

Premier Nursing Homes Limited

Briarwood 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?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 9, 10 and 17 October 2018 and was unannounced. This meant the provider and staff did not know we would be attending.

The service was last inspected in January 2017 and was rated Good. When we returned for this latest inspection we found that medicines were not managed safely. We also found issues with staffing levels, training and governance and management processes. As a result, the rating of the service changed to requires improvement.

This is the second time the service has been rated requires improvement. It was last rated requires improvement at an inspection in 2016.

Briarwood 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. Briarwood Care Home accommodates up to 49 people across two units. One unit provides general nursing and residential care, and one unit provides nursing and residential care for people living with a dementia. At the time of our inspection 44 people were using the service.

The service had a manager, who joined the service in June 2018 and had applied to be registered manager at the time of our inspection. 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. They will be referred to as the manager in this report.

The provider, Premier Nursing Homes Limited was taken over by Hill Care Limited in March 2018. Hill Care Limited retained the name and legal status of Premier Nursing Homes Limited as the provider of this service, but replaced them as the legal owner.

Medicines were not always managed safely. Staffing levels were not always sufficient on the unit for people living with a dementia. Staff at the service had not always received the training deemed mandatory by the provider. The provider's governance processes were not always effective at identifying and resolving issues.

The provider's recruitment processes minimised the risk of unsuitable staff being employed. Risks to people were assessed and plans put in place to reduce the chances of these occurring. The premises were clean and tidy and the provider had effective infection control systems. Plans were in place to support people in emergency situations. People were safeguarded from abuse.

Staff were supported with regular supervisions, and appraisals were planned. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way

possible. The policies and systems in the service supported this practice. The service worked closely with a wide range of external professionals to ensure people received the healthcare they needed. People were supported to manage their food and nutrition. The premises were adapted for the comfort and convenience of people living there.

People spoke positively about staff at the service, describing them as kind and caring. Throughout the inspection we saw numerous examples of staff delivering kind and caring support. People were treated with dignity and respect and were supported to be as independent as possible. Policies and procedures were in place to support people to access advocacy services.

Care plans were in place based on people's assessed support needs and preferences. People were supported to access activities they enjoyed. Policies and procedures were in place to investigate and respond to complaints. Nobody at the service was receiving end of life care at the time we inspected, but policies and procedures were in place to support people.

Staff spoke positively about the manager and the change of leadership at the service. The manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken. Feedback was sought from people, relatives and staff at regular meetings. The manager was working to develop and strengthen a number of links with community groups and agencies.

We found three breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014, in relation to medicine management, training records and good governance. You can see what action we took at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

People's medicines were not always managed safely.

Staffing levels were not always sufficient on the unit for people living with a dementia.

Policies and procedures were in place to safeguard people from abuse.

Effective infection control policies and practice were in place.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff at the service had not always received the training deemed mandatory by the provider.

People were supported to have maximum choice and control of their lives.

Staff sought out and worked to best practice to deliver effective support.

Requires Improvement ●

Is the service caring?

The service was caring.

People and their relatives spoke positively about the care they received.

Staff treated people with dignity and respect and promoted their independence.

Procedures were in place to support people to access advocacy services where appropriate.

Good ●

Is the service responsive?

The service was responsive.

Good ●

People received person-centred support.

People were supported to take part in activities they enjoyed.

The service had a complaints policy and people and their relatives said they would use it.

Is the service well-led?

The service was not always well-led.

The provider's governance processes were not always effective at identifying and resolving issues.

Staff spoke positively about the culture and values of the service.

Feedback was sought from people, relatives and staff.

Requires Improvement 

Briarwood Care Home

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 took place on 9, 10 and 17 October 2018 and was unannounced. This meant the provider and staff did not know we would be attending. The inspection team consisted of one adult social care inspector, a pharmacist inspector and a specialist advisor nurse.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the commissioners of the relevant local authorities, the local authority safeguarding team and other professionals who worked with the service to gain their views of the care provided by Briarwood Care Home.

We spoke with three people who used the service and three relatives of people using the service. People who used the service were not always able to communicate with us verbally, so 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 14 members of staff, including the manager, deputy manager, area manager, a nurse, care, domestic and kitchen staff. We also spoke with one external professional who works with the service.

We looked at four care plans, nine medicine administration records (MARs) and handover sheets. We looked

at three staff files, which included recruitment records. We also looked at records involved with the day to day running of the service.

Is the service safe?

Our findings

Medicines were not always managed safely. Stock counts did not match with how many administrations were documented on the Medicines Administration Record (MAR). Therefore, we could not be sure medicines were administered as prescribed.

We looked at records relating to self-administration in the home and found they were not in line with the homes medication policy. For example, we looked at records for one person applied their creams themselves. We saw that no risk assessment had been completed. We also found contradictory information detailed in the person's care plan about whether they could safely manage their creams. Therefore, we could not be sure this cream was being applied as per prescribed instructions.

Topical medicines were not managed safely. We checked ten topical MARs and found all to be incorrect. For example, we looked at one record where a person was prescribed a barrier cream to be applied once daily. No records could be provided to show the cream had been administered and creams found in the room dated back to 2017. Therefore, we could not be sure creams were being applied as prescribed. Records relating to 'when required' medicines were either incomplete, not specific to the person or not in place.

We saw that controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) were appropriately stored and signed for when they were administered however the home did not always follow their own policy. For example, on the downstairs unit staff did not record when stock checks had taken place. We also found one bottle of medication in use that had expired seven days before our visit.

Medicines which required cold storage were kept in fridges within the medicine store rooms. However, temperatures were not always monitored to ensure medicines were safe to use.

We looked at how the home managed covert medicines (medicines which are disguised in food or drink when a person lacks mental capacity) and found staff on the unit providing general nursing and residential care had followed the provider's policy and Mental Capacity Act 2005 (MCA) guidance to ensure all paperwork was in place. However upstairs on the unit for people living with a dementia we found one person who had been receiving covert medicines since September 2018 with no best interest decision or any advice from a pharmacist. Medicines had also been recorded as not being given without further referral to the person's GP.

We looked at the process for auditing medicines within the home and found that whilst audits had been carried out they had not picked up all of these concerns found on inspection. A formal action plan to address the issues found was also not in place.

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

Staffing levels were not always sufficient on the unit for people living with a dementia. Daytime staffing

levels (between 8am and 8pm) on that unit were one nurse, one senior care assistant and three care assistants. Between 8am and 2pm there was an additional care assistant. Night staffing levels (between 8pm and 8am) were one nurse and two care assistants.

Staffing levels were based on people's assessed levels of dependency, which were reviewed every month. However, all the staff we spoke with on the unit said this did not accurately measure the support people needed. One member of staff told us, "I don't think we have enough staff. I think it should be five all day. It drops to four at 2pm, and one always has to be in the lounge which means three to do everything else." Another member of staff said, "It's always busy up here. Everyone is high dependency, and lots need two to one support and the hoist. We used to have more staff up here at one point but it has been reduced over the years."

We carried out observations on the unit and saw that staff were very busy for most of the day. On two occasions we saw staff having to run down corridors or into lounges to help deescalate situations to keep people safe as they were busy in other parts of the unit. Mealtimes were busy as care staff both served meals and supported people to eat.

In contrast we received positive feedback on staffing levels on the unit providing general residential and nursing care. Daytime staffing levels (from 8am to 8pm) were one senior care assistant and three care assistants. Night staffing levels (8pm to 8am) were two care assistants, but the provider was recruiting a senior care assistant and when completed there would be one senior care assistant and one care assistant. One person told us, "Plenty of staff around and they get there as quickly as they can if you ring for help." A relative we spoke with said, "There are always staff on. Sometimes they seem short staffed but, I know if I ever need anything or he does and we ring the bell they are there straight away." A member of staff told us, "There are enough staff down here. Sickness and holiday gets covered."

Our judgment was that staffing levels were not always sufficient on the unit for people living with a dementia.

This was a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

The provider's recruitment processes minimised the risk of unsuitable staff being employed. Applicants completed an application form setting out their employment history, provide proof of identity and attend an interview. Written references were sought and Disclosure and Barring Service (DBS) checks carried out. The DBS carry out a criminal record and barring check on individuals who intend to work with children and adults. This helps employers make safer recruiting decisions and to minimise the risk of unsuitable people from working with children and adults. For nursing staff, checks were made with the Nursing and Midwifery Council (NMC) on the applicant's professional registration.

Risks to people were assessed and plans put in place to reduce the chances of these occurring. Care plans we looked at contained evidence of active risk management in areas including mobility, nutrition and pressure care. Staff used recognised tools such as Waterlow to help identify and tackle risks to people. Waterlow gives an estimated risk for the development of pressure sores. Risk assessments were regularly reviewed to ensure staff had the latest information to help keep people safe.

The premises and equipment were monitored to ensure they were safe for people to use. Regular safety and maintenance checks were carried out, including of window restrictors, hoists, water temperatures and wheelchairs. Required test and maintenance certificates were in place in areas including gas and electrical

safety. Accidents and incidents were monitored for trends to see if improvements could be made to improve people's safety.

The premises were clean and tidy and the provider had effective infection control systems. The manager had worked with local infection control nurses to ensure staff were aware of the latest best practice. The premises were cleaned daily, and staff had access to appropriate personal protective equipment (PPE).

Plans were in place to support people in emergency situations. The provider had a contingency plan in place to help ensure people received a continuity of care should the service be disrupted. Personal Emergency Evacuation Plans (PEEPs) were in place. PEEPs are documents that are designed to give staff and emergency services an overview of people's support needs in emergency situations. Fire drills took place and regular checks were made of firefighting equipment and systems.

People were safeguarded from abuse. Staff had access to the provider's safeguarding policy, which gave guidance on the types of abuse that can occur in care settings and information on how this should be reported. Staff said they would not hesitate to report any concerns they had. One member of staff told us, "I'd report any concerns straight away." Where issues were raised, records showed they were appropriately investigated and reported to the appropriate authorities.

Is the service effective?

Our findings

Staff at the service had not always received the training deemed mandatory by the provider. Mandatory training is the training and updates the provider deems necessary to support people safely and effectively. This included training in safer people handling, health and safety and equality and diversity. For example, out of 31 staff required to complete safer people handling, three had no record of ever having completed it and 11 had overdue refresher training in the subject. Out of 46 staff required to complete health and safety training, 11 had no record of ever having completed it and 16 had overdue refresher training. In some areas no staff were recorded as having completed training, for example continence care.

We spoke with the manager about training at the service. They told us, "The matrix makes for sorry reading. It has improved slightly, but we're concentrating on getting it booked in." We saw that training was arranged in coming weeks, including in first aid and safeguarding. We also saw that training was taking place during out inspection. Staff we spoke with said training had improved since the provider was taken over by a new company in March 2018. One member of staff said, "The training is really good. It used to be online and inhouse, but now it's inhouse. They get us training on people's changing needs, for example diabetes."

Our judgement was that the manager and provider were working to improve staff training but that the provider had not always been effective at ensuring training was completed or recorded.

This was a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Staff were supported with regular supervisions, and appraisals were planned. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. The manager said they did not want to carry out appraisals until they had been at the service for 12 months and had an opportunity to get to know all staff well. They told us, "I started the supervisions afresh. I'm not sure what [the previous manager] was doing when she was here but I didn't see any point in referring back to them, so wanted to get off to a fresh start. It was also a good way of getting to speak with all staff and checking on their welfare." Records of supervision meetings showed they were used to have detailed discussions with staff about their welfare, performance and any issues they might need support with. Staff spoke positively about supervisions.

Before people started using the service a detailed pre-admission assessment was carried out to ensure staff could meet the person's needs. This drew on information provided by people, relatives and other professionals providing support. These assessments were then used to develop care plans based on people's assessed support needs.

The service worked closely with a wide range of external professionals to ensure people received the healthcare they needed. This included GPs, social workers, district and practice nurses, physiotherapists and speech and language therapists (SALT). Records confirmed referrals to these services were made in a timely manner and that staff acted on any recommendations made. One external professional we spoke with said, "The staff are good at what they do."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Line space

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of our inspection 41 people were subject to DoLS authorisations. These were clearly recorded and monitored to ensure any applications for re-authorisation could be made in a timely manner. Where decisions were made by staff for people who lacked capacity to do so themselves, best interest decisions and mental capacity assessments were clearly recorded.

People were supported to manage their food and nutrition. People's dietary support needs and preferences were assessed before they started using the service, and relevant care plans drawn up to reflect these. This information was passed to kitchen staff, who were knowledgeable about people's specialist diets such as pureed, soft and bite-sized and diabetic. People's nutritional health was monitored, including through regular weighing and consultation with dieticians.

People spoke positively about food at the service. One person told us, "The food is great and there's plenty of it. They make things I like." Another told us, "The food is good, and you get plenty of it. I sit at a table with a few others and we have a good natter." We saw people enjoying lunch at the service. People could choose food from a menu or request something else to eat if they wished. Where needed people were supported to enjoy their food at their own pace. Between meals people were offered regular drinks and snacks.

The premises were adapted for the comfort and convenience of people living there. Dementia friendly signage was in place and handrails and doors were painted in contrasting colours to help people living with a dementia move around the building. Sensory and reminiscence materials were in place around communal areas to help people engage with their environment. People had access to an enclosed garden around the perimeter of the building, and there were plans to build a greenhouse as some people had expressed an interest in gardening. People's rooms were customised with their own furniture and possessions. One person told us, "I have my own room and I could put wallpaper up in it."

Is the service caring?

Our findings

People spoke positively about staff at the service, describing them as kind and caring. One person told us, "It's smashing here. The staff are great and they'll do anything for you." Another person said, "I think of this as my own home and am very happy here," and, "The staff are absolutely great, wonderful. I love each and every one of them. They will do anything at all for you."

Relatives also spoke positively about the care provided by staff. One relative told us, "I find them great," and "I think [named person] is happy here."

Throughout the inspection we saw numerous examples of staff delivering kind and caring support. Staff clearly knew people very well, and used this information to have meaningful conversations with them about their lives, families and memories. We saw one member of staff having a lengthy conversation about a place they both used to live, comparing what they thought about the place. We saw another member of staff supporting a person who had become anxious by talking to them about things they were fond of and enjoyed doing, which helped to reassure and comfort the person. We were talking with one person when a member of staff came over, joined the conversation and mentioned how much the person enjoyed dancing. The person started smiling and agreed, and later in the day we saw the member of staff dancing with the person.

People were treated with dignity and respect. Staff were discreet when asking people if they needed assistance and in offering support, and ensured they discussed this quietly so they would not be overheard. Staff asked people for permission to enter their rooms or to assist, and explained what they were doing at every stage when supporting people. For example, we saw staff assisting someone to move using a hoist. They told the person what they were doing throughout the process and talked with them to offer reassurance.

Most people living at the service lacked capacity to make decisions for themselves. Despite this, staff still involved them in the decision-making process as much as possible to help them feel in control of their lives. For example, we saw one member of staff helping a person living with a dementia deciding where they wanted to sit. To help the person understand the choices the member of staff walked with them to look at the different chairs and then helped them to decide on the basis of where they had liked to sit in the past.

People were supported to be as independent as possible. When they indicated that they would like support, staff asked how they would like to be helped and what – if anything – they would like to do for themselves. Where safe to do so staff encouraged people to try things for themselves. For example, we saw a member of staff walking up and down a corridor with one person who had limited mobility so they had an opportunity to exercise their legs.

Policies and procedures were in place to support people to access advocacy services. Advocates help to ensure that people's views and preferences are heard. At the time of our inspection three people were using advocates, and their involvement was recorded in people's care records.

Is the service responsive?

Our findings

People and their relatives were involved in designing and reviewing their care, which helped ensure it was person-centred. Person-centred planning is a way of helping someone to plan their life and support, focusing on what is important to the person. One person told us, "They [staff] do anything I want them too, couldn't do more." A relative we spoke with said, "I was involved in drawing up the care plan, they [staff] asked me for my views and preferences. They also asked me about his views and how he would like things, his interests and preferences."

Care plans were in place based on people's assessed support needs and preferences. These covered areas such as personal care, mobility, moving and handling and communication. Care plans contained detailed guidance to staff on how the person wished to be supported and tasks they wished to complete for themselves, especially around personal care. Plans were regularly reviewed to ensure they reflected people's current support needs and preferences.

The service was in the process of moving care plans onto a new format, which included developing new personal profiles and adding these to people's care plans. These would include details of people's life history, relatives and events of significance. Staff we spoke with could discuss people's life history in detail, and this information was being used to help develop the personal profiles along with information from people and their relatives.

Daily handover meetings took place at which staff coming onto their shift were given information on people's current support needs and preferences. This was designed to ensure they had the latest information on the support people wanted and needed.

Staff spoke positively about care records at the service and said they contained all of the information needed to support people effectively. One member of staff said, "Care plans are clear and easily accessible. If you want information you know where to find it."

People's communication support needs were assessed when they started using the service and regularly reviewed to ensure information was available to them in the most accessible way, for example through the use of pictorial menus. This meant the provider was following the principles of the Accessible Information Standard (AIS). The AIS was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand.

People were supported to access activities they enjoyed. The service had an activities co-ordinator, and the provider was trying to expand activities provision by employing a second co-ordinator. There was a timetable of activities displayed in communal areas of the building, and people also had 1:1 time with the activity co-ordinator if they did not want to take part in these. Activities included arts and crafts, singing, trips out to local amenities and attractions and visiting entertainers. People living with a dementia were supported to attend dementia-friendly screenings at a local cinema.

During the inspection people were baking as part of 'National Baking Week.' We also saw people had taken part in a 'balloon tennis' session. Records showed that activity provision was regularly reviewed by the manager and activity co-ordinator, and action plans put in place to try and improve them.

People were supported to maintain social relationships and networks that were important to their sense of identity. For example, people who practised a religious faith were supported with this by staff arranging for visits from ministers of religion. Staff supported one person by reading the Bible to them. Couples had been supported to live together at the service. The manager told us, "Staff are really good at keeping family involvement."

One person we spoke with said, "There are activities you can do if you're interested. I know about them and could do them if I wanted." A relative told us, "There are activities here. They've taken [named person] out to the cinema, were trying to stimulate him. He would get involved in things. They do try." Staff all said an effort was made with activities, and that this would be improved further once an additional activity co-ordinator was employed. One member of staff said, "We need more staff and more activities to improve things." Another told us, "Some days are better than others with activities. Not a lot of stimulation going on. The co-ordinator is very good with the limited things she's got, but she's limited with what she can do because we have limited staff to go with her. Hopefully if staffing goes up we might get more out."

Policies and procedures were in place to investigate and respond to complaints. The provider had a complaints policy that set out how issues could be raised and explaining how they would be investigated. Where complaints had been raised we saw they were investigated in line with this policy. People and their relatives told us they were aware of the complaints procedure and would be happy to use it if needed. One relative we spoke with said, "I've been given the complaints process, I'd just tell them. I've never had to complain."

Nobody at the service was receiving end of life care at the time we inspected, but policies and procedures were in place to investigate this if needed.

Is the service well-led?

Our findings

The service had a manager, who joined the service in June 2018 and had applied to be registered manager at the time of our inspection. 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.

The manager and provider carried out a number of quality assurance audits to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. These included audits of care plans, medicines, accidents and incidents and health and safety. However, we saw that these audits had not always identified or led to action being taken on the issues we found during the inspection with medicines, staffing and training records.

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

A new provider took over in March 2018. A number of staff left when this change took place. The provider was in the process of changing the service's policies, procedures and documentation to reflect the ownership changes. In addition, new area managers were in place to oversee the service. We spoke with the provider about our inspection findings following our visit. A short time after the inspection they sent us action plans setting out how they were reviewing and planning to address the issues raised.

Staff spoke positively about the manager and the change of leadership at the service. One member of staff said, "[Named manager] coming in was a godsend. Everything has totally changed. Morale was low before, which does eventually impact on people. It's high now." Another member of staff said, "The manager is lovely. She's firm, which I like, as she does her job and that helps. I'd be happy to go to her with any problems." The manager had worked hard to stabilise the service after the ownership changes, and all staff we spoke with said morale and the culture and values of the service had improved. Relatives we spoke with also said there had been a change of culture at the service. One relative told us, "Things are better now, working well under the new manager." Another relative said, "I've met the manager. The staff all seem to think she's okay. I know they're recruiting new staff." An external professional told us, "I find the manager very approachable and supportive."

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

Feedback was sought from people, relatives and staff at regular meetings. Records of these showed that all

were encouraged to raise any issues they had and discussed things they felt were important. One member of staff told us, "We get staff meetings here and we're all encouraged to raise issues." The provider was planning on carrying out feedback questionnaires of people, relatives and staff in March 2019 after they had operated the service for 12 months.

The manager was working to develop and strengthen a number of links with community groups and agencies. The service had links with local churches and schools, which included attending charity events and visits to Briarwood Care Home. The manager had accessed training provided by the local authority to help staff increase their knowledge and skills.

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 Medicines were not always managed safely. Regulation 12(1).
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's governance processes were not always effective at identifying and resolving issues. Regulation 17(2)(a).
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staffing levels were not always sufficient on the unit for people living with a dementia. Staff at the service had not always received the training deemed mandatory by the provider. Regulation 18(1) and (2)(a)