

Beechfields Nursing Home Limited

# Beechfields Nursing Home Limited

## 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?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Beechfields Nursing Home is a care home providing personal and nursing care for up to 35 people aged 65 and over at the time of the inspection. Some people living at the home had dementia, physical disabilities or sensory impairment. At the time of our inspection there were 22 people who lived at the home. The accommodation is provided in one building over two floors. There are three communal lounges, a dining area, a conservatory and a garden area that people can access.

### People's experience of using this service and what we found

People were not always supported by staff to have their medicines in a safe way.

The provider's systems for governance were not always robust enough to ensure care was consistently safe. The provider had undertaken some regular checks to monitor the quality of the care that people received and consulted people to gain their views through meetings. Actions identified in some of the provider's audits had not always been actioned despite some improvement since the previous inspection. In addition the provider had not always followed their own complaints procedure.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were cared for by staff who were trained in recognising and understanding how to report potential abuse. Staff knew how to raise concerns about people's safety and share information so that people were safe. Accidents and incidents were monitored so any trends could be identified, and action taken to reduce any risks.

Staff were available to people and demonstrated good knowledge about people living at the home. Staff maintained good hygiene and used protective clothing when appropriate.

People told us, and staff confirmed they were trained for their role, and this helped them meet people's needs. They said training updates were regular, so their knowledge was up to date. Staff understood the importance of ensuring people consented to the care and support they received, or where they lacked capacity was in their best interests. The registered manager was aware of their responsibilities regarding the action they should take if there were any restrictions needed to promote people's safety and the person may lack capacity to consent to these.

People enjoyed a choice of meals and were supported to access professional healthcare outside of the home, for example, visits from or to their doctor and community health teams. Any changes to their care needs due to healthcare involvement were noted and usually followed through by staff.

We saw people were relaxed around the staff supporting them. We saw positive interactions and staff showed us that they knew the interests, likes and dislikes of people. People told us and staff demonstrated they were caring and kind to people in their care. People were supported to enjoy activities and staff ensured that they were respectful of people's choices and decisions.

People and staff told us that the management team were approachable and if they had any concerns they would be listened to. People and staff and were positive about the overall service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was requires improvement (published 23 February 2019). Since this rating was awarded the provider has altered its legal entity. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

#### Why we inspected

The inspection was prompted in part due to concerns received about the quality and competence of nursing care following a safeguarding alert, and subsequent notification from the Nursing and Midwifery Council that they were gathering evidence in respect of some specific nurses' competence. A decision was made for us to inspect and examine those risks through completion of a full inspection.

We have found evidence that the provider needs to make improvements. Please see safe and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

The provider took action to identify immediate concerns we identified in respect of administration of a specific medicine, but concerns remained as to the clinical oversight that was in place, and how this practice occurred.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Beechfields Nursing Home Limited our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We have identified breaches in relation to medicines management and good governance at this inspection.

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.  
Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.  
Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.  
Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.  
Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.  
Details are in our well-Led findings below.

**Requires Improvement** ●

# Beechfields Nursing Home Limited

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of two inspectors, one assistant inspector and a specialist adviser who was a registered nurse.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service including Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior

to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and six relatives about their experience of the care provided. We spoke with eleven members of staff including the provider, registered manager, nurse, compliance officer, care workers, domestics and the cook. We also spoke with one visiting professional. 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 reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- One person had received insulin that was administered unsafely as the equipment used had been subject to a National Health Service (NHS) improvement notice, due to a risk of mis dosing. This equipment was removed from use on the day of the inspection and appropriate, safe equipment obtained. The registered manager told us they had not been made aware of this by nurses and was not aware of the patient safety alert until we directed them to it.
- The person's blood sugars were to be taken four times a day based on their care records. These were not consistently checked at this frequency. There was potential low blood sugars may not have been identified quickly. Staff were aware of the symptoms of low blood sugars, although this may have been more difficult to recognise at night if the person was asleep.
- The nurses had not recorded the sites of administration (on one person's body) for pain relief patches applied to the skin. These should be applied to different sites to avoid the risk of side effects from this medication. The registered manager confirmed there was no record of the site of the patch's application but was confident nurses were rotating application sites. However, without recording the site of application there was a risk that the patches would be applied to the same site before they should be, with the potential for side effects. The registered manager told us these records would be put in place.
- Nurse's had not received competency checks in respect of medication competency, which may have been a contributory factor when poor clinical practice was not identified in respect of the administration of insulin. The registered manager told us after our inspection all nurses had received competency checks and were assessed as fit to administer medication.
- There was not a consistent daily record of fridge temperatures available. The fridge temperature on the day of the inspection was within a safe range, but checks need to be recorded daily to evidence as temperatures outside of safe ranges may have impacted on the safety of stored medicines.

While we found no evidence that people had been harmed, improvement was needed in respect of medicines management to ensure people were not placed at risk of harm. This was a breach of regulation 12 (2) (f) (g) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They have confirmed all the above areas of concern are now completed and medication management is now safe.

### Systems and processes to safeguard people from the risk of abuse

- People told us they were safe and if they had any concerns they could talk to staff. People's comments

included, "I do feel safe here" and "I feel safe with the staff".

- Staff understood what actions to take to protect people from harm and said they would follow the local authorities safeguarding procedures. There was an understanding of what may constitute abuse, for example one staff member said, "If I saw abuse I would report to the [registered manager's name] and if nothing was done contact the local authority".
- Information about how to raise safeguarding concerns was available in the service and staff had been trained in safeguarding awareness. A concern we identified during our inspection was reported promptly to the local safeguarding authority by the registered manager.

#### Assessing risk, safety monitoring and management

- Assessments were in place to identify risks to people and how these risks could be minimised. These assessments covered a range of risks that reflected those related to the individual, such as use of equipment and activities related to health care needs.
- Staff were aware of people's risk assessments and these were reviewed on a regular basis. Staff were seen to engage with people in a way that reflected their risk assessments, for example when using hoists to transfer people.

#### Staffing and recruitment

- People told us there were sufficient staff to cater for their needs. One person told us, "There are enough staff and I don't have to wait long for help". Relative's comments included, "Staffing fluctuates due to illness, but they do all pull together and even if they are pushed people are still their priority" and "There is enough staff".
- Staff when asked raised no concerns about staffing levels and said changes had been made so the lounges always had a member of staff present and this, "Was really good". Staff were always present in lounges at the time of our inspection.
- The registered manager told us there were two vacancies for nurses, these covered by agency staff. They told us they tried to use nurses who were familiar with the home. The registered manager confirmed one of the vacancies had been filled shortly after our inspection.
- Staff had been recruited safely. All pre-employment checks had been carried out including Disclosure and Barring Service (DBS) checks.

#### Preventing and controlling infection

- Beechfields Nursing Home was visually clean. People and relatives told us the building was clean and staff used precautions to ensure cross infection was minimised, for example using protective wear such as gloves and aprons.
- Relatives comments included, "The rooms are nice and clean" and "The home is clean and so is my relative".
- Systems were in place to monitor the cleanliness of the environment and regular audits of the environment were undertaken.

#### Learning lessons when things go wrong

- Some medicine audits had identified follow up action although this had not always been taken. Four monthly audits had identified these actions with the latest, at the time of our inspection showing the same actions were still needed. This meant the provider had not ensured learning from audits was consistently actioned.
- In respect of other audits, we saw learning had been used to prevent a re-occurrence and minimise risks. For example, we found any incidents or accidents were reviewed and where there was learning this was cascaded to staff.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved and is now rated good. This meant people's outcomes were good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Initial assessments were completed to ensure people's care was planned and reflected their individual needs and preferences. People we spoke with told us what their needs were, and this reflected the care and support they received.
- Staff had information that allowed them to provide care which reflected people's choices and needs. Staff understood what people's needs were and what was important to them as an individual.
- The provider considered protected characteristics covered by equality legislation such as disability, and we saw reasonable adjustments were in place, for example assessments considered how the needs of people with a disability would be met.

Staff support: induction, training, skills and experience

- The provider had systems in place to ensure staff training was up to date and current. Staff told us they were well supported with training. One member of staff said, "Staff training is a lot better now. New staff have two weeks shadowing, class room training and staff can go on to do their NVQ 2 in care".
- People told us they thought staff were well trained. One person said, "The majority of the staff are well trained". Staff provided care in a way that indicated they had the appropriate skills and knowledge needed to meet people's care needs. Staff interaction with people showed they had an appropriate skill base, although there was a need to consider further dementia training for staff as more people who lived at the home now had dementia. The registered manager told us they would consider this.
- New staff had an induction and a newer member of staff confirmed they were appropriately supported since they commenced employment, so they had the knowledge and skills needed.
- A senior told us staff supervision combined observation of staff and discussion about their practice, so they were able to receive appropriate support.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they liked the meals they had, and one person told us, "I like the food and there is plenty of choice", another that, "The food is good". A relative told us they could have lunch with their loved one and, "Foods quite good really, roast dinners three times a week".
- Lunchtime was relaxed, and people had the assistance they needed to enjoy their meals. Several people had their meals in their rooms and staff took these to them. This was either due to choice, or for health reasons.
- Staff were aware of any specialist requirements or risks in respect of people's nutrition or dietary needs. We found the meals for people at risk of choking were appropriately presented and at the consistency

needed to reduce any risk of choking, and the cook was aware of people's specialist dietary requirements.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's records showed they accessed healthcare services as needed.
- Staff told us they worked with other health and social care professionals to ensure positive outcomes for people, although we were told by one professional staff had not always followed advice given. Records however showed people had regular access to health care professionals as needed, for example nurses and speech and language therapists.
- Staff were knowledgeable of when and how to access healthcare services in emergency and unforeseen circumstances.

Adapting service, design, decoration to meet people's needs

- The environment would have benefited from work to make it more 'dementia friendly' with the addition of items that would allow people to orientate themselves and provide opportunity of stimulation, for example memory boards/boxes and areas of interest/interaction. The provider shared ideas with us as to how this could be achieved, for example they had identified tactile wall coverings to be fitted that could stimulate people.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People were asked for their consent by staff when receiving care, or when asked about any support offered. This demonstrated staff understood the need to seek people's consent.
- Where people lacked capacity, the registered manager understood their responsibilities under DoLS and had made the appropriate applications to the local authority.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were well supported by staff and their comments included, "Staff are kind to me and my [relative] who comes quite often" and, "Staff are good to me, they listen to me and help me".
- Staff supported people in a kind and caring way. For example, when people were assisted with drinks this was done at the person's pace and accompanied by conversation. On another occasion staff used effective de-escalation to calm a person. People were relaxed in the presence of staff and there was evidence of warm and friendly relationships.
- People were involved in discussions about their day to day care, for example staff members instigated regular discussions with people when they provided care, this done in a kind and considerate way.
- The registered manager told us it was important staff supported people with choices and another member of staff told us they were tasked with completing regular audits where they would ensure staff showed people respect and observed their human rights, for example always offering people choices. These audits were documented and showed follow up action was taken with staff if needed.

Supporting people to express their views and be involved in making decisions about their care

- People were routinely offered choices from staff when they received care. One person told us, "I have a choice about clothes. I rely on the staff dressing me a bit though as I can't see well, and they help me".
- Staff were seen to offer people choices routinely and would consider their reaction when the person was unable to say what they thought. For example, we saw a member of staff go into a person's room to offer and assist them with a drink and they listened to the person's choices in a caring way.
- People and their relatives told us they were involved in reviews of the person's care and were informed of any changes straight away.

Respecting and promoting people's privacy, dignity and independence

- There were several rooms at the home which allowed people to have privacy if they wished and when people wanted to be alone, for example in their room, staff supported their wishes. A relative told us, "I'm made welcome here. My [relative] can come and go to their room when they want".
- Where able, people were supported to be independent, although many needed a high degree of support with their activities of daily living. Staff did support people with tasks where they were able to maintain some independence however, for example some people used specialist cups to allow them to drink safely and independently.
- Staff were conscious of people's dignity, for example they used blankets when transferring people with a hoist to ensure their dignity was not compromised.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant while people's needs were usually met, there had been an inconsistent approach when responding to people's concerns.

Improving care quality in response to complaints or concerns

- There was evidence indicative of the provider not following their own complaints procedure.
- We were told by the Local Government Ombudsman (LGO) in December 2019 that they had requested information from the provider on repeated occasions in respect of a complain. Despite these requests the provider had not responded to the LGO, who as a result were not able to confirm recommendations they made had been addressed. These recommendations related to specific record keeping, which we found had improved at this inspection, this however not confirmed with the LGO by the provider.
- We looked at the provider's complaints record and the complaints the registered manager told us they had dealt with had been resolved. Evidence those escalated to the provider were resolved was not always available, although the provider stated they had been. A relative told us they had raised a complaint with the provider, and not received a direct response from them in accordance with timescales set in the provider's complaints procedure. This complaint was under investigation with external agencies as the time of our inspection, but the provider should have updated the complainant as to ongoing developments. The registered manager had responded to us and the relevant external agencies at the time of our inspection.
- People did tell us they were confident the registered manager and staff would listen to their complaints however. One relative told us, "The manager is great with niggly things and is really good at sorting these out".
- People were seen to have a good relationship with staff who were aware of what to look for that may indicate a person was unhappy.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had care plans in place for each aspect of their care, and these reflected people's individual and specific needs. Care plans contained a range of information about people's needs. Staff had been completing, 'This is me' forms to start building information about the person and what was individual for them. The registered manager told us this was an ongoing process and they were looking to improve care plans, so they were more person centred. People we spoke with confirmed care plans reflected what was important for them.
- People and relatives told us they and their loved one's care needs were met and subject to regular reviews. Relatives comments included, "The [person] is well looked after" and "They are getting lovely care, I can't fault it".
- People and relatives told us they were able to be involved in care reviews and share their views.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information about the service was available to people in various formats to assist with communication. The provider told us they planned to improve signage around the home to assist people with dementia to orientate themselves around the environment.

- People's individual communication needs were explored, and staff could easily tell us how individual people communicated and what we needed to consider when talking to people. For example, one person had limited verbal communication but had access to a communication folder (book with symbols) in their room which they were able to use to talk to staff about their choices and views.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider employer dedicated activity staff and there were positive comments from relatives. One relative said, "I like the entertainment here, the activity girl is very good, she does [person's] nails, paintings and other stuff".

- There was stimulation in the downstairs lounges and there was an external singer in the afternoon which people clearly enjoyed. People told us about other activities, and comments included "[staff name] does nails and gives a choice of colour and polish" and "I like sitting here, I can see the birds come and go".

- There was less stimulation for people who were more dependent and stayed in their room, with interaction from staff usually limited to mealtimes and when personal care was provided, although staff said the activity staff did try to spend time with people who stopped in their rooms. Staff had put music on for people to listen to though, and some people's beds were positioned so there was a good view of the garden outside.

- One person told us there were not many people who lived at the home they could converse with, but the staff did encourage visitors to spend time at the home. Relatives comments included, "We had a valentine's meal, and the staff do their best so we can enjoy our time together". Another relative told us they were welcomed by staff and allowed to have lunch with their loved one.

End of life care and support

- The provider was not supporting anyone with end of life care at the time of the inspection. People's advance wishes were considered however, for example decisions were considered in respect of do not resuscitate agreements (DNAR).

- There were some people who lived at the home who had high levels of dependency and there was care in place to reflect this, for example increased assistance with fluids and oral hygiene.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created had not always supported the delivery of high-quality, safe care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider did not have a robust system to allow assessment and monitoring of all aspects of the service. This had meant there had been a failure to identify and respond appropriately to areas of significant potential risk to people, for example we found there was equipment in use that was unsafe and had been subject to an NHS improvement patient safety alert. The registered manager ensured this equipment was taken out of use on the day of the inspection.
- There were audits completed where follow up action identified had not been taken. For example, medicines audits had identified action was needed to take photographs of some service users (to help with identification) and a new British National Formulary was needed for nurses' reference purposes. Four monthly audits had identified these actions (since October 2019) and the latest medicines audit in January 2020 showed the same actions were still needed. This meant the provider had not met their identified targets for action. There were also areas where improvement in medicines management was needed, we identified and not actioned, for example ensuring competency checks were carried out in respect of nurse's medicines practice.
- Response to complaints where this was the provider's responsibility had on occasion been delayed, meaning resolution in respect of people's concerns was not completed within the timescales identified within the provider's own procedures.

Working in partnership with others

- The LGO had told us the provider had not co-operated with them when they had requested information in response to a complaint they had investigated. This has resulted in some recommendations they made not being met.
- Whilst there was evidence of the staff working in conjunction with other health services to promote people's well-being, one health professional told us the staff had not always followed their recommendations, although this had not caused the person harm.

While we found no evidence that people had been harmed, improvement was needed to ensure monitoring systems were effective and people were not placed at risk of harm. This was a breach of regulation 17(1) (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people

- People told us they were happy living at Beechfields and were comfortable in the presence of staff, with warm positive interaction seen between people and staff on numerous occasions. A relative told us, "Things are improving, and love and care is what's here ". Another relative said, "It's the first time I've been able to relax since [the person] has been in care since they have been here".
- Staff told us the registered manager and provider were approachable. Staff felt motivated and told us they were confident to raise any concerns through a whistleblowing policy. One member of staff told us, "The managers run the place well, we can go to them straight away, their door's always open".
- The registered manager was visible to people and clearly knew them well. One person told us, "The manager is a very pleasant woman and she will always listen to you".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was open with us about those issues or concerns that had arisen since our previous inspection. They acknowledged that some elements of the service should have been better managed following our feedback and was concerned these matters had not been picked up by staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and staff views were sought. Staff used on going reviews, day to day communication and meetings to gain people's views.
- The provider used surveys to canvas people's and relative's views and relatives told us staff kept in touch with them and updated them on any changes. The findings from surveys were available in the home's foyer and the feedback from these were positive. Relatives told us no concerns were raised at the last meeting.
- One relative told us, "Relatives meetings are useful, they [the provider] keep us updated with changes". They confirmed they had attended the relative's meeting that took place the day before our inspection.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider must ensure service users consistently received their medicines in a safe way and in accordance with any national guidance and alerts..
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care  Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider must ensure there is a robust system to allow assessment and monitoring of all aspects of the service. This is to ensure any risks to service users are identified and responded to appropriately.