on our inspection.

This was a repeated breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Audit systems were not effective in identifying improvements.

The registered manager held meetings with people who used the service and their relatives to offer a forum where discussions could take place.

We received positive feedback about the registered manager from the staff. One staff member said, "I received them (supervisions) but sometimes I miss one, but overall I have enough." Another staff member said, "The manager has an open-door policy and I don't have to wait to talk about anything, if I need to talk, I can do it there and then."

Relatives were involved in meetings on a regular basis. At one recent meeting some relatives had felt that



the lounges were over crowded so the registered manager had opened another lounge and dining room to address the problem.

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 9 HSCA RA Regulations 2014 Person-centred care
Diagnostic and screening procedures	The registered provider did not always ensure that people received person centred care which met their needs.
Treatment of disease, disorder or injury	

This section is primarily information for the provider

## Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	The registered provider was not doing all that was reasonably practicable to mitigate risks associated with people's care and treatment.  The registered provider did not ensure the safe management of medicines.
Treatment of disease, disorder or injury	

### The enforcement action we took:

We issued an urgent action letter and Warning notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	Audit systems were not effective in identifying improvements.
Treatment of disease, disorder or injury	

### The enforcement action we took:

We issued an urgent action letter and warning notice