

Carebase (Sewardstone) Limited

# Ashbrook Court Care Home

## 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

Ashbrook Court Care Home is a residential care home providing personal and nursing care to 63 people aged 65 and over at the time of the inspection. This also includes living with dementia. The service can support up to 70 people in one adapted building. The care home is unitised and supports people across four separate units, which have separated adapted facilities.

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

Medication practices were not safe, and people did not always receive their medicines as prescribed. People told us they were safe. Suitable arrangements were in place to protect people from abuse and avoidable harm. Staff understood how to raise concerns and knew what to do to safeguard people. Risks to people were identified and assessed to keep them safe. Sufficient numbers of staff were available to support people living at Ashbrook Court Care Home and to meet their needs. Recruitment practices were now robust to make sure the right staff were recruited. People were protected by the prevention and control of infection. Findings from this inspection showed lessons were being learned and improvements made when things go wrong.

Staff received appropriate training and newly appointed staff received an induction. The dining experience for people using the service was positive and much improved. People received enough food and drink to meet their needs. People were supported to access healthcare services and to receive ongoing healthcare support as required. The service worked with other organisations to enable people to receive effective care and support. 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 and those acting on their behalf told us they were treated with care, kindness, respect and dignity. Staff had a good rapport and relationship with the people they supported, and observations demonstrated what people told us.

Though each person had a plan of care detailing their care needs and how these were to be met by staff, shortfalls were identified with some aspects of record keeping. Care plans relating to people's end of life care arrangements were not sufficiently detailed. The service was not fully compliant with the Accessible Information Standard to ensure it meets people's communication needs. People and those acting on their behalf were confident to raise issues and concerns and felt listened to, but improvements were required to ensure the investigation of complaints was robust.

Governance arrangements were much improved, but progress was still required to make sure improvements made were sustained in the longer term.

We have made recommendations about record keeping and complaints management.

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 the last inspection

The last rating for this service was requires improvement (published March 2019) and there were three breaches of regulation. This referred specifically to Regulation 9 [Person-centred care], Regulation 12 [Safe care and treatment] and Regulation 17 [Good governance]. Enforcement action was completed whereby the Care Quality Commission imposed conditions on the provider's registration. The provider completed an action plan after the last inspection to show what they would do and by when to improve. This was updated each month with a copy forwarded to the Care Quality Commission.

The service remains rated requires improvement, but the Commission acknowledges significant improvements have been made. This service has been rated requires improvement for the last three consecutive inspections. At this inspection we found improvements had been made and the provider was in breach of one regulation. This related to medicines management.

#### Why we inspected

This was a planned inspection based on the service's previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we 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** ●

# Ashbrook Court Care Home

## 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 and an Expert by Experience on both days of inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Ashbrook Court Care Home is a 'care home'. People 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.

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 used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 14 people who used the service and nine relatives about their experience of the care

provided. 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 spoke with nine members of staff, the deputy manager and business manager. The manager was unavailable at the time of inspection. We also spoke with the person responsible for facilitating social activities and the service's chef. We reviewed a range of records. This included six people's care records and several people's medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and were also reviewed.

# 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 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.

At our last inspection to the service in October 2018, the registered provider had not always provided care and support for people in a safe way. Staff performed unsafe moving and handling practices. Not all freestanding wardrobes had a retaining bracket to prevent the furniture falling, with a potential to cause significant injury and harm. This was a breach of Regulation 12 [Safe care and treatment] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of this part of Regulation 12.

### Assessing risk, safety monitoring and management

- Risks assessments were carried out to identify those risks associated with people's care and healthcare needs.
- The registered provider had taken appropriate steps since our last inspection to the service in October 2018 to ensure risks for people were mitigated for their safety and wellbeing. Freestanding wardrobes were now secured to the wall to prevent them from falling and staff's moving and handling practices were observed throughout the inspection to be safe.

### Using medicines safely

- Medication Administration Records [MAR] showed not all people using the service had received their prescribed medication. This referred specifically to Oak and Maple Units. For example, the MAR form for one person showed they were prescribed a topical cream to be administered twice daily for 10 days. The MAR form showed on four consecutive days this was administered once daily. The rationale for the omission was not recorded. The same person was also prescribed an antibiotic cream but there were two consecutive days when it was unclear if staff had applied the cream or not as the MAR form was blank.
- The MAR form for one person showed between 30 August and 3 September 2019, five consecutive days, where they did not receive their medication which was used to treat the symptoms of mild to moderate dementia. The rationale for this omission recorded 'make available' and 'not available'. This meant staff had not ensured there was enough supply of medication available for this person.
- Staff had failed to follow the prescriber's instructions. One person had their antibiotic cream applied by staff for a period of 12 days. However, the instruction on the MAR form was for this medication to be applied for no longer than 10 days.
- Medication audits confirmed there were medication inconsistencies across the service. An action plan detailing how the discrepancies were to be addressed was not always completed so that lessons could be learned.

Medication practices were not routinely safe and required improvement. This demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Arrangements were in place to ensure all staff that administered medication were trained and had their competency assessed.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person told us, "I feel safe. I have got a buzzer and staff are up and down all of the time, only got to shout or ring the bell." A second person when asked if they felt safe, told us, "Yes, I feel safe, I am settled."
- Relatives confirmed they had no concerns relating to the safety of their family member. One relative told us, "I feel [family member] is safe, the staff always seem to be watching what is happening. They [staff] know their moods and can read their face." A second relative told us their family member had experienced lots of falls when they lived at home. Although they had experienced the occasional fall whilst living at Ashbrook Court Care Home, they felt assured their family member was as safe as possible. Because of the falls at night, the person's bed was placed at its lowest setting and closest to the floor. Sensor mats were placed either side of the bed to alert staff if the person got up during the night.
- Staff had a good understanding of what to do to make sure people were protected from harm or abuse. Staff confirmed they would escalate concerns to a senior member of staff, the regional manager and external agencies, such as the Local Authority or Care Quality Commission.

Staffing and recruitment

- People's comments about staffing levels were positive. One person told us, "I am looked after well, not rushed. I think there are enough staff, they are good." Another person told us, "I have a bell but have never used it. Staff don't say they are rushed. There seems to be enough [staff], they walk up and down in the night and check on you and; ask if I am alright."
- The deployment of staff during both days of inspection was appropriate and there were enough staff available to meet people's needs. Staff were seen providing care and support to people promptly, with call alarm facilities answered in a timely manner.
- Staff told us staffing levels at the service were much improved. One member of staff stated, "There are always enough staff allocated to do the work properly, this has improved." Another staff member told us, "Staffing levels are just fine, they are much better."
- Staff recruitment records for four members of staff were viewed. Relevant checks were completed before a new member of staff started working at the service.

Preventing and controlling infection

- Appropriate arrangements were in place to manage the control and prevention of infection within the service. Staff followed the service's procedures to maintain a reasonable standard of cleanliness and hygiene within the service.
- The service was clean and odour free. People told us the service was kept clean and valued the domestic staff who were friendly towards them. Staff had access to enough personal protective equipment to help prevent the spread of infection.
- Staff had received appropriate infection control training.

Learning lessons when things go wrong

- The inspection highlighted some lessons had been learned and improvements made since our last inspection in October 2018. This referred specifically to the management of risk, care practices, ensuring there was now a caring and respectful culture within the service and the development of 'in-house' activities. The management team were aware of the improvements still required within the service and the



need to sustain these.

# 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 now improved to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to their admission to the service. These were comprehensive and considered all of a person's needs and informed people's care plans.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion and ethnicity were identified as part of their need's assessment. Staff knew about people's individual characteristics.

Staff support: induction, training, skills and experience

- Staff were complimentary regarding the training provided by the organisation. Staff told us they received both face-to-face and e-learning training. Staff received mandatory training in line with the organisation's expectations. This ensured staff had the skills, knowledge and competence to deliver effective care and support to people using the service.
- Newly appointed staff received an 'in-house' induction and were given the opportunity to 'shadow' more experienced staff until they felt confident to carry out their role. One member of staff told us, "I received three days of induction and shadowed a senior member of staff. I also completed all mandatory training."
- Where staff had not attained a National Vocational Qualification [NVQ] or qualification under the Qualification and Credit Framework [QCF]; and had limited or no experience in a care setting, not all staff had commenced the Care Certificate. The Care Certificate is a set of standards that social care and health workers should adhere to in their daily working life. We discussed this with the service's business manager. They told us the Care Certificate would be provided to staff in the future.
- Staff told us the atmosphere within the service was much improved since our last inspection in October 2018. Staff stated they felt supported and valued by the newly appointed management team and the service's business manager. One member of staff told us, "It is so much better now. The new management team are excellent, and they are very supportive. I feel I get the right support and now enjoy coming to work." Another member of staff told us, "You cannot believe how much better things are, 100 percent. The manager, deputy manager and [name of business manager] are supportive and always there for you."

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

- People's comments about the quality of the meals provided were positive. Comments included, "The food is nice, I have not had to complain yet." A second person stated, "The food is alright, I get plenty of fruit and vegetables."
- People were able to choose where they had their meal, such as in the communal lounge, in the dining

room or in the comfort of their bedroom. The dining experience for people was positive. People were not rushed to eat their meal and where they required staff assistance this was provided in a dignified and respectful manner. People were offered an apron to wear to protect their clothes and their wishes were recognised and accepted. The meals provided were in enough quantities and looked appetising.

- Where people were at risk of poor nutrition, their weight was monitored at regular intervals and appropriate healthcare professionals were consulted for support and advice.

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

- The service worked with other organisations to ensure they delivered joined-up care and support. People's healthcare needs were monitored, and action taken to address these.
- People had access to healthcare services when they needed it and confirmed their healthcare needs were met. One person told us, "They [staff] support me to see the doctor, my relative takes me to the optician. I also see the chiropodist." A second person told us staff supported them to access healthcare services as needed. They advised, "I have been to the hospital for x-rays, seen the doctor for antibiotics, the dentist and optician."
- Relatives confirmed they were kept informed by the service of their family member's healthcare needs.

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

- Ashbrook Court Care Home was decorated and furnished to a high specification. People had personalised rooms which supported their individual needs and preferences.
- People had access to comfortable lounge and dining areas, including a cinema lounge and library. There was also a hair salon and a bistro which offered a variety of coffee, teas and homemade cakes and pastries; and a shop.
- Suitable adaptations and equipment were in place to enable people to maintain their independence.
- People also had access to landscaped gardens and grounds.

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.

- Staff asked for people's consent before providing care and support.
- Staff demonstrated a good understanding and knowledge of the key requirements of the MCA and DoLS.
- People's capacity to make decisions had been assessed and these were individual to the person.
- Where people were deprived of their liberty, applications had been made to the Local Authority for DoLS assessments to be considered for approval and authorisation.

# 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 requires improvement. At this inspection this key question has now improved to good.

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's comments about the quality of care received were positive. Comments included, "The staff are so lovely, treat me very well indeed. I cannot fault them", "I have got the most gorgeous carers, they listen to me. One of the night carers loves me dearly and buys me biscuits" and, "They [staff] look after me well, I am well cared for and looked after."
- Relatives confirmed they were happy with the care and support provided for their family member. One relative told us, "The staff are fantastic, so kind and caring. Staff come in and chat, they are very caring and thoughtful, they make sure they [family member] is not left out." Another relative stated, "The carers are friendly. The young cleaner always chats and if I was going into care, I would want to come here."
- The care provided by staff for people using the service was good, with staff interventions positive. We observed many examples whereby people were treated with kindness and compassion and staff had a good rapport with the people they supported. For example, one person was given a pillow by a member of staff to aid their comfort whilst sitting in a comfortable chair. Before leaving the person's bedroom, the member of staff asked them what music they would like on and if they wished to have a cup of tea and some biscuits. The person stated they wished to have a CD of Frank Sinatra played and a drink; this was duly provided.
- Staff understood the importance of making sure staff had the time to give people support in line with their care needs. One person's care plan referred to them having an afternoon rest after lunch. When leaving the dining room, the person became upset and distressed. A member of staff walked with them to their room, providing comfort and reassurance by saying, "Don't worry, you can go and lie on your bed." The person's distress was alleviated and able to have their afternoon rest as planned.

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

- Staff explained things clearly or in a way that could be easily understood. For example, when staff provided people with support relating to a task, such as, to have their comfort needs met or where they required support with their moving and handling needs.
- Relatives confirmed they had seen their family member's care plan and been involved in the initial assessment process.
- People and those acting on their behalf, had been given the opportunity to provide feedback about the service through the completion of a questionnaire in February 2019.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected. People received support with their personal care in private. Staff were discreet when asking people if they required support to have their comfort needs met.
- People were supported to maintain their personal appearance to ensure their self-esteem and sense of self-worth. People's clothing was coordinated, and people were supported to wear items of jewellery. One person was noted to be smartly dressed, wearing makeup and jewellery. They told us, "I am very well looked after. I have got my favourite dress on, the girls [staff] did my makeup, blusher and lipstick. I have my makeup on for when my husband comes."
- People were supported to maintain and develop relationships with those close to them. Relatives confirmed there were no restrictions when they visited, and they were always made to feel welcome.

# 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 people's needs were not always met.

At our last inspection, not all care was personalised and responsive. People received little opportunity to participate in meaningful social activities. This was a breach of Regulation 9 [Person-centred care] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 9.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care

- People's care plans were person-centred and identified all of a person's care and support needs. Information provided was in-depth and informative, providing staff with guidance on how to care for the people they supported.
- Though there was no impact on people using the service, improvements were needed to ensure monitoring records relating to people's continence needs, catheter care, food and fluid charts were consistently completed by staff. Diarised alerts, for example, dates when people's catheter was due to be changed, were not routinely recorded within people's care planning documentation. Daily care notes were not as comprehensive as they should be as outcomes were not always documented.
- We found no evidence to suggest that people who required end of life care support received poor care. However, care plans relating to people's end of life care were not sufficiently detailed to include people's preferences relating to their protected characteristics, culture and spiritual needs and required improvement.

We recommend the provider seek independent advice and guidance to ensure robust systems are in place for record keeping, including people's end of life care needs.

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.

- We did not see enough evidence of how AIS had been applied. The activity programme and menu were not in an easy read or large print format to enable people with a disability, living with dementia or sensory loss to understand the information. We discussed this with the deputy and business manager and they advised appropriate steps would be taken to improve this to aid people's communication needs.

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

- People were supported and encouraged to take part in social activities. Comments from people using the service were positive and included, "They [staff member responsible for facilitating activities] do all sorts of things to keep people's minds occupied", "The activities ladies are very good" and, "I like doing puzzles [1000 piece jigsaw puzzle under the person's bed] and staff set it up for me to do." One relative told us, "There are always things going on within the care home, [relative] goes out every week." They confirmed their family member played pool at the pub, enjoyed bowling and the 'in-house' entertainment.
- Observations showed people were offered and participated in a range of social activities both 'in-house' and within the local community. People were routinely given a copy of the activities programme and the staff member responsible for facilitating activities spoke with people who were unable to read the activity programme.
- The service hosted 'Little Cherubs' [toddler playgroup] at Ashbrook Court Care Home by promoting intergenerational friendships between children, their parents and people living at the service, twice monthly.

Improving care quality in response to complaints or concerns

- People and their relatives felt able and confident to raise a complaint or concern with the service.
- However, a record was not always maintained relating to each complaint or concern, including accompanying documentation, for example, staff statements. Improvements were required to ensure all elements of a complaint were robustly investigated to show how conclusions were reached and outcomes. A report by the manager relating to one complaint remained outstanding and had not been forwarded to the Local Authority as requested.

We recommend the provider seek independent advice and guidance to ensure robust systems are in place for the management of complaints.

# 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 inadequate. At this inspection this key question has now improved to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection effective arrangements were not in place to assess and monitor the quality of the service provided. This was a breach of Regulation 17 [Good governance] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. Though some improvements were still required, enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Since our last inspection to the service in October 2018, the provider appointed a new manager and deputy manager. However, improvements are required to clearly define the role of the manager and deputy manager, so that work is more evenly equitable. Most of the quality assurance information viewed showed this was completed by the deputy manager with little involvement of the manager.
- Staff told us they felt supported by the management team. Staff consistently described the manager and deputy manager as supportive and approachable. Staff stated they could go to the management team if they had any concerns and this included the service's business manager. Staff felt listened to, respected and valued.
- Staff confirmed the management team were 'hands-on' and knew the needs of people using the service.
- Throughout our inspection, the deputy manager and business manager were receptive to our findings and suggestions and demonstrated a commitment to continue to improve the service. This was to enable greater oversight and governance of the service and make sure people received safe care and treatment.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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; Continuous learning and improving care

- Governance arrangements were significantly improved since October 2018. For example, the provider and management team were able to demonstrate better oversight of what was happening within the service. The management team were open, promoted a positive culture for people using the service that was person-centred and were not defensive when areas for improvement were discussed.
- People told us the service was well-led, the management team more visible and approachable.
- Effective arrangements were in place to monitor the service. There was a better awareness and perception by the management team to ensure risks and regulatory requirements were understood and managed.



Though this was much better, improvements were required to ensure medication practices within the service were improved and actions from medication audits addressed. Additionally, improvements were required to some aspects of record keeping and ensuring complaints management was robust.

- Three reviews relating to the overall standard of care and facilities provided at Ashbrook Court Care Home, had been posted on a well-known 'care home review' website since our last inspection in October 2018. All reviews were positive and suggested people's relatives would recommend the service to others. One review stated, "From the moment we walked into your home, we found the staff warm, welcoming and friendly. It was clean and had a friendly atmosphere."

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

- Arrangements were in place for gathering people's and relatives' views of the quality of service provided through the completion of a questionnaire in February 2019. Relatives were complimentary regarding the improvements made following the last inspection to the service in October 2018.

- Staff's views relating to what it was like to work at Ashbrook Court Care Home were sought in August 2019. Staff's comments were more positive compared to the previous survey completed in 2018. One comment recorded, "I feel very supported and I look forward to going to work now. Thank you [name of organisation] for listening and giving us the help, we needed."

- Staff meetings were held to give the management team and staff the opportunity to express their views and opinions on the day-to-day running of the service.

- Meetings were also held for people using the service and for those acting on their behalf, to enable them to have a 'voice'.

Working in partnership with others

- Information available showed the service worked in partnership with key organisations to support care provision and joined-up care.

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  Medication practices were not routinely safe and required improvement.