

Alexandra Nursing Home Limited

Alexandra Nursing Home - Poulton-le-Fylde

Inspection report

Moorland Road
Poulton Le Fylde
Lancashire
FY6 7EU

Tel: 01253893313

Date of inspection visit:
18 August 2022
01 September 2022

Date of publication:
08 November 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Alexandra Nursing Home - Poulton-le-Fylde provides residential and nursing care for up to 117 people. The service has four units for people with different levels of need, including people who require nursing care and people living with dementia. At the time of the inspection visit there were 93 people who lived at the home.

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

The service had improved in terms of safety at this inspection, but some aspects of safety still required improvement. The provider had not addressed all the issues from the last inspection. Although we found no evidence anyone had been harmed, we found the systems in place to manage people's medicines were not always safe which placed them at risk of harm. Records of the care people received were not always accurate.

The service had systems to protect people from abuse and improper treatment and plans to follow in case of emergencies. Staff were recruited safely. The registered manager took a systematic approach to ensuring there were enough staff on duty to meet people's needs safely. The service was clean, tidy and maintained.

Staff supported people with their healthcare needs and worked well with external healthcare professionals. People were cared for by staff who were well supported and had the right skills and knowledge to meet their needs effectively, following good practice guidance. The service met people's nutritional needs and accommodated their preferences.

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 treated well, with kindness and compassion by staff who respected their privacy and dignity and promoted inclusion. The service supported people to be independent. We received positive feedback about the caring approach of staff.

The service put people at the centre of the care they received. Staff identified people's needs and preferences and worked to ensure people were happy with the care they received. The service made sure people were supported to communicate and planned activities to enhance people's wellbeing. The registered manager was working to improve activity provision in the Brambles unit, for people living with dementia.

The service was led by a registered manager who was described as approachable, supportive and caring. The culture at the service was open and inclusive. Staff understood their roles and responsibilities. The provider monitored the quality of the service using a range of systems.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 7 April 2021).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made. However, the provider remained in breach of regulations.

The service remains rated requires improvement and has been rated requires improvement for the last two consecutive inspections.

Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We have found evidence that the provider needs to make improvements. Please see the 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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Alexandra Nursing Home – Poulton-Le-Fylde on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to the safe and proper management of medicines and records at this inspection.

We have made a recommendation about recording best interests decisions.

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

Follow up

We will request an action plan from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

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 responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Alexandra Nursing Home - Poulton-le-Fylde

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors, a member of the medicines team 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.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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

During the inspection

During our visits to the home, we spoke with five people who used the service and six visiting relatives. We spoke with 17 staff at all levels of the organisation, including the registered manager, nurses and care staff. We spoke with a visiting social work professional. Following the inspection visits, we spoke with six people's relatives and three professionals to gain their feedback about the service.

We looked around each area of the home to make sure it was safe, homely and suitable. We spent time observing the care and support people received. This helped us to understand the experience of people who could not or chose not to speak with us.

We reviewed 17 people's care documentation and 12 people's medicines administration records, along with associated medicines documentation.

We reviewed a range of records related to the management of the service, including safety certificates and quality assurance systems.



Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. 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

At our last inspection, the provider had not ensured medicines were always managed safely and properly. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although the provider had made improvements since the last inspection, there were still areas of medicines management that needed to be improved.

- Records to show topical preparations such as creams were being applied were not always completed regularly; therefore, we were not assured people's skin was cared for properly.
- Information regarding people's allergies was not always recorded on their medicine administration records. There was a risk people might be given a medicine which they have previously reacted to.
- We found there were plans for staff to administer people's 'when required' medicines for agitation. However, they did not always include information to support people prior to administering medicines.
- Quantities of remaining medicines did not always match the records of doses administered to the person, so we could not be assured medicines were administered as prescribed.
- Waste and unwanted medicines were not stored safely in line with current guidance.

This demonstrated a continuing breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had completed medicines training and had their competencies assessed to show they could administer medicines safely.

Assessing risk, safety monitoring and management

At our last inspection, the provider had not ensured they safely managed risks to people's health and safety. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At his inspection, we found the provider had made improvements and was no longer in breach of regulation 12 in relation to the management of risks to people's health and safety.

- Risks were assessed and managed to promote people's safety. Staff regularly reviewed risk assessments, and any management plans, to ensure they remained current. Routine inspection and servicing were carried out as required to manage risks related to the premises and equipment. Records related to the management of risk had improved.
- Since our last inspection, the provider had improved training for staff to achieve positive outcomes where people displayed behaviours which could challenge the service. This meant staff were better equipped to support people safely.

Systems and processes to safeguard people from the risk of abuse

- People were protected against the risk of abuse. Staff received training to understand what abuse was, how to recognise it and steps to take to keep people safe. The provider had policies and procedures to support staff to keep people safe.
- People and their relatives spoke positively about how safe the service was. One person told us, "Very safe, the people are very nice." A relative said, "Oh yes, she's always been safe there."

Staffing and recruitment

- Staff were recruited safely. The provider followed safe systems to recruit staff who were of good character and had the skills and knowledge to carry out their role safely.
- There were enough staff on duty to meet people's needs safely. The registered manager used a systematic approach to calculate staffing levels based on the needs of people who used the service.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The service facilitated safe visits into the home. The registered manager supported visits in line with government guidance. We spoke with relatives who confirmed they were able to visit and felt safe doing so because of the infection prevention precautions taken by the provider.

Learning lessons when things go wrong

- Accidents and incidents were used as a learning opportunity. Staff recorded accidents and incidents which were reviewed by the registered manager. This enabled them to identify any trends or themes, to take action, and seek support from external agencies, where appropriate, to reduce the risk of similar incidents.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff assessed people's capacity to consent to and make decisions about their care. Where people lacked capacity, staff followed the MCA code of practice to ensure any decisions made on their behalf were in their best interests. Staff continued to offer people as much choice and control as possible over their care. The registered manager sought legal authorisation where people were subject to any restrictions for their safety. Where DoLS authorisations were granted, we saw the service ensured any conditions were met.
- Staff used recognised tools to assess people's needs and referenced good practice guidance and legislation. This helped to ensure people received effective and appropriate care which met their needs and protected their rights.
- Staff assessed people's needs and involved them, or others acting on their behalf, in care planning to ensure their choices and preferences were considered and their needs were met. Staff gathered information from the person and professionals involved in their care to create written plans of care for staff to follow. Staff knew people's individual needs and preferences well which helped them provide effective care.
- Records related to best interests decision making did not clearly demonstrate how decisions were reached and who had been consulted. Staff and the registered manager were able to explain how processes were followed, but records did not always reflect this.

We recommend the provider reviews their systems around recording of best interests decisions to ensure they can demonstrate they are following the MCA code of practice.

Staff support: induction, training, skills and experience

- Staff had skills and knowledge to carry out their roles effectively. They completed a range of training to give them the skills and knowledge to provide people's care effectively. Staff had opportunity to gain professional qualifications and were encouraged and supported to do so. The registered manager continually analysed training needs and made plans to address any gaps. One person told us, "They definitely know what they are doing, they have training." A relative told us, "Staff that are there are very good. Couldn't have been any better, they have been exceptional. Never had any issues as such." Another said, "Staff know what they are doing, for sure, very competent."
- Staff were well supervised and supported. They had regular meetings where they could discuss their roles and training needs. Staff said they felt well supported by the registered manager and deputy manager and spoke about positive changes they had seen under the new management team. One staff member told us, "[Registered manager] is really good. She's dynamic, supportive and personable. I can go to her with anything."

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

- Staff supported people to ensure they received a balanced diet and sufficient fluids to maintain their health. They assessed people's nutritional needs and sought professional guidance where people were at risk, for example of malnutrition or difficulties with swallowing. Professional guidance was used in care planning to help ensure people's nutritional needs were met effectively. One person told us, "I think the food is lovely... We get a choice, we get very healthy meals, and you get enough." Another said, "I have been used to fine dining, the food is adequate and sometimes good." A relative told us, "Mum has always said how good the food is, which is important."

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

- Staff worked with other agencies, such as GPs and community nurses to ensure people's needs were met. The service supported people to access healthcare services and followed guidance to support them with ongoing health conditions and ensure their healthcare needs were met. One person told us, "If I was ill, they would get the doctor, but I don't need them as I am very well."

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

- The service was designed to be safe, accessible and comfortable. Communal areas provided space for people to relax in the company of others. The provider ensured the premises were maintained. One person told us, "It's beautiful in here and I am happy with my room, I have my pictures up in my room."
- The service had four distinct units, for people with differing needs and abilities. This helped to ensure the service had the right staff and equipment in place to meet people's needs effectively.
- The Brambles unit, which was designed for people living with dementia, was undergoing refurbishment at the time of our inspection. The registered manager shared their plans with us about how they were making the unit more dementia friendly.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff involved people, as far as possible, in decisions about their care. Many people who lived at the home were living with conditions which affected their capacity to make decisions. This sometimes made it difficult for staff to obtain their views in detail.
- We received mixed feedback about how people were involved in making decisions. Three people told us staff involved them and listened to them. However, some people's relatives told us they had not been involved in reviews of their loved one's care, whilst others told us they felt the service kept them up to date. We saw examples of the service supporting people with positive risk taking, ensuring they had all the information they needed to make a decision.
- Staff told us where people were unable to express their views, they involved people who knew them well, or involved independent advocates, to ensure decisions were made in their best interests. However, records did not always evidence this involvement in decision making and care planning. We discussed this with the registered manager who confirmed they would review their systems to better demonstrate people's involvement.

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

- People were treated with respect, compassion and kindness, by staff who promoted equality and valued diversity. Staff received training which covered equality and diversity and the importance of valuing people's individual backgrounds and life experiences.
- We observed staff took a kind and caring approach during their interactions with people and received positive feedback about the staff team. One person told us, "It is kind caring place, the staff are good." A relative told us, "Staff have got to know mum very well. Very personable with her. She's not got the same rapport with the agency staff. But the rest of the staff, she's always got praise for them. The long-established staff all make an effort to check in on her to make sure she's alright. Built up nice relationships with them." Another told us, "The staff have always gone out of their way to reassure me."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and supported them to maintain their dignity. People and their relatives gave us positive feedback about the caring approach of staff.
- Staff respected people's right to privacy and ensured, when delivering personal care. Doors and curtains were closed, and people were covered.
- Staff promoted people's independence as far as possible. A relative told us, "The fact that she is now standing is encouraging, a massive step." Staff supported people to make choices and to do what they could

for themselves. Staff told us they encouraged people to maintain their independence. People's abilities were recorded in care plans to guide staff on the level of support they required.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection, we made a recommendation to the provider to implement person-centred care plans that were consistently updated. During this inspection, we saw the provider had made improvements.

- People received care and support which was personalised to them. Staff assessed people's needs and recorded their preferences in relation to health, care and social needs when they first moved into the home. Staff regularly reviewed written plans of care to ensure they continued to meet people's needs. We saw some very person-centred care planning, which guided staff on how best to meet people's particular needs and supported people with positive risk taking.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service met people's communication needs. Staff assessed people's individual needs and recorded this information as part of the initial assessment and care planning process. Information about people's communication needs was shared with other services when appropriate, for example, if someone needed to attend hospital. A visiting relative told us, "She gets her words jumbled, the staff are patient with her."

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 provided with and supported to participate in activities to help maintain their social health. We saw staff supported people with activities in the home, such as exercises, bingo, quizzes, arts and crafts. The home also held themed days where staff would dress up and activities centred around the theme. We received very positive feedback about the activity coordinator in the Main House area of the home. One person told us, "We have a bit of bingo, sometimes dancing. We do crafts. We do things for things like the Jubilee, and Christmas."
- Activities were provided in the Brambles unit however, they were more limited. This was partly owing to people's ability to participate and partly due to a vacant activity coordinator post. However, when people living with dementia spoke and acted as if they believed they were employed at the home or were living at a

different time in their lives, staff entered their world respectfully and compassionately having conversations that were relevant and valued by the person. The registered manager explained they had identified a suitable candidate for the activity coordinator role and were in the process of recruiting them. They hoped this, along with the refurbishment in Brambles unit would assist in providing more meaningful activities to support people's social and mental health.

- People were supported to maintain relationships with those who were important to them. Staff supported people to call relatives on the telephone and over video calling. Relatives we spoke with told us there were no restrictions on when they were able to visit.

Improving care quality in response to complaints or concerns

- The provider had processes to ensure complaints were dealt with properly. The service had received one complaint in the last 12 months, which we saw had been investigated and responded to appropriately. The provider's processes treated any concerns or complaints as an opportunity to learn and to improve the service.

End of life care and support

- The service had processes to support people to have a dignified and pain-free death. The service followed best practice guidance in relation to planning end of life care. Staff had recorded people's end of life decisions and had links with appropriate external professionals. People's preferences and spiritual needs were recorded. A relative told us, "We were involved in discussions, they really helped us with all that. Just recently, they discussed advanced decisions and hospital admissions. They explained all the different medications and what to expect with the syringe driver and end of life care. Very informative."
- The registered manager aimed to ensure all relevant support was available to ensure people received the necessary support to remain in their own home. Further training for staff had been arranged around end of life care with the aim of further reducing unnecessary admissions to hospital.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was sometimes inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection, we found records were not always accurate and up to date. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found although improvements had been made, there were still records which were not accurate and up to date.

- The provider had made improvements to records related to risk assessment and care planning. However, we found shortfalls in standards with records related to medicines, as referred to in the safe section of this report. Additionally, we found records related to the delivery of people's care were not always accurate. For example, in respect of fluid intake, pressure area care and oral care.
- Records of people's care were not always accurate and contemporaneous. The provider had not ensured that an adequate number of hand-held devices were available for staff to record the care they delivered at the point of delivery. Staff told us they were having to share devices and input care records for other staff because devices were broken or unavailable. We shared this with the registered manager who explained they had identified the issue and had ordered more devices.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection, we received confirmation from the registered manager that new devices had been put into use. We checked a sample of records which showed some improvement to recording of the care people received.
- The registered manager understood their legal obligations, including conditions of their CQC registration and those of other organisations. We found the service was well-organised, with clear lines of responsibility and accountability.
- The registered manager and staff were experienced, knowledgeable and familiar with the needs of people they supported. Staff were enthusiastic about making a difference for people and had a clear understanding of their roles.

- The registered manager used a variety of methods to assess, monitor and improve the quality of the service provided. We saw they used audits, along with feedback from people and staff to identify areas for improvement.

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

- The registered manager had created a culture that was open, inclusive and put people at the heart of the service. Staff ensured people's needs were met through ongoing review of their care and referenced current legislation and best practice guidance to achieve good outcomes. We received feedback about positive changes since the registered manager started in post. A relative told us, "They have got better at communicating. Sometimes, didn't know what was going on, the difference now is like night and day." Another said, "It seems to have improved. It's changed for the better. I think COVID hampered the previous manager, but do feel as if now it has improved, the staff have improved."
- The staff team worked well together to achieve good outcomes for people. Staff told us about how they worked as team to care for people. Also, how they had seen positive changes since the registered manager started in post. One said, "I've seen lots of changes for the better under [registered manager]. Really good teamwork. It feels like a family. Everyone pulls together." Another said, "It's a really good atmosphere. I love it here."

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 provider had a policy and procedure which provided guidance around the duty of candour responsibility if something was to go wrong. The registered manager knew how to share information with relevant parties, when necessary, and had done so.

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

- The service engaged with people who used the service and staff via face to face meetings and surveys. The registered manager engaged with people's family members by way of newsletters and satisfaction surveys. We received some mixed feedback from family members about whether they had been asked for their opinions of the service. We fed this back to the registered manager who explained they were working to improve engagement with family members.

Working in partnership with others

- The service worked in partnership with a range of healthcare professionals. This helped to ensure people's needs continued to be met and their wellbeing enhanced.
- We received feedback from people's relatives that it was sometimes difficult to get through to the home by telephone, particularly outside of normal office hours. This feedback was echoed by an external professional. We fed this back to the registered manager who agreed to look into this following the 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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had not maintained securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided. 17(1)(2)(c)

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider had not ensured the safe and proper management of medicines. 12(1)(2)(g)

The enforcement action we took:

We served a warning notice against the provider.