

# The Leo Trust Limited

# The Croft

## 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



### Overall summary

This was an unannounced inspection carried out on 16 December 2014. The previous inspection was carried out in June 2014, when breaches had been found with six regulations. This inspection included following up the action taken by the service in response to the breaches.

The Croft provides accommodation and personal care for up to four people with a learning disability. It specifically

provides a service for older people who have a learning disability and some who are living with dementia. At the time of the inspection there were four people living at The Croft.

The service does not have a registered manager; the manager had submitted an application to the Care Quality Commission to register. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

# Summary of findings

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 received their medicines when they should. However we found shortfalls in some areas of medicine management. Where people were prescribed medicine "as required", there was a lack of proper guidance to enable staff to administer these medicines safely and consistently. Where people were prescribed "one or two" sachets, we were unable to ascertain what had been administered as staff had not recorded this detail.

People were not always protected by robust recruitment procedures. Records required by the law to be held on staff files that would reflect that a robust recruitment process had been followed were not always present. For example, a full employment history with written explanations regarding any gaps. New staff underwent a thorough induction programme, which including relevant training courses and shadowing experienced staff, until they were competent to work on their own. Although they had not undertaken training specific to people's needs, such as dementia training.

The service was well maintained. There were systems and checks in place to help ensure that the equipment and premises remained in good condition and working order.

People felt safe living at The Croft. The service had safeguarding procedures in place, which staff had received training in. Staff demonstrated a good understanding of what constituted abuse and knew how to report any concerns.

People were supported by sufficient numbers of staff on duty, in order to meet their needs and facilitate their chosen activities. Staffing numbers had been reassessed and increased since the last inspection, in order to fully meet people's needs. Staff received effective supervision as well as having staff meetings, although supervision was not in line with timescales within the provider's supervision policy. Staff received training relevant to their role, which was periodically updated. There were some gaps in staffs training, although the manager was aware of this, further courses had been booked and there was a plan to address the shortfall.

Risks associated with people's health and welfare had been assessed and guidance was in place about how these risks could be minimised. There were systems in place to review any accidents and incidents and make relevant improvements, to reduce the risk of further occurrence.

People had opportunities for a range of leisure activities that they liked. Staff were familiar with people's likes and dislikes and used different communication methods with people, to enable people to make their own choices.

People said the food was "nice". They had a variety of meals and adequate food and drink. Where people were at risk of poor nutrition or hydration, professionals had been involved in assessments of their needs and advice and guidance had been implemented. Some people were involved in the planning and preparation of meals.

People were supported to make their own decisions. The manager and staff had received or were booked to attend training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS), the manager was aware of the process, where people lacked the capacity to make their own decisions, to ensure these decisions would be taken in their best interests. The manager had contacted the local authorities DoLS office for further advice and guidance.

People and/or their relatives were involved in planning people's care and support. Care plans were being further developed to include a step by step guide to people's preferred routines, their wishes and preferences and skills and abilities. People had regular review meetings to discuss their support and aspirations. People's health care needs were closely monitored; they had access to a variety of healthcare professionals and were supported to attend healthcare appointments to maintain good health.

People were relaxed in staffs company and staff listened and acted on what they said. People's privacy was respected. People said they "like" all of the staff" or "love them". Staff were kind and caring in their approach and knew people and their support needs well.

The service had systems in place to obtain people's views, which included questionnaires and informal discussions. There were also systems in place to monitor and audit

# Summary of findings

the quality of service provided. Senior managers carried out visits to the service and staff undertook various regular checks. People felt comfortable in complaining, but did not have any concerns.

Staff were aware of the 'concept' (vision and values) of the service. They worked as a team to support people with their independence and ensure they had equal opportunities as members of society.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

# Summary of findings

## 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. There was a lack of guidance in place for some prescribed medicines. There was an absence of records about the amount of some medicines people received and why they may not have received their medicines.

People were not always protected by robust recruitment procedures. People felt the service was safe. There was enough staff on duty to meet people's support needs.

Risks to people's health and welfare had been assessed and measures were in place to keep people safe. Equipment and the premises were maintained and serviced regularly.

**Requires Improvement**



### Is the service effective?

The service was effective. People received care and support from staff that were trained and felt supported. However staff had not received specific to people's needs, such as dementia care.

Staff knew people and their support needs well. Health care needs were closely monitored and a variety of health care professionals were involved in people's care and support.

People liked their meals and some people were involved in planning the menus. People's special diets were catered for.

**Requires Improvement**



### Is the service caring?

The service was caring. People were treated with dignity and respect and staff adopted an inclusive and kind and caring approach.

The atmosphere within the service was relaxed and people were listened to by staff who acted on what they said.

Staff supported people where possible to maintain their independence.

**Good**



### Is the service responsive?

The service was responsive. Where possible people were involved in planning their care. People and their relatives attended regular review meetings where people's future care and support was discussed.

Care plans contained people's likes and dislikes. A step by step guide of people's preferred routines and their skills and abilities were being developed.

People did not have any concerns, but said they would feel comfortable in raising concerns with staff.

**Good**



# Summary of findings

## Is the service well-led?

The service was well-led, but did not have a registered manager. People and staff felt the manager was supportive and approachable.

Staff were aware of the ethos of the organisation. They worked as a team to support people with their independence and ensure they had equal opportunities as members of society.

The provider had systems in place to monitor the quality of care provided and help ensure people received a quality service.

**Requires Improvement**



# The Croft

## 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 16 December 2014 and was unannounced. The inspection was carried out by one inspector.

Prior to the inspection we looked at previous inspection reports and notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We spoke with two people who used the service. We spoke with the Chief Executive Officer, the manager and two members of staff.

We undertook observations to help us understand the experience of people who could not talk to us. We observed staff carrying out their duties, communicating and interacting with people. We reviewed people's records and a variety of documents. These included two people's care plans and risk assessments, three staff recruitment file, the staff induction records, training and supervision schedules, staff rotas, medicines records and quality assurance surveys.

After the inspection we contacted five health and social care professionals who had had recent contact with the service and received feedback from three health and social care professionals by telephone or email.

We contacted two relatives of people living at The Croft by telephone to gain their views and feedback on the service provided.

# Is the service safe?

## Our findings

People told us they received their medicines when they should. Relatives felt medicines were handled safely. However we found shortfalls in the medicine management. Where people were prescribed medicines on a "when required" basis, for example, to manage pain or constipation, there was insufficient guidance for staff on the circumstances in which these medicines were to be used and when staff should seek professional advice for their continued use. This could result in people not receiving the medicine consistently or safely.

Medicine administration records did not always show that people received their medicines according to the prescriber's instructions. When the prescriber's instructions stated one or two sachets there was no record to show exactly what medicine had been administered. The service had recently changed the pharmacist that supplied their medicines and as a result the medicine administration record codes for when a person does not receive their medicine had changed, but staff were continuing to enter a code that was no longer explained on the record.

The manager told us that two staff always checked the medicines when they arrived into the service. However there was no evidence of this on the medicine administration record for the last two deliveries, which there should have been according to the services written procedure.

There were stocks of medicines purchased at the chemist that the service kept for emergencies. For example, Paracetamol and throat lozenges. Authorisation had been obtained from the doctor, to ensure these medicines were safe to give with other medicines people were prescribed. This list required review as some medicines on the list were now individually prescribed to people as well.

This is a breach of Regulation 13 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff had received training in medicine administration. The manager told us that staffs competency was tested by observation of their practice; however at the time of the inspection these were not recorded. During the inspection medicine administration and recording was carried out by

staff using a safe procedure. Apart from the recording shortfall above, medication administration records showed that people received their medicines according to the prescriber's instructions.

All medicines that were managed by staff were stored securely for the protection of people. Temperature checks were taken daily and recorded to ensure the quality of medicines used.

People were not always protected by robust recruitment procedures. Staff files did not contain all the information required by legislation. Application forms had been completed, but did not all evidence a full employment history and gaps that were evident had not been checked out with an explanation recorded. Staff files did not contain a recent photograph. This meant that people were not protected against the risks of recruiting unsuitable staff for their role. Other checks such as health declaration, a Disclosure and Barring Service (DBS) check were in place (these checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people).

This is a breach of Regulation 21 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2010.

People benefited from living in an environment and using equipment that was well maintained. There were records to show that equipment and the premises received regular checks and servicing, such as checks for fire alarms and fire equipment, hoists, wheelchairs and electric beds. The manager talked about how recently one person's mobility needs had been reassessed, which had resulted in a new more comfortable wheelchair for them. Relatives told us that equipment and the premises were well maintained and always in good working order. Staff told us when there was a problem things were fixed fairly quickly, such as recently when there had been a fault with the boiler.

Accident and incidents were reported and clearly recorded. The manager reviewed these, to help ensure appropriate action was taken to reduce the risk of further occurrence. Reports were sent to the administration office and analysed periodically for trends and patterns. The manager was able to give an example where they had picked up a pattern when a person was receiving personal care and a change to their routine was implemented, which had been successful in reducing further occurrences.

## Is the service safe?

People told us they felt safe living at The Croft and would speak with staff if they were unhappy. Relatives also confirmed that they felt their family members were safe living at The Croft. During the inspection the atmosphere was happy and relaxed. There were good interactions between staff and people. Staff were patient and people were able to make their needs known, either verbally or by using facial expressions, gestures and noises. Staff had received training in safeguarding adults; they were able to describe different types of abuse and knew the procedures in place to report any suspicions or allegations. There was a safeguarding policy in place. The manager was familiar with the process to follow if any abuse was suspected in the service; and knew the local Kent and Medway safeguarding protocols and how to contact the Kent County Council's safeguarding team.

Risks associated with people's health and welfare had been assessed and procedures were in place to keep people safe. For example, risks associated with moving and handling people, poor skin integrity, and management of people's diabetes or epilepsy. Where people had complex moving and handling requirements, health professionals had been involved in the risks assessments.

People had their needs met by sufficient numbers of staff. People and staff felt there were sufficient numbers of staff on duty. The manager and staff told us that staffing hours had been increased since the last inspection. A formal staffing tool had been introduced since the last inspection to calculate the staffing hours based on people's needs. During the inspection staff responded when people approached them and were not rushed in their responses. There was a staffing rota, which was based around people's needs and activities. There was a minimum of two staff on duty during the day, but usually this increased to three between 9am and 5pm and one member of staff on duty at night. There was an on-call system covered by management. The service used existing staff to fill any gaps in the rota and then an outside agency was used. The manager told us that at the time of the inspection usually one agency member of staff was on duty each day. They said the service used the same few agency staff, so they had become familiar with people and their needs and they were recruiting permanent staff.



# Is the service effective?

## Our findings

People told us they were “happy living at The Croft”. Relatives were satisfied with the care and support their family member received. Health and social care professionals felt staff had a good understanding and knowledge of people and their care and support needs.

People reacted or chatted to staff positively when they were supporting them with their daily routines. Staff were heard offering choices to people throughout the inspection. For example, what to eat, whether they wanted to go out and what they wanted to do.

Care plans were put together using words, some pictures and symbols. Some people had signed their care plans as a sign of their agreement with the contents. Care plans had been updated since the last inspection with additional guidance for staff. They contained clear information about how a person communicated and this was reflected during the inspection. Staff were patient and not only acted people's verbal communication, but their facial expressional, noises and gestures.

Staff understood their roles and responsibilities. Staff had completed an induction programme, which they told us included reading, orientation, shadowing experienced staff and attending training courses. If staff were new to care they also completed a common induction standards booklet. All staff had a three month probation period to assess their skills and performance in the role. Staff received refresher training periodically. This included health and safety, fire safety awareness, emergency first aid, infection control and basic food hygiene. The manager was aware there were some gaps in training and told us courses were booked or being booked to address these shortfall. Some specialist training was provided, such as training on epilepsy and epilepsy medicine administration and the management of diabetes. The diabetic nurse was in the process of training and assessing staff's competency in diabetes management. Staff felt the training they received was adequate for their role and in order to meet people's needs. The manager told us that they were aware the service needed to look at more needs specific training, such as dementia. Staff did demonstrate an understanding of dementia. For example, they were using pictures to aid communication. One staff member told us they had completed dementia training.

Staff told us they attended one to one meetings with their manager where their learning and development was discussed, although the frequency had not been in line with timescales within the provider's supervision policy, but since starting (end of July 2014) the manager had arranged two staff meetings and undertaken a one to one with all staff or they were booked. Staff said they felt well supported.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards. Staff had received or were booked to attend training to help enable them to understand their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The manager told us they had been in contact with the local authority DoLS office, regarding people's capacity to make their own decisions in relation to some equipment that was in use to keep people safe and were awaiting further advice and guidance. There had also been a multi-agency meeting regarding the future care and support of one person. This meeting had also involved staff and the person's family.

People had access to adequate food and drink. Two people told us the food was “nice” and they were involved in helping to choose the meals. One relative told us that the food “always looks very satisfying and nutritious and (family member) enjoys it”. Another relative said, “They have a good diet”. There was a varied menu, which was planned each week and staff told us two people were involved in the planning and pictures had been introduced to encourage a varied and healthy diet. Staff also added their knowledge of people's likes and dislikes where they were unable to make a choice. A “today's menu” was displayed in the kitchen/diner. However this was written with no pictures and not everyone could read. Lunch was a sandwich or light meal with the main meal being served in the evening except on Sunday's. On the day of the inspection one person was heard making their own choice of what to have for lunch, telling the staff they were going to have cheese and biscuits and wanted to sit in the kitchen to have their lunch. People's weight was monitored and special diets were catered for. Health professionals had

## Is the service effective?

been involved in assessments of some people's nutritional needs. Recommendations they had made had been followed through into practice. Food and drink thickeners were used to reduce the risks of one person choking. Aids and adapted equipment was used to help encourage people's independence when eating and drinking, such as plate guards and special spoons.

People's health care needs were met. Some people told us they had access to appointments and check-ups with dentists, doctors, chiropodist and opticians. Two people told us that if they were not well staff supported them to go to the doctor and for others the doctor was called into the service. One person had recently changed their doctor to the local surgery and as a result had had a full health check. Relatives told us that any health concerns were acted on. One relative told us things were acted on and they were "informed immediately". Another relative talked about a medical condition their family member had and how well managed this was. Appropriate referrals had been made to health professionals and people were having input from a variety of health professionals. For example, the community learning disability team, who were monitoring a person's dementia and deteriorating health. The district nurse who visited regularly regarding skin

integrity and bowel management. The diabetic nurse who was working with staff to monitor a person's diabetes and introducing a change in the management of their condition. Health and social care professionals told us that staff worked with them and any advice and guidance they provided was adopted by staff and incorporated into the care plans. They felt staff addressed any health care needs as they arose.

People's health needs were closely monitored. At the time of the inspection people were not suffering from pressure sores. One person was being cared for in bed, but was on a regular position changing plan, which had reduced the risks of pressure sores. Reports showed how staff noticed quickly that one person was not themselves. They called professionals and the person was taken into hospital overnight to be monitored. During the staff handover, staff and the manager discussed the current health concerns and what areas required close monitoring. For example, one person was noticed to be unwell and the doctor had been called and was going to visit to take a blood test. Information about people's specific health conditions had been obtained and was available to inform and to help staff understand people's support needs. For example, ulcerative colitis.

# Is the service caring?

## Our findings

People told us staff listened to them and acted on what they said. They said they “liked the staff, everyone” or “love them”. People told us staff “treated them well” and one said if they did not they “would tell them”. During the inspection staff took the time to listen and interact with people so that they received the support they needed. People were relaxed in the company of the staff, smiling and communicated happily using either verbal communication or noises, signs and gestures. Relatives were very complimentary about the staff.

Health and social care professionals felt staff were very caring. One professional told us that staff “definitely demonstrated this in the way they spoke to people, but also in the thought that went into activities they supported people to do”. One professional said the service had a “very nice feel to it”. Another said, staff are “very caring and do have a great deal of respect for the dignity and privacy of the people living at The Croft”.

People’s care plans had some details about their lives. Staff talked about how they had got to know people by talking to their families. The manager told us they had recently asked families to put together a more detailed life and family history, which would then be added to the care plan. This would help staff to understand people and what was important to them. The manager told us that families had also been asked for a list of family and friends birthdays, so people could be supported to remember these dates and send cards.

Where possible people were involved in discussions and review meetings to plan and make choices about their care

and support. Staff told us how they encouraged people to make their own choices and how, when necessary facilitated this by offering a choice of two items, such as clothing or food.

Dependant on people’s current health needs people were able to choose where they spent their time. During the inspection some people accessed the house as they chose. For example, one person was singing along to karaoke in the lounge, one person was given the choice to go and get their daily newspaper and another was playing ice hockey in the kitchen. Staff spent time with people facilitating their chosen activities or they simply sat and held one person’s hand whilst talking quietly to them.

People’s independence was promoted where possible. Some people talked about choosing meals they liked to have on the menus and helping to “peel the potatoes”. Staff told us about how one person liked to mix the Yorkshire pudding batter. Some people helped with the clearing the table and got their own breakfast. One relative told us how their family member’s independence was always encouraged.

People’s family and friends were able to visit at any time, which was confirmed by a relative. One relative said, “We can literally pop in at any time and they make us welcome”. People said they had their privacy respected. Staff knocked on doors and asked if they could come in before entering. Staff talked about and to people in a respectful manner. During the inspection when people required support with personal care they were assisted to the privacy of their own room or bathroom. Relatives told us that people’s privacy and dignity was always respected. Health and social care professionals told us that people were treated with dignity and respect. Records were individual to ensure confidentiality and held securely.

# Is the service responsive?

## Our findings

Two people told us they were involved in planning their care and had regular review meetings to discuss their aspirations and any concerns. One person talked about how a family member had attended their review along with their care manager. People had the opportunity to voice any concerns they may have had during their review meeting. Relatives told us they attended review meetings twice a year.

No one had moved into the service since the last inspection. When people had moved into the service, the service had obtained pre-admission assessment information, included assessments from professionals involved in the person's care, to ensure that the service was able to meet their needs. Following this the person was able to "test drive" the service by spending time, such as for meals or an overnight stay, getting to know people and staff. Care plans were then developed from discussions with people, observations and the assessments. Care plans contained details of people's choices and preferences, such as food and drink.

One person's needs had recently been reassessed to determine the future of their care and support. Following assessments, a multi-agency meeting was held to discuss and agree how best to meet the person's future care and support needs. A multi-agency meeting would be attended by the service and all the health and social care professionals involved in the person's care.

The manager was in the process of developing a step by step guide to each person's preferred daily routines. These included what people could do for themselves and what

support they required from staff. Care plans reflected the care provided to people during the inspection. It was evident during the inspection that staff were very familiar with people and their care and support needs.

People had a programme of leisure activities in place, which they had chosen or based on their known likes and dislikes, to help ensure they were not socially isolated. Staff talked about how one person wanted to do a different activity and staff were looking to accommodate this once a piece of equipment had been repaired at the local leisure centre. Activities included walking to the shops to collect their newspaper, reflexology, air hockey, shopping, foot spa, attending the local church service and other local clubs and music, lights, sensory, film and games sessions. Staff also talked about a recent outing to a local garden centre and the Christmas party held within the service for everyone's families and friends. During the inspection one person was having great fun playing staff at air hockey with plenty of laughter and high fives. Another person was enjoying singing along to carols and other pop music with the karaoke system and staff periodically joining in. Another person was stimulated by handling and moving objects and cuddly toys. A social care professional told us that "activities within the service are creative and person centred"

Two people told us they would speak to a staff member if they were unhappy. They felt staff would sort out any problems they had. There had been no complaints received by the service in the last 12 months. There was a complaints procedure displayed within the service and during the inspection the manager was 'hands on' so available if people wanted to speak with them. The manager told us that any concerns or complaints would be taken seriously and used to learn and improve the service. Relatives told us they did not have any complaints, but felt comfortable in raising any concerns that might arise.

# Is the service well-led?

## Our findings

There was no registered manager in post and had been no registered manager at the service since 1 April 2014. Since the last inspection the manager who had been fairly new in post had left and a new manager has been appointed in July 2014. The manager told us they had recently submitted their application to register with the Care Quality Commission. People and relatives spoke highly of the manager. Relatives said they felt comfortable in contacting and speaking with the manager. Comments about the manager included, they are “very good”, “brilliant” and “very professional”. Staff felt the manager motivated them and the staff team. A health care professional said, “The manager of the home seems very knowledgeable and caring and runs the home efficiently. She is not always on shift when I visit, but when I do see her she is always very friendly and approachable. If I ever had any concerns about The Croft I would have no hesitation in speaking to her and I would have every faith that she would be able to rectify any problems”.

People felt the service was well-led. One person said, it was “nice” and “they organise things well”. They felt the manager was easy to approach and always had an open door.

Relative felt the service was well-led. Their comments included, “We have no reservations at all, we would move”. “It is well led, but has a family atmosphere”.

Health and social care professionals felt the service was well-led and the manager was “on the ball”. One health care professional said, “I think overall the service is well led, although there have been several changes in key personnel over the past year, which has caused a degree of uncertainty”.

Within the service the provider displayed their ‘concept’. Staff said that the concept included enabling and supporting people to be as independent as possible and equal members of society. Staff felt this concept was enforced through training and meetings with management. One staff member told us, “It really is all about the service user and they come first, they are at the centre. They are involved in discussions; there are lots of informal chats”.

Staff talked about how they felt the provider and manager listened to their opinions. They felt comfortable raising any

concerns and felt the organisation was a listening organisation and that management were open and approachable. One staff member said the communication within the service was “very good”. Staff felt that management had “improved for the better”. Another said it was “top notch, down to earth and puts service users first”.

Staff said they understood their role and responsibilities and felt they were well supported. They had team meetings where they could raise any concerns and were kept informed about the service, people’s changing needs and any risks or concerns. Staff also used a daily handover to keep up to date.

There were systems in place to monitor and audit the quality of service provided. The management team carried out regular auditing. For example, water temperatures, vehicle and other health and safety checks, to make sure people remained safe. A review of accidents and incidents was undertaken and they were also analysed by an outside company.

The provider and other members of the management team also visited the service to check on the quality of care provided. One staff member said, “They (management) have a good way with service users and are respectful. We are confident management can deal with things”. People and staff told us that these visitors were approachable and always made time to speak with them and listen to what they had to say. One staff member said, “They (provider and management team) have the same vision”. The manager attended regular management meetings. They told us these were used to monitor the service, keep them up to date with changing guidance and legislation and drive improvements.

Relatives had completed quality assurance questionnaires to give feedback about the services provided. However there was no formal system to analyse these so that they could be used to drive improvements or provide feedback to those who had given their views. All feedback seen was positive.

Staff had access to policies and procedures. These were reviewed and kept up to date by the management team. Records were stored securely and there were minutes of meetings held so that staff and people would be aware of up to date issues within the service. Care plans and risk assessments were up to date.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines</p> <p>People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines safely.</p> <p>Regulation 13</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers</p> <p>People were not protected by effective recruitment procedures. Information specified in Schedule 3 was not available in respect of staff employed at the service.</p> <p>Regulation 21 Schedule 3</p>