

# College Care Limited

# College House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

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

# Summary of findings

## Overall summary

We carried out a comprehensive inspection of College House on 6 December 2016. Following a previous inspection undertaken in April 2016, we served Warning Notices for breaches of two regulations of the Health and Social Care Act 2008. The breaches related to safe care and treatment and good governance. Medicines were not being safely managed. Systems were not in place to audit and monitor quality and safety. Systems were not in place to assess and mitigate the risks to the health, safety and welfare of people and accurate records were not being maintained.

During this inspection we followed up compliance with these Warning Notices. We found the provider had taken sufficient actions to address the breaches stated in the Warning Notices. However, we still found there were breaches of the regulations with regard to medicines management and good governance.

Following the inspection in April 2016 we also issued requirement actions for two other regulations. We found effective recruitment procedures were not in place and staff did not receive sufficient training to enable them to safely carry out their roles. The provider wrote to us following this inspection in April 2016 and told us how they would achieve compliance with the regulations. During this inspection in December 2016, we found that sufficient improvements had been made with regard to recruitment procedures. We continued to find shortfalls in the provision of staff training. We identified a further breach of the regulation. The provider had not submitted notifications about specific events they are legally required to tell us about.

Whilst we saw that significant improvements had been made in some areas, there continued to be shortfalls repeated from the previous inspection where sufficient actions had not been taken. We have written to the provider, and we have asked that they send us a written report each month, and provide specific evidence and details of the improvements they have made. We will monitor the progress they make and will take further action if the required improvements are not made in a timely manner.

College House provides accommodation and personal care for up to 20 older people. At the time of this inspection in December 2016, there were 18 people living in the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe and we observed they were comfortable with the staff that supported them. There were sufficient staff on duty to support people and recruitment procedures had improved since our last inspection. People received their medicines when they needed them. However, we found shortfalls and that improvements were needed to make sure the management of medicines was safe. Staff understood their responsibilities in relation to safeguarding people from abuse.

Staff understood the Mental Capacity Act 2005 and that they needed to obtain consent from people before they provided care and support. The service had complied with the Deprivation of Liberty Safeguards (DoLS), however staff knowledge varied. People living in care homes 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 Mental Capacity Act 2005 (MCA). The application procedure for this is called the Deprivation of Liberty Safeguards (DoLS).

People received support from healthcare professionals when required. Staff told us they received supervision and training. However, this was not sufficient and not always recorded. The provider's induction programme did not fully incorporate the Care Certificate.

People spoke positively about the staff and we saw good relationships between people and staff. Staff understood the people they cared for and knew how to meet their needs. People had personalised care plans that reflected their needs and showed their life history. People told us they enjoyed the activities provided in the home.

People were positive about the management of the home. Meetings were held and people were asked to provide feedback in quality assurance surveys. Staff told us they were well supported. Systems were not in place to monitor the quality of service provided.

## 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.

Medicines were not always managed safely.

There were sufficient staff on duty and recruitment procedures were safe.

People at the home felt safe and we observed they were comfortable with staff.

Staff understood their safeguarding responsibilities.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Staff supervision and training was not sufficient and was not always recorded.

Staff demonstrated an understanding of the Mental Capacity Act 2005.

Staff were not all aware of the requirements of the Deprivation of Liberty Safeguards.

The service worked with GPs and other healthcare professionals.

People were supported with their nutrition and hydration.

### Is the service caring?

**Good** ●

The service was caring.

People spoke positively of the caring staff.

We observed positive interactions between people and staff.

Staff were aware of people's preferences and knew people well.

People made choices about the care and support they received.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care which met their needs.

People's care records contained personalised information.

Activities were provided for people.

The provider had a complaints procedure.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Systems were not in place to assess, monitor and improve the quality of the service.

Notifications of incidents were not reported to the Commission.

People spoke positively about the management of the home and were able to provide feedback about the service provided.

Staff told us they were well supported and that the home was a good place to work.

# College House

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was carried out by one inspector, a pharmacist and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make.

During the inspection, we spoke with seven people who used the service. We spoke with the registered manager, the home manager and four members of care and administration staff.

We observed interactions between staff and people they were supporting. We observed medicines being given to people and looked at the medicines records. We read the care records for four people. We looked at records relating to the management of the home such as the staffing rota, policies, incident and accident records, recruitment and training records, meeting minutes and survey reports.

# Is the service safe?

## Our findings

At the inspection of College House in April 2016, we found that the provider had not ensured that medicines were managed safely and we issued a Warning Notice. During this inspection we found overall, that sufficient improvements had been made to demonstrate compliance with the Warning Notice we had issued. However we still found shortfalls and a breach of the regulations. We identified further improvements were needed to make sure medicines were managed safely.

We saw a copy of the proposed new medicines policy. Some aspects of this had not yet been put into place. For example, handwritten additions to one person's medicines administration record (MAR) had not been dated and checked by a second member of staff to reduce the risk of mistakes.

The new medicines policy provided guidance on the completion of risk assessments for people who looked after any of their own medicines. Most people using the service were not able to look after their own medicines. One person looked after their own inhaler, to help their breathing. They told us they were happy with this arrangement. However no risk assessment had been completed to make sure this person was able to use their inhaler safely.

We saw staff give some people their medicines in the morning and at lunchtime. Staff told us they gave people their morning medicines as they woke up. We saw staff give people their medicines in a safe and considerate way, without being rushed. When people were prescribed medicines to be given 'when required' staff asked if the medicines were needed. Staff were able to tell us how people liked to take their medicines and followed this in practice. However, this information was not always written down, which increased the risk that not all staff would follow the same method.

Staff recorded medicines received into the home. Unused medicines were returned to the pharmacy for disposal. However at the time of the inspection no records were kept of this disposal. We saw a copy of a recent pharmacist audit of medicines in the home. This had identified some areas where improvements were needed. For example, the audit identified the need to obtain a book to record disposal of medicines. A record book had been obtained. However, it was not being used at the time of our inspection. This meant there was not a complete audit trail to demonstrate the safe use of medicines throughout the home.

The manager told us there was no documented monitoring system for checking medicines handling in the home. They said they often gave people their medicines. They told us they checked that records had been completed correctly during this process, and checked the MARs at the end of each month. However, they were not able to provide evidence of checks completed or their findings, as these were not recorded. The lack of a standard checking process, recording of findings and actions, increased the risk that shortfalls, such as those we identified, would not be identified and addressed.

The shortfalls in management of medicines as noted above amount to a repeated breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

During the inspection, we looked at all the medicines administration records (MARs) in current use. The pharmacy provided printed MARs for staff to complete when they gave people their medicines. Staff recorded when they gave people their medicines and a reason if they were not given. Records confirmed that people received their medicines as prescribed.

Some people were prescribed creams and ointments. These were kept securely and applied by care staff when they provided personal care. Staff recorded when they applied creams and ointments. The records included body maps to show where staff should apply the preparations.

Medicines were stored securely. Staff told us they monitored the temperature of the medicines refrigerator but did not keep a daily record. Suitable arrangements were in place for medicines, which needed additional security.

People we spoke with told us they were comfortable with the staff that supported them and said they felt safe in the home. Comments from people included, "I feel very safe" "Feel safe in here, like it here, lovely" and "Safe yes, we're all ok here."

All the people and staff we spoke with told us that staffing levels were sufficient and we made observations to support this. The staffing levels in the home had been increased since our last inspection. One person told us there was, "Plenty of staff about." Staff comments included, "It's really good now we have more staff. There's time to sit and chat with people" and "When people want to pop out just for a walk we can be free to go out with them. We weren't able to do this before [the staffing levels were increased]." We made observations that people received care and support when they needed it throughout the day and people were not waiting for their care needs to be met.

Staff understood their duties and responsibilities in relation to safeguarding people and for reporting suspected or actual abuse. They were able to explain how they would identify and recognise abuse. They explained how they would report concerns internally to the registered or home manager. One member of staff also told us, "If I needed to I would call the police, social services or yourselves [The Commission]." Staff understood the concept of whistleblowing and how they could confidentially report any concerns they may have about colleagues and the care people received.

People had access to call bells in their rooms. The call bell system had been replaced since our last inspection. One person spoke positively and told us, "If I need help on the toilet staff come quickly." For people unable to use their call bell, the frequency of safety checks was recorded. The manager told us how they used the new system to monitor that safety checks were completed as people required them, during the night.

Risk assessments were completed and risk management plans were in place. Assessments had been completed for people's mobility and falls risk, risks of malnutrition and risks of developing skin damage. Risk management plans showed how to reduce identified risks. For example, where risks of skin damage were identified, plans were in place to record and monitor the person's skin condition and the input of the district nursing team was obtained.

When we last inspected, we found that risk management plans were not in place for the access to the steep staircase from the basement. At this inspection, we found the risk had been mitigated and the door was being kept locked.

Accidents, incidents and falls were reported and recorded. We saw that actions were taken. For example,



one person had fallen on a number of occasions. They were referred to the falls clinic and an occupational therapist had been requested to assess the person for the provision of a hospital bed.

At our inspection in April 2016 we found that staff were not safely recruited and references were not always obtained before staff started in post. At this inspection we found safe recruitment processes were completed and compliance with the requirement action we had issued had been met. Staff had completed an application form prior to their employment and provided information about their employment history. Previous employment or character references had been obtained. Proof of the person's identity for an enhanced Disclosure and Barring Service [DBS] check was completed. The DBS check ensures that people barred from working with certain groups such as vulnerable adults are identified.

Gas appliance safety certificates and electrical checks were in place. Records showed that equipment such as hoists were checked regularly.

We saw that Personal Emergency Evacuation Plans (PEEPs) were in place for people. This meant people could be confident their needs would be met in the event of an emergency and if they needed to be moved out of the home.

## Is the service effective?

### Our findings

At the inspection of College House in April 2016 we found that people were at risk of not receiving care based on up to date practice because staff had not been suitably trained. At this inspection we found improvements had been made. However, we still found shortfalls and that further improvements were needed.

The provider's induction for new staff was not aligned to the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers should adhere to when performing their roles and supporting people. The certificate is a training process designed to ensure staff are suitably trained to provide a high standard of care and support. The registered manager told us they had not implemented all of the standards within the care certificate.

We were sent a record of the training provided in the home, as we had requested, after our inspection. The records confirmed that some staff had still not received training in areas such as moving and handling, health and safety and safeguarding. We asked for further detail about the provision of training. We did not receive this information.

One example of the training shortfalls was Moving and Handling training. Of the current 20 staff recorded on the training matrix as currently working, 12 staff had received training, some of which dated back to 2013. Eight staff had no recorded moving and handling training at all. The registered manager told us, although it was not recorded, that recently recruited staff would have received moving and handling training from the home manager, as part of their induction. However, they were not able to confirm the home manager had the appropriate skills to complete this staff training.

The records did not provide evidence that staff had received training in other areas relevant to their roles, such as illness specific training, to help them understand the specific needs of the people they were caring for. The registered manager was unable to provide evidence that staff had received sufficient training to support them to carry out their roles effectively.

The above was a repeated breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they were supported through performance supervision. Staff told us they also had informal meetings with the home manager in addition to the formal supervision they received from the registered manager. One member of staff commented, "I always feel satisfied after a supervision meeting. I feel I know just what's expected." The meetings were not always recorded.

The registered manager provided an information folder for staff. The folder contained articles of interest from various care journals and included topics such as, 'Lost laundry causes care home hassle' 'A dignified dining experience' 'Great outcomes from creative approaches in Dementia care' and 'Researching ways to reduce medicine errors.' A member of staff told us, "I do read it sometimes and there is some useful

information in it [the folder]."

People we spoke with were positive about the staff that supported them and people told us they received the care they needed. One person said, "[Staff] Know what they're doing, ask permission, very good" and another person commented, "They ask my permission [before delivering care]."

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. We spoke with staff who told us they understood they needed to obtain consent from people before delivering care. One member of staff told us, "[Name of person] sometimes doesn't want us to help her, and we just keep popping back and she usually agrees when she's ready."

Care plans contained mental capacity assessments. These provided detail about the decisions and choices people were able to make. Where people needed support to make decisions this was recorded. Staff explained how they gave people choices, for example, when they wanted to get up and go to bed, where they wanted to spend the day and the activities they wanted to join in.

People living in care homes 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 Mental Capacity Act 2005 (MCA). The application procedure for this is called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home 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 reviewed the current DoLS records in place. At the time of our inspection, two people had DoLS authorisations in place and there were five applications that had been submitted to the local authority pending their action. The home manager had followed up and checked on the progress of the applications in progress, with the local DoLS team. We spoke with the registered manager and the home manager about the conditions attached to people DoLS. For one person, there was a condition they should be supported to go for a walk out of the home each day. This was being offered although we were told by a member of staff the person sometimes declined the offer.

One of the three care staff members we spoke with was able to tell us who had DoLS authorisations in place and what this meant for people. The other staff members were not aware. They were aware that one person often went out for a walk with staff. They did not know this was because they had a DoLS authorisation, with conditions, in place.

People received the support they required to access healthcare services when needed. For example, records showed that people had been referred to and received visits from their GP, the district nursing team, a nurse practitioner, the chiropodist and the speech and language therapy team (SALT). We spoke with a health professional who visited the home on a regular basis. They told us they had noted improvements in recent months in that the advice and guidance they gave was being followed.

One person had been assessed by the SALT team and we saw the recommended texture of diet they needed was being given to them. At the time of the SALT assessment, in August 2016, the recommendation made for fluids was that the person was able to swallow and did not require thickening agents. The person had since been prescribed a thickening agent by their GP, to be added to their fluids 'as directed' The manager told us this was sometimes but not always needed because the person's abilities varied on a day to day basis. They

told us this was approved by the person's GP which was why the directions were recorded 'as directed.' Staff were able to explain the circumstances in which they used the thickening agent and the care records did not provide clear guidance. This meant there was a risk the person may not be given fluids as they needed them.

The care home used a nationally recognised screening tool to assess people's risk of malnutrition. Staff had recognised that one person had lost weight. The records confirmed the actions taken. The GP was asked to review the person and to provide directions, advice and guidance. Staff told us about the support and care they provided for the person. Nutritional supplements had been prescribed, the person's weight was monitored and food and fluids were fortified. One member of staff told us, "[Name of person] is on supplements. One day she will eat plenty and another day she won't eat much at all. That's how she is."

We observed breakfast and lunch being served to people in the dining room and in people's bedrooms. People spoke positively about the food with comments such as, "It's nice and tasty" "If I didn't like this [the lunch] I would ask for something else" and "We get asked what we want."

When we last inspected the home, we found insufficient records were maintained to demonstrate the effectiveness of the care and treatment for a person who suffered with chronic pain. At this inspection, we found records were in place. One person's records confirmed they were unable to walk long distances because of the pain they experienced. The records showed their pain was monitored and pain relieving medicine was given when they needed it. Their care plan was reviewed each month.

## Is the service caring?

### Our findings

People who lived at College House spoke positively when we asked them about the caring nature of staff. We received comments such as, "They knock the door." "Staff are kind, I get on alright with them" "[The staff] are respectful" and "Can't find any fault."

Staff demonstrated positive caring relationships with the people they were supporting. We saw that staff were friendly, supportive and respectful, and used people's preferred names. People's preferred names were also noted in people's care records. Staff engaged with people in their care, and offered support and encouragement throughout the day. People were comfortable and relaxed with the staff that supported them.

We observed people being supported in the main lounge with their meals. Staff sat with people and we saw the lunch experience for them was not rushed. One member of staff was observed supporting a person with their meal. They provided a balance of assistance and encouragement whilst promoting the person's independence.

Additional observations we made throughout the day were positive and demonstrated how people's privacy and dignity were promoted. For example, two people stayed in bed during the day of our inspection. We heard staff knock on their doors or call out to let the person know when they were entering their rooms.

Staff were able to describe how they showed respect for people's privacy. For example, one member of staff told us, "Lots of ways [to demonstrate privacy], close doors, shut curtains, make sure towels are covering people when they are undressed."

We spoke with staff who told us how they enjoyed supporting people. The staff were able to tell us about people's needs, preferences and other important personal information. This showed that staff had developed positive caring relationships with people. One member of staff told us, "I think people find it comforting that I know what they like and I know how each person likes things done."

Staff told us how they provided support to one person who often became agitated. A member of staff told us, "[Name of person] can become agitated. We try different ways of calming her down and what works for her does vary on a day to day basis. Sometimes she likes one of us [member of staff] with her and sometimes she doesn't." This showed that staff were sensitive to the person's differing needs for reassurance and support on a day to day basis.

We read a compliment letter sent to the home in November 2016. An extract from the letter read, 'I have nothing but praise for you and your team...I visited your home over a period of a few weeks, almost every day...I saw nothing but respect for my mother and the other residents.' The relative who wrote the letter also complimented the support they had received from the home manager.

## Is the service responsive?

### Our findings

People told us that staff provided personalised care that met their needs and we made observations that supported this. One person told us, "Treated as individuals and involved in decisions" and another person commented, "We get up when we want. Most of us are up and about quite early." We saw where people needed assistance, for example, with mobility, staff provided the support and encouragement needed whilst promoting their independence.

People were invited to spend time at the home before they made the decision to move in. One person's care records confirmed they had been undecided after their initial visit and they, 'Need to talk to son and daughter-in-law to help her decide, she said.' This showed the person had actively contributed to the assessment of their needs and their views were taken into account.

Care records provided information about people's life histories. There was a document within people's records called, 'This is me.' This showed personalised information such as where people were born, if they followed a religion, employment history, family circumstances, hobbies and likes and dislikes. This helped staff to understand the people they were caring for and what was important to each person. Care plans provided person centred detail and included people's likes, dislikes and preferences. For example, one person's care plan stated, 'Like to go to bed around 10pm. Get up about 7.30am. I like a cup of tea with two sugars when I wake up.'

Daily care records were completed by staff that showed the personal care people received, and where further monitoring was needed. For example, where people needed support to change their position, this was recorded. We also saw where people were at risk of skin damage, they were regularly checked and their skin condition was monitored. The registered manager reviewed the care plans each month to make sure people's up to date and current needs were recorded.

Staff were kept up to date with people's care and treatment needs at staff handovers. They also completed entries into a handover note book. This provided information for each change of shift. Staff told us they were expected to check the book which would identify any changes and provide reminders for them. For example, confirmation of visiting health professionals and specific additional care tasks for completion, such as who needed their weight checking. The night staff made entries in the book that confirmed the night monitoring checks they had completed.

The provider had a complaints policy and this was available to people and their relatives. The provider had amended the policy following our last inspection to provide the information people needed to make a complaint. However, we noted the complaints policy made reference to out of date regulation.

The complaints policy gave guidance on how to make a complaint and the timescales for response. There was information on how to escalate a complaint to the local government ombudsman should this be required. No formal complaints had been received during 2016. The home manager told us people spoke to them on a regular basis. They told us people and their families also had the opportunity to provide feedback

at meetings or in questionnaires.

Activities were provided and the weekly programme was displayed in the lounges. People we spoke with told us they were enjoyable and said they could join in if they chose to. One person commented, "We have a laugh." We saw that arts and crafts, quizzes, exercises and bingo were options for people to do. There were monthly visits from a local church. Staff regularly popped into the rooms of people who stayed in their rooms during the day. One member of staff told us, "I think we give people what they need and what they want." An activity report record provided detail of the people who had participated in the activities that had taken place. The record also provided hints and tips for staff such as 'conversation starters' and example demonstrations of gentle exercise programmes.

## Is the service well-led?

### Our findings

At our inspection in April 2016, we found that systems were not in place to assess, monitor and mitigate the risk to people using the service. At this inspection, we found, overall, that sufficient improvements had been made to demonstrate compliance with the Warning Notice we had issued. A new call bell system was in place, the steep staircase to the basement was locked, and legionella and water temperature checks had been completed. Suitable arrangements had been made to mitigate the entrapment risks for one person we had identified, who had bed-side rails fitted to their bed. A hospital bed with suitably fitted bed side rails had been provided. Monitoring checks required by people, for example, to check they were safe in their room, were being completed and these were recorded.

We found shortfalls and that improvements were needed to assess, monitor and improve the quality of the service. For example, we still found shortfalls in the management of medicines, the provision and recording of staff induction, training and supervision. There were no recording systems or processes in place to check and monitor other areas of the service on a regular basis, such as care records, health and safety and infection control. This meant the provider was unable to demonstrate they could identify where quality and safety was being compromised and use their findings to make improvements.

The lack of a system to assess, monitor and improve the quality and safety of the service amounted to a repeated breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We had not received any statutory notifications since our last inspection. Notifications are information about specific important events the service is legally required to send to us. We had not been notified about a safeguarding concern raised in August 2016 and we had not been notified that two people living in the home had DoLS authorisations in place since June 2016. The registered and home manager told us these were oversights.

The lack of submission of notifications was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009

People we spoke with commented positively on the management of the home. One person told us, "I know both managers" and another person commented, "Well managed-oh yes." During the inspection we noted the registered manager and the home manager were continually engaged with people and it was evident people knew them well.

Staff we spoke with were positive about the leadership and management of the service. All the staff we spoke with told us they were well supported by the registered manager and home manager. Comments from staff included, "[Name of registered manager] shows staff how to do things properly and asks how we would feel if things weren't done right for us" "[Name of home manager] provides support whenever we need it" and "They [the registered and home manager] are very hands on and approachable."

Meetings were held with staff and people to communicate messages about the home. The home manager



told us the staff meetings were held every few months but also stated that communication was frequent outside of the meetings. Staff we spoke with confirmed this. We saw the minutes from the most recent meeting with people. This took place on 11 November 2016. Discussions took place relating to satisfaction with the service, the new call bell system, management of their medicines, food and activities.

Feedback from people was obtained in quality assurance questionnaires. The most recent survey was completed in July & August 2016. People were asked to comment about what was done well and areas for improvement. The feedback was very positive and people expressed satisfaction with the service provided. A friends and family survey was also completed. One area for improvement noted by a family member was the laundry service. The home manager told us they had taken action in response to the feedback received.

The registered manager was a member of Care and Support West and the managers attended meetings and training days provided by the organisation.

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 18 Registration Regulations 2009 Notifications of other incidents  Notifications of reportable incidents had not been submitted to the Commission.  Regulation 18 (2) (e) (4B)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Medicines were not properly and safely managed.  Regulation 12 (2) (g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems were not in place to assess, monitor and improve the quality and safety for people  Regulation 17 (2) (a)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Staff did not receive training to enable them to carry out their roles effectively.  Regulation 18 (2)

