Brendoncare Foundation(The)

Brendoncare Chiltern View

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Brendoncare Chiltern View provides nursing care for older adults who are living with dementia. It is registered to provide accommodation for 30 people. At the time of our inspection 28 people lived at Brendoncare Chiltern View.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

This inspection took place on 23 and 27 May 2016. It was unannounced visit to the service.

We previously inspected the service on 18 June 2015. We found people did not consistently receive safe care and treatment, in relation to medicines practice and record keeping. The provider sent us an action plan, to tell us what action they were taking to ensure people received safe care. At this inspection we found the provider had improved in the area of record keeping in the form of care plans. However we found continued issues in relation to safe storage, administration and record keeping of medicines. We found there was an overstock of medicine, newly dispensed medicine was being used before older. This meant there was a potential for medicine to go out of date. No dates were recorded on some eye drops, which meant the service could not be sure they were still able to be used, as they are only useful for 28 days after opening.

Providers should inform CQC when a decision has been made about an application to deprive someone of their liberty. We checked our records and found we had not received all the required notifications. We have made a recommendation about this in the report.

Providers should inform CQC when they make changes to their statement of purpose. A change had been made following the registration of a new manager. We checked our records and we had not been notified of the changes made.

Providers have a legal responsibility to be open and transparent. We call this duty of candour. Providers have to offer an apology and written explanation to people or their legal representative when certain events occur. There had been a number of events which occurred at Brendoncare Chiltern View which met the duty of candour threshold. We asked the registered manager for the evidence they had met this requirement. They told us they did not have any evidence. We have made a recommendation about this in the report.

Some staff working at the home had done so for some considerable time. Staff were passionate about their work. Comments included "I do enjoy working here" and "I love it I really do."

Relatives described the care staff as kind and caring. Comments included "It is perfect here", "It is remarkable, very good", "The care is brilliant."

People were protected from abuse, as staff knew how to recognise it and there were procedures in place to deal with events if they happened.

People were supported to be involved in decision making and where people lacked capacity to make certain decisions, the principles of the Mental Capacity Act 2005 were implemented.

People had access to healthcare when needed, and we saw any changes in healthcare needs were responded to quickly.

There was a clear vision for the service to provide a 'home for life'. People had access to a wide range of activities, and the home was part of the community.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found breaches of the Care Quality Commission (Registration) Regulations 2009. 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 always safe.

People were placed at potential risk of harm as the management of medicine stock was not safe. This meant that out of date medicine could have been administered to people.

People were not protected from unsafe manual handling as risk assessments did not always reflect staff practice.

People were protected from harm because staff received training to be able to identify and report abuse. There were procedures in place for staff to follow in the event of any abuse happening.

Is the service effective?

Good

The service was effective.

The service worked to the core principles of the Mental Capacity Act.

People received safe and effective care because staff were appropriately supported through a structured induction, supervision and training.

People received the support they needed to attend healthcare appointments and keep healthy and well.

Is the service caring?

Good

The service was caring.

Staff were knowledgeable about the people they were supporting and aware of their personal preferences.

Staff were enthusiastic about their work.

People were encouraged to make day to day choices.

Is the service responsive?

Good

The service was responsive.

People's preferences and wishes were supported by staff and through care planning.

People were able to identify someone they could speak with if they had any concerns. There were procedures for making compliments and complaints about the service.

People had access to a wide range of activities, both within the home and the community.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The service did not always ensure it notified CQC of certain events when it was required to do so.

Staff felt supported by the management team and were confident that any issues raised would be dealt with.

There were clear vision and values in the service, which the staff understood.

Brendoncare Chiltern View

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 the 23 and 27 May 2016 and was unannounced; this meant that the staff and provider did not know we were visiting. The inspection was planned and carried out by one inspector and an Expert by Experience on day one. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. On day two the same inspector was joined by a specialist advisor with expertise in the nursing care of people with dementia.

Before the inspection the provider completed a Provider Information Return (PIR). The PIR is a form that the provider submits to the Commission which gives us key information about the service, what it does well and what improvements they plan to make. We reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also made general observations of activities throughout the two days.

We spoke with the two people living at Brendoncare Chiltern View who were receiving care and support and nine relatives. We spoke with the registered manager, operational manager and deputy manager. We also spoke with eight staff members, which included nursing staff, care assistants, activities co-ordinator and maintenance staff. We looked at some of the required records, these included, six staff files, five care plans in detail and a further 11 records relating to nursing care and medicines. We cross referenced practice against the provider's own policies and procedures.

We also contacted social care and healthcare professionals with knowledge of the service. This included people who commission care on behalf of the local authority and health or social care professionals

responsible for people who lived in Brendoncare Chiltern View.

Requires Improvement

Is the service safe?

Our findings

When we visited the service on 18 June 2015, we had identified people were not supported to receive safe care and treatment as practice around medicine did not follow the Nursing and Midwifery Council's guidelines for the administration of medicines. We also identified that improvements were required in record keeping, in particular to what care was provided and when. We asked the provider to make improvements; they sent us an action plan which set out actions they were going to take.

At this inspection, we checked what actions had been taken to improve the safety of medicine administration and record keeping. We found some improvements had been made in respect of record keeping in relation to what care people needed and their likes and dislikes. However we found on-going concerns around the safe storage, administration and record keeping of medicines. For example the service had excess medicine than required. One person who was prescribed insulin had a medicine stock of 46 insulin pens. Some of the medicine had been dispensed in December 2014. Whilst it was still within a safe timescale for use, medicine that had been dispensed much later, for instance in July 2015 had been used first. This meant that there was poor practice around appropriate storage and stock control. The action plan sent to us by the provider had stated they would make improvements to this area by 30 November 2015. We found that practice had not improved in this area.

We found eye drops which should have been disposed of, as the date of use had expired were still present in the medicine cabinet. We found two further eye drops which were opened, with no date marked on them when they had been opened. A record of a date opened is required as they are only for use up until 28 days after opening. This had been identified in a pharmacy audit carried out on 8 March 2016. The audit had also made a number of other recommendations. We found no action or evidence of work carried out after the audit This meant that lessons had not been learnt from our previous inspection or pharmacy audit.

We checked medicine stock numbers for one person, we found there were inconsistencies in the number of remaining stock, some under and some over. We asked the deputy manager about this. They told us they were aware on some occasions interim stock was required, however they could not account for the discrepancies.

Where additional safe storage and stock control was needed for some medicine, this was available. We checked the records for the medicines and they accurately reflected current stock levels. However as before more recently dispensed medicine had been opened before old stock was used. We spoke with the registered manager about medicine management, they advised they had identified this as a risk and was recorded on the operational risk assessment and an action plan was in place to support improvements in this area.

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

Medicine administration records showed that people were given their prescribed medicine; we observed a

medicine administration round. Nursing staff demonstrated safe practice and also explained to people what they were giving. Where people were prescribed medicine for occasional use (PRN), protocols were in place, to tell staff how and when this was needed. We saw the service used the 'Abbey pain scale', which is a particular nursing tool used when people cannot communicate when in pain. Some people received their medicine covertly. The serviced ensured this was authorised by the appropriate people. There was a clear pathway for how this should be given.

We spoke with the deputy manager, they were aware of some of the issues around medicine and they told us plans were in place to improve the administration of topical creams and the recording of prescribed build up drinks. In addition to this, the service is due to move to an electronic medicine management system. The whole management team were confident this would improve medicine administration.

People were protected from some potential risks; the service had a risk management policy. Risk assessments were written for a wide range of activities including falls and mobility. Risk assessments were reviewed monthly by staff. Falls were reported and the registered manager reviewed them regularly to monitor themes. This information was also sent to the provider.

We found inconsistencies with what we observed and what care plans stated. Care plans associated with the risk assessments detailed what support people required. For instance where mobility was identified as an issue, plans detailed if people needed support with a hoist. On day one we observed manual handling being carried out. Staff were professional and spoke with the people they were supporting through the whole process. However on day two we saw the same person being moved in a different way. We questioned this with the manager who advised us that the person had been re-assessed on how they should be supported. However the details of the care plan had not been updated. We checked another person's risk assessment and noted they too were not supported as the care plan stated. We observed one person being supported by two staff. The manoeuvre placed two much strain on the staff and could have potentially hurt the person. We spoke with the operational manager about this, as it had been highlighted to us previously following an incident. They acknowledged this was something that required improvement.

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

Relatives told us "Yes my mum feels safe" and "Yes my wife is safe here." We had mixed responses about staffing levels. We observed staffing levels over the course of two days and reviewed staff rotas. We spoke with staff and the management team and heard from relatives of people who lived at the home. Some comments included "At weekends there is a shortage of staff", "I feel they (staff) are short staffed at times" and "Not always, there is not a pattern to shortages, I wouldn't say it happened more at weekends." We spoke with the registered manager about the comments we received about staff levels being lower at weekends. The registered manager confirmed this had been the case, in previous months, but the situation was much improved. From our observations over the two days we did not have any concerns about staffing levels. We observed people receiving support when required. One person fell to the floor whilst returning from a visit away from the service, we saw this was responded to quickly and efficiently.

The service operated robust recruitment processes. Pre-employment checks were completed for staff. These included employment history, references, and Disclosure and Barring Service checks (DBS). A DBS is a criminal record check.

Incidents and accidents were recorded and acted upon as required. Staff were aware of the need to report accidents and felt confident to do so.

The service had procedures in place to deal with emergencies. Personal emergency evacuation plans were in place for each person. These detailed the support people required in the event of an emergency. Fire procedures were displayed in many areas within the service. Staff were knowledgeable on what to do in the event of a fire. We saw the service tested staff's knowledge on what to do in an emergency or fire. The person responsible for fire testing told us "We also do fire checks through the night." They told us this was to ensure all staff members knew what to do in the event of a fire.

People were protected against the risk of unsafe premises. The service ensured that maintenance and safety of the building was kept up to date. Equipment used by people was inspected routinely. Safety certificates were in date. The service was supported by maintenance staff. Care staff communicated with them so that repairs could be undertaken quickly to ensure safety was not compromised.

Good

Is the service effective?

Our findings

Relatives told us their family members received effective care, this was supported by the evidence we saw in some areas. We found people who were at particular risk from malnutrition were supported in a way that promoted weight gain. One person who spent a lot of time walking was identified at risk, care plans and risk assessments were in place to tell staff how best to support them. Although we noted a small weight loss, this was minimal and demonstrated the service worked effectively to manage the person's weight loss.

We observed that people had access to food and fluid during the day. Comments from staff included, "We are always supporting people," "We try to offer snacks, I feel sometime we over feed people." Comments from relatives was mixed, positive comments included "The food is adequate for my mum's needs, she has choice and the food is nutritious" and "I am happy with the food." Negative comments from relatives included "I have heard though that the food could improve, they now have someone new in the kitchen" and "Food could improve." We observed two lunchtime meals. They were calm and relaxed. A high percentage of people needed support with their meal. This was provided by staff in a sensitive and professional manner. Staff were knowledgeable about people's likes and dislikes for food.

The home had promoted healthy eating. In March 2016, the service hosted a nutrition and hydration week. This was an opportunity for people to experience different food and drink items. We spoke with the operational manager about how people with religious or cultural needs would be supported. They gave us an example of an ex resident and the types of food provided for them. This meant the menu could be personalised to people's own preferences when needed.

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 so that 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).

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 saw the service had made appropriate applications to the local authority.

The service worked within the core principles of the MCA. We observed mental capacity assessment were conducted when it was evident a person may have lacked the mental capacity for specific decisions. We found evidence of best interest discussions and care plans demonstrated support was provided in the least restrictive way. Staff we spoke with had a good understanding of the MCA.

People were supported by staff who were knowledgeable and aware of their role and level of responsibility. New staff were supported through an induction period. This included a period of time when new staff would work alongside more experienced staff. These shadow shifts were highlighted on the rota as additional staff members. This allowed time for teaching and sharing of skills. Qualified staff we spoke with advised us they worked alongside new care staff to help them develop into the role. One staff member commented, "Staff shortages affected my induction." This was not supported by other staff members and they told us they felt the induction period had supported them understand the role.

Staff received training on topics the provider deemed mandatory. This included safeguarding, medicine and infection control. Staff informed us they had access to additional training. We observed the management team kept a record of when staff training needed to be updated. Staff told us they liked the training they had received.

The service operated a handover meeting from shift to shift; this provided an opportunity for staff to share important information regarding care and treatment for people. We saw important information was also recorded on a handover sheet, which the registered manager or deputy manager reviewed on a daily basis.

On day one of our inspection, one person was being reviewed by the continuing healthcare team, due to changes in their needs. We also saw appropriate referrals were made to other external healthcare professional when needed. This included the Diabetic nurse and the home had regular support from a local GP. One relative told us "Communication is good; they are responsive to health changes as happened recently." On day two of our inspection we saw that a GP had been contacted and visited following concerns that had been raised about a change in someone condition.

Good

Is the service caring?

Our findings

People were supported by staff who demonstrated kindness and compassion. All the relatives we spoke with felt the staff were kind and caring. We observed some good interaction between staff and people. On the second day of our inspection one person was visibly distressed. A member of staff spent a lot of time with them, comforting them. They knelt down to eye level which respected the person. The person was much calmer and looked more relaxed.

Two relatives commented they felt, their family member's privacy and dignity had been compromised. They told us another resident often went into their family member's room. They told us they had addressed this with the management team and some actions had been taken. However they felt more improvements were required to protect people's privacy. We spoke with the registered manager about this. They did acknowledge it was an issue; however felt people also needed to be supported to recognise their own room. We saw evidence the registered manager had responded to comments from family members and had put some actions in place.

We received some positive feedback from relatives about the care at Brendoncare Chiltern View. Comments included, "It is perfect here", "It is remarkable, very good", "The care is brilliant, he's (relative) only been in one other home but the difference is evident. There he was isolated to his room; here he is able to get about, the layout helps it is less confusing." Another relative told us "X has been at the home about nine years. She is well looked after, staff are really kind."

Staff we spoke with were respectful of the people they were supporting. Staff used language that was appropriate to people. For instance people were addressed by their first or preferred name, rather than 'pet' names. Staff were able to tell us about people and their likes and dislikes. Staff were knowledgeable about people. The service operated a keyworker system. This was a dedicated member of staff who would take the lead knowing more about a person. One member of staff we spoke with was able to tell us all about a person and their life history, they were the keyworker for. This meant that staff were able to talk to people about their life.

We observed staff were relaxed in the company of relatives and were aware of who they were. It was clear that a respectful relationship had developed between them. We observed relatives visited at different times during the day. Relatives told us there were no restrictions on visiting times.

We observed staff offered choices to people. For instance one person who was escorted in a lounge area was asked where they would like to sit. Another person was asked what activity they wanted to do.

We observed rooms were personalised. People were free to take items of importance into the home. People appeared relaxed in the company of staff. We observed one person being supported with a drink; the member of staff was respectful to the person and ensured that prior to leaving them they had all that they needed. A number of people were very familiar with staff, for instance one person requested a hug from a member of staff.

People were encouraged to make choices about what they wanted to do. Staff were able to demonstrate how they offer choice. We observed two meals being shown to people, so when choosing what to eat, they were able to make an informed decision. One member of staff told us they always support people to choose what they would like to wear. "I always get the clothes out and show people, this helps them make a decision."

Staff had received training on providing dignified care, and the staff we spoke with were able to give us examples of how they would provide dignified care. For instance one member of staff told us "I always make sure someone has a top on before I support them with the lower part of their body" and "I ensure the curtains are closed."

The provider, The Brendoncare Foundation, had made a commitment to provide 'care for life'. Staff understood this promise and told us they liked to support people until their death. People's end of life care preferences were recorded. Where a third party had legal authority to act on the person's behalf this was discussed with them.

Staff were enthusiastic about the care they provided. Comments included, "I feel what we do is good", "I do enjoying coming to work, it's a good place to work", another staff member told us "This is the best thing I have ever done."

Good

Is the service responsive?

Our findings

Pre-admission assessments were undertaken prior to moving into the service. Important information was gathered about previous life history, as well as important relationships. People received individualised care that met their needs. The service undertook person centred care planning and we saw a wide variety of person centred information. These documents recorded things people liked to do and their dislikes. Information on what was important to each person was recorded.

Care plans were detailed and written in line with the MCA, therefore where people lacked mental capacity to decide what care should be provided, best interest discussions took place. These were recorded and reviewed regularly. One person's care plan stated how they would like to be dressed and groomed. We checked and found this was provided to them. This demonstrated staff had understood their wishes.

One person had a care plan to help staff manage their medical condition. We observed the care plan provided information to staff about ranges of healthy blood sugars, and what actions were required by staff if blood sugars went outside of the stated levels.

Two people's care plans stated they required pressure relieving equipment to prevent pressure damage. We noted the weight setting on the equipment was in line with the person's current weight recording.

Relatives told us they felt their family member received personalised care. Comments included, "My mum's needs have been met." Where a third party had the legal authority to act on a person's behalf, they contributed to the care planning process. One comment included "I am involved in my mums care plan" other comments included "I have time to make a decision; yes staff listen and acted on views for my mum" and "If I needed will ask for a review."

The service had an activities worker in post. They had undertaken training on meaningful activities for older people. We saw there was a programme of activities scheduled. This included activities focused on people's needs within the home; and outside activities to promote the service. The service had just celebrated its 25th anniversary. A number of events had been planned to celebrate this. Activities included a 'memory tree', a birthday party and 'songs of the decade'. Future planned events include, 'International picnic day', and a 'Pyjama day'.

One member of staff had received training in 'Oomph', which is exercise to music for older people and people who lived with a dementia illness. We observed two 'Oomph' sessions being undertaken. The member of staff was enthusiastic and was able to encourage people to join in. We saw that people were smiling and laughing throughout the session.

The service had regular support from a music therapist. They visited the service weekly. Other activities included cake decorating. The activities worker held group and one to one sessions. They advised us that there was no restriction on resources for activities.

The registered manager told us Brendoncare Chiltern View, was part of the local community. We saw the home had hosted a fete and dog show last year. Local people were offered to have stalls at the event. We saw communication from a stall holder. It congratulated the home on the success of the event and stated they would be interested to support any future events. The Home had planned a 'fun day' for later in the year.

We saw the home advertised for voluntary staff in the local 'parish magazine', it also encouraged work experience placements, both from nurses in training and other health and social care courses for adults. One person who had spent some time as a volunteer at the home wrote to them afterwards to thank them. "From the staff to the activities and facilities available, I have learnt about the persistent effort implemented to benefit the residents. The way in which care homes are portrayed in the media is completely separate from what I witnessed at Brendoncare."

The service had a complaints procedure and information on how to make a complaint was available. We saw that the service responded to complaints. Relatives we spoke with were aware of how to raise concerns if needed. One relative told us, "I am comfortable raising concerns about issues." The provider sought feedback on their performance from, staff, relatives and stakeholders.

Requires Improvement

Is the service well-led?

Our findings

When we visited the service on 18 June 2015, we found the home was not well led. The home did not have a registered manager in post at the time, and care records did not reflect the care provided. We felt at the time the home lacked good governance. We asked the provider to make improvements to record keeping. They sent us an action plan which detailed what improvements they would make. It stated they would make the improvements by 30 November 2015.

At this inspection we checked if the stated actioned had taken place. We found improvements had been made. One action introduced by the service was 'resident of the day'; this ensured that every person who lived at the service was reviewed at least once a month, or more frequently if needed. Care records were up to date and reflected the care provided.

Providers must notify CQC of certain events or when some changes happen. One of the changes we need to be informed of is when providers make changes to their statement of purpose. The home had a new registered manager in post. We asked the operational manager if they had updated the statement of purpose. They confirmed they had and provided us with a copy. We checked our records to see if we had received a notification about this. We did not have any record of this. We spoke with the operational manager about this. They advised us they did not know this was a requirement.

This was a breach of Regulation 12 of the Care Quality Commission (Registration) Regulations 2009.

One of the events is when a decision was made following an application to deprive someone of their liberty. A number of decisions had been made about applications submitted to the local authority. We checked our records and found we had not been notified of all decisions made. We spoke with the deputy manager about this. They told us they had not been aware of the need for this. We have since received the appropriate notifications.

We recommend the service ensures it follows the requirement of the regulation in respect of notifications.

Providers have a duty to be open and transparent with people who use their service or their legal representative. We call this 'duty of candour'. The law states that when certain incidents occur, providers must apologise to the person or representative as soon as is practicable. This must be followed up in writing again including an apology and any details of enquiries made. We looked at the incident, accident forms and safeguarding records. We saw the provider had identified the threshold for duty of candour had been met. We asked the registered manager if we could see the evidence that they had undertaken what was required. The registered manager told us that they had no evidence. However they went on to tell us how they had spoken to a family member on day one of the inspection, as a person had fallen resulting in a fractured hip. We acknowledged where the registered manager had responded to complaints they kept written evidence of communication made, which did include an apology.

We recommend the service ensures systems are in place to demonstrate they meet the duty of candour

requirements.

Staff told us improvements had happened in the service since the registered manager was in post. They told us "She is great, I don't have any problems asking anything", "Management are really friendly, very supportive." One relative told us "I can always approach the manager at any time, she listens and is very approachable."

Staff were aware of the values of the organisation, One staff member told us, "We provide a home for life, it would have to be very extreme for someone to leave. I just think if it was your mum, how would you feel if it was your mum."

Most staff who we spoke with knew who the senior management team members were in the organisation. Staff felt they could approach senior management staff if they had a problem which they could not resolve locally. Staff were aware of the provider's whistleblowing policy.

The registered manager had a number of meetings, including a weekly head of department meeting. They told us this was an opportunity for them to ensure all departments were updated with any changes. The registered manager provided clear information sharing with all team members. They met with nursing and care staff. Where staff had a history of non-attendance, reminders were sent to ensure they felt valued and included.

The provider supported its staff by offering group meetings for head of departments from all their services. Staff we spoke with about these meetings felt they were helpful in developing knowledge. Meetings were arranged for relatives to provide them with an opportunity to feedback on the quality of the service provided.

There was a clear programme of audit the registered manager had to complete. These helped them manage the quality of the service provided. Action plans were developed where gaps had been identified. The registered manager was responsible for monthly reports to the provider, this included information on falls and safeguarding concerns. This fed into a provider action plan. Operational risk assessments and action plans were monitored by the operational manager on regular visits to the service.

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 Registration Regulations 2009 (Schedule 3) Statement of purpose The service did not notify CQC when changes to statement of purpose were made. 12 (1) (3)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Manual handling was not carried out as directed in care plans. 12 (1) (2) (b).

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 The service did not ensure there was suitable management of medicine stock. Regulation 12 (1) (2) (g)

The enforcement action we took:

We issued a warning notice