Wellington Healthcare (Arden) Ltd

Carders Court Care Home

Inspection report

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Rochdale
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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Carders Court is a care home providing nursing and personal care for older people. It is situated in the Castleton area of Rochdale. The home is purpose-built, single storey and comprises of five separate houses, each with 30 single bedrooms.

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

We found that medicines were not always managed safely and this was a breach of Regulation 12 2(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, the proper and safe management of medicines.

We have made a recommendation in relation to auditing of medicines to spot errors and keep people safe.

Safeguarding policies, procedures and staff training helped protect people from harm. All necessary checks on staff and the environment were undertaken to keep people safe. Risk assessments helped protect the health and welfare of people who used the service.

People were supported to live healthy lives because they had access to professionals, a well-trained staff team and a choice of a nutritious diet. The service worked with other organisations to provide effective and consistent care.

People were treated as individuals which helped protect their dignity. People's equality and diversity was respected by a caring staff team.

We saw that the service responded to the needs of people by providing meaningful activities, having regularly reviewed plans of care and any concerns acted upon.

The new home manager was implementing audits and attended meetings to discuss best practice topics with other organisations to improve the service. A positive culture was being created which helped motivate staff.

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

Rating at last inspection
The last rating for this service was good (published 17 August 2018). Since this rating was awarded the registered provider has changed. We have used the previous rating of good.

Why we inspected
The inspection was prompted in part due to concerns received about the service. The concerns included care plans not being completed promptly, safeguarding incidents and a lack of staff. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the using medicines safely section of this report. You can see what action we have asked the provider to take at the end of this full report.

The provider and home manager have provided us with evidence some of the risks have since been mitigated. The variable dose information has been improved, the local pharmacist has provided information around how to administer covert medicines safely, we have seen GP agreement for covert administration of medicines and plans of care improved to demonstrate why covert medicines were in a person's best interests.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.
You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Carders Court Care Home on our website at www.cqc.org.uk.

Enforcement
We have identified breaches in relation to the safe administration of medicines at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not always safe. Details are in our safe findings below.	**Requires Improvement**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was 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**

Carders Court Care Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
We conducted this inspection over two days. On day one the inspection team consisted of an inspector, a pharmacist specialist advisor, a nurse specialist advisor and three experts by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service. The inspection was completed on the second day by two inspectors.

Carders Court Care home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. There was a person employed as home manager who had applied to become registered with the CQC. We were aware that the person is awaiting an interview to be registered. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
The provider was not asked to complete a provider information return prior to this inspection because it was brought forward. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch Rochdale. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We reviewed all the information we held about the service. We used all of this information to plan our inspection.

During the inspection
We spoke with sixteen people who used the service and seven visitors/relatives about their experience of the care provided. We spoke with seventeen members of staff including the home manager, trained nurses, senior care workers, care workers, the maintenance person, the chef and an activities coordinator.

We reviewed a range of records. This included twelve people's care records and multiple medication records. We looked at six staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence. We looked at training data, updated care records, best interest meeting records, evidence the home manager responded to actions for improvement and the action taken to ensure medicines were safely administered.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to 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

● We checked the records of five controlled drugs. Controlled drugs are stronger medicines that require more stringent checks. We found the numbers of controlled medicines did not tally with the records. One we found was a recording error. The other involved a count of the medicines by the inspector and staff member who could not find two tablets. These were found after the inspection hidden behind the locking mechanism. We found other errors in the medicine's records, including misleading information around as required medicines and it was not clear when people with non-verbal communication exhibited signs of pain. The auditing of medicines did not highlight these errors.

● We observed a medicines round and found national guidance around the safe administration of medicines was not followed. The medicines trolley was left unattended and the agency staff member did not use the medicines records to check a person's identity (photograph). The pharmacy had not been contacted for advice on how best to give medicines covertly and safely.

Due to the poor administration of medicines this was a breach of Regulation 12 2(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, the proper and safe management of medicines.

● Other aspects of medicines administration were safe, such as medicines were stored safely, correctly ordered and disposed of in a sealed container. Staff also had their competencies checked and have received further training from the pharmacist since the inspection.

● On the second day of the inspection we saw documentation to show the service had improved much of the documentation. This included better details of as required medicines and the local pharmacist had supplied details of how to safely administer covert medicines.

Systems and processes to safeguard people from the risk of abuse

● People who used the service felt safe and made comments such as, "Oh yes, I feel safe. Staff do not harass me in anyway", "I find the place very soothing" and "I do feel safe. At night I can hear them and that makes me feel safe. There is always somebody with you when you bathe and there is always someone in the dining room. They seem to be on the ball here". A relative said, "It's very safe, this is a fantastic place".

● There were policies and procedures for the protection of vulnerable adults. Staff were trained in safeguarding people from harm and told us they would report poor practice.

● Any safeguarding incidents had been reported to the relevant authorities and lessons were learned where possible.

Assessing risk, safety monitoring and management

● There were risk assessments for nutrition, tissue viability (prevention of pressure sores), falls, moving and handling and mental capacity.

● Where a risk was identified we saw that people had access to the relevant professionals and were provided with equipment such as pressure relieving devices, mobility aids and dietary supplements.
● Equipment in the home was maintained, such as gas boilers and the electrical installation system to ensure it was safe. The provider had relevant policies and procedures in place and staff were trained to respond to emergencies such as a fire.

Staffing and recruitment
● We asked people who used the service if they felt there were enough staff on duty to meet people's needs. They told us, "I think it is effective because they have enough of the right sort of staff, it is fantastic"; "Sometimes there is and sometimes there isn't. It depends on sickness and holidays", "There is enough staff. They deal with things very well" and "There is not enough people to do all the jobs." Most people did think there were enough staff.
● Visitors/relatives also had mixed views of staffing numbers. Staff made comments such as, "Staffing levels have recently improved which helps keep people safe"; "We are certainly better staffed than we have been for a long time" and "Things have improved drastically since the new manager joined us. They listen to people and staff and have increased staffing levels."
● The new manager was working with the local authority on an initiative to staff the home. The local authority trained staff in safeguarding, the care of dementia, infection control and moving and handling. Staff then work voluntarily at the home, which helps them decide if the home is the place they want to work, and the manager is able to determine if they are suitable.
● The recruitment of staff was safe, because all the required checks were undertaken prior to a person commencing employment, including those on the voluntary scheme.

Preventing and controlling infection
● People who used the service told us, "The home is well maintained, the bathrooms are clean, at least the ones I use are"; "I do like my room. It is very nice, clean and airy. They keep the whole place clean" and "It is all right and it is cleaned every day."
● We toured the home during the inspection. We noted that areas that were not clean and had an odour in the morning had been cleaned by lunch time. One past complaint had been bathrooms were used as a dumping ground for old furniture. We saw all items had been removed and no areas were cluttered.
● Staff were trained in infection prevention and control. Policies and procedures were developed using the National Institute of Health and Social Care (NICE) guidelines which is considered to be best practice advice.

Learning lessons when things go wrong
● There was an open culture to learning from safety concerns. Incidents and accidents were thoroughly analysed and shared for prevention and wider learning.
● The home manager said lessons learned included holding handovers confidentially within view of people who used the service to prevent incidents/accidents. Following accident analysis had they put extra staff on duty when accidents were more evident and this had reduced the number of falls.
● The home manager showed us the details of what they had done to improve the performance of staff, in reference to poor administration of medicines.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- There was an assessment of need for each person prior to admission to ensure each person's needs could be met.
- Care plans contained a full assessment of people's needs. These were reviewed and updated when changes occurred, which identified people's ongoing health and social needs.
- We saw that protected characteristics were incorporated into the assessments and where required acted upon. This included gender, ethnicity, religion, sexuality and any disability. Protected characteristics are a legal protection for people and include race, age, gender, sexuality, religion or disability under the Equality Act 2010.

Staff support: induction, training, skills and experience

- A staff member said, "Induction took a few weeks to complete and I have done my NVQ 2 & 3 since then. I shadowed for a while to increase my confidence." We saw that each staff member had an induction and received the training and support they needed to be confident in their work.
- Staff also told us, "I have completed loads of training since the new provider took over. Some is 'face to face' and some is e-Learning" and "I feel like I have the appropriate skills to carry out my role effectively and there is plenty of support if I need to ask something."
- Staff told us they received regular supervision and records we looked at confirmed this. All the staff we spoke with said the new managers were very supportive.

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

- People we spoke with had mixed views about the food. They told us, "The food is all right. They will make you a sandwich if you want and there is always plenty to drink. You just need to ask and they will get you one"; "The meals are good. There is a certain amount but you are not overloaded with choice, you can have too much choice. There is always a jug of juice on the tables for all residents"; "The meals are excellent. I do eat enough but if you want a special meal they will make it for you. They will get fish and chips sent in for you, from the local chippy, if you want" and "The chips are over fried." Most people we spoke with thought the food was good. The registered manager said they would continue to monitor the quality of food.
- We saw the service catered for special diets and one person who received a Halal diet was satisfied with the food. The chef was notified of the diets people needed and regularly went to get people's views of the meals provided.
- The kitchen had achieved the very good award from the local authority food safety agency, which showed the chef followed known safe food practices. We saw there was ample supplies of dried, canned, frozen and fresh food. Fresh fruit was offered when drinks were served or as part of a dessert.

Staff working with other agencies to provide consistent, effective, timely care

● The service liaised with other organisations and professionals to ensure people's health and social needs were met. On both days of the inspection professionals from other organisations attended the home for reviews and care updates, including therapists and GP's. Each person had their own GP.

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

● On the dementia units we saw there was good signage and memory boards to help people find their rooms or communal areas. Memory boards contain items people are familiar with and provide staff with topics of conversation.

● We saw there was an excellent system for maintenance. Staff entered any faults or maintenance issues on a computer tablet, which was sent to the facilities manager and maintenance person. Staff could send a photograph to help explain what was needed. The maintenance person had to complete the task before it was removed from the list, including a photograph of the completed task.

● The home was in good decorative order with plans for further improvements. The gardens were being improved to enable better access for people who used the service.

Supporting people to live healthier lives, access healthcare services and support

● From looking at the plans of care we saw records of attendance at hospitals for specialist treatment and routine appointments had been made with opticians, podiatrists and dentists. This helped to ensure people's assessed needs were being fully met, in accordance with their care plans.

● People who used the service said, "They keep an eye on me if I get ill". They called in a GP and I was referred to hospital three times to sort out my waterworks, which are now fine." Each person had their own GP.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● We looked at the records for five people who were receiving covert medicines on one unit. Medicines are given covertly when it has been decided that it is their best interests to take them if they refuse. We did not see a best interest meeting or decision regarding this. However, the service had changed providers and have since located the archived paperwork. All paperwork has since been reviewed to ensure it is up to date.

● We found the service were meeting the requirements of the act at this inspection. Mental capacity assessments, best interest meetings and, where required, a DoLS had been implemented using the relevant organisations and paperwork. There were currently 75 people who had a DoLS in place.

● We asked people if staff asked for their permission before supporting them and they said they did.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People who used the service said, "Staff are very kind, considerate and caring"; "Staff are fantastic" and "They always come and talk to you – which is important." Relatives said, "My relative has never been better since they moved here" and "Yes, I was really pleased my relative got in here." All the people and relatives we spoke with said they were happy with the care provided.
- We observed staff during the inspection. There was generally a good rapport between people and staff. Some units were busier than others and some staff did not have as much time to interact.
- We saw in the plans of care that there were good details about a person's past life, their likes and dislikes, interests and hobbies. This enabled staff to provide individual support to each person.
- Each person had a section of their care plan which highlighted their equality and diversity characteristics, such as gender, ethnicity, religion, sexuality or physical disability. We saw that people could choose their preferred gender of staff, had access to special diets and supported to attend religious services of their choice, both with visiting clergy and at external venues.

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

- Relatives told us they were able to talk to staff and managers about their relatives care which helped them feel involved. Where possible people had signed their agreement to their care and treatment.
- The service held meetings with people who used the service to gain their views. From meetings people had influenced decisions around improving the garden and changing the menus.
- The home manager completed tours of the building, talked to people, family members and staff and looked at the facilities and systems. Actions taken to improve the service included better communication systems, the setting up of a summer fayre and improved activities.
- People and family members were asked for their views about the care and facilities provided at Carders Court. Overall the results were positive. The home manager had looked at the issues and made improvements to communication with management and links with the community. A summer fayre had been arranged and links made with local schools. Most scoring was in the good to outstanding range.

Respecting and promoting people's privacy, dignity and independence

- People who used the service told us, "Staff will do as much as you want them to do"; "They don't come in and take over" and "I trust them 101%, but if I need them they are there". Staff promoted people's independence. Another person commented, "I would only recommend the place to the queen. I am joking, I mean anybody. They tell me to do what I want, it is my home. The staff will go above and beyond what is expected of them."

● People said, "Staff do respect my privacy" and "The staff definitely protect my privacy." We did not see any concerns regarding privacy and staff knocked on people's doors and awaited a response before entering.
● People told us, "There are no restrictions on visiting"; "Family are allowed to visit when they want" and "They don't like people to visit at meal times, it takes them away from their duties to let them in, but they will accommodate people at any time." Relatives/friends all said they visited when they liked and staff were friendly and accommodating to them.
● Staff received training about confidentiality topics and we saw all records were stored securely.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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

● We asked people if they were involved in their care planning and they told us, "I guess. I don't get involved with that and I am happy"; "Oh yes, but I don't remember if it has been reviewed recently"; "They gave me a big booklet and I have signed it. They go through it every time something changes" and "Yes, and it is updated regularly." People were involved in their care and support planning.

● Plans of care we looked at during the inspection mostly showed they were detailed and gave staff enough information to meet people's needs. Some units plans were more detailed than others although all gave staff enough information to deliver effective care.

● Management audited the plans to ensure consistency in each unit. There was a resident of the day system in place where all aspects of a person's care was discussed, including the plans of care. The plans were reviewed regularly to keep care up to date.

● Care plans were person centred and described peoples likes, dislikes and then were planned around people's individual needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● The home manager was aware of the AIS and had simplified some documents, such as policies and procedures to help people understand them. Some staff had received training in how best to meet the standard.

● Staff ensured that people had any communication aids they needed such as spectacles and hearing aids. Information could be provided in different formats such as large print.

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

● Four activities coordinators were responsible for providing entertainment at Carders Court Care Home. Following meetings, with people who used the service the provider had purchased an electronic system which provided people who had a dementia a means of playing simple games and we saw this had a very positive effect on the people who used it.

● An activities coordinator told us, "We do lots of group activities, outings and one to one sessions with people. People that are cared for in bed are more difficult to support but we do make an effort to spend time with people whether it's reading, singing or treating them to a hand massage and doing their nails."

● Activities arranged included swimming, going out independently with family or staff, games, singing in a group, reminiscence, pamper sessions and pet therapy. One person told us they had use of a car and staff supported them to take a drive and to do some shopping for other people which they enjoyed. Activities could be held as a group or one to one if people preferred.
● There were more community based activities. Local schools were involved in entertainment and there was a summer fayre arranged to open the door to local people.
● People were able to attend religious services if they wished.

Improving care quality in response to complaints or concerns
● We conducted this inspection partly due to concerns raised over the last few months. However, the number of complaints had dropped since the new manager had taken over and changes implemented including good communication with people who used the service and family members.
● We asked people who used the service if they felt able to complain. People said, "If I was not happy I would tell them"; "I think I would get one of the carers to help me" and "I could talk to anybody."
● Whilst people were not always able to name a member of staff they could talk to they made comments such as, "I don't know their names but I know who they are when I see them. I don't know the overall manager": "I do know the unit manager. I would talk to them and "I know the general manager. He has been to see me this morning."
● There was an accessible complaints procedure for people to raise their concerns. The complaints procedure informed people how the service would respond, the timescales of response and the details of other organisations if they wished to take a complaint further.
● We saw the home manager responded to any complaints to reach a satisfactory conclusion and looked at ways to minimise them happening again.

End of life care and support
● The home worked in conjunction with the local hospice and palliative care team who conducted on site visits to residents. Residents were nursed/cared for until ''End of Life'' at the home where possible. Some staff had received end of life training at the local hospice and this enabled them to offer care and support for people and their families in times of bereavement. The home manager was arranging for more staff to attend end of life training.
● There was a section in each plan of care to record people's end of life wishes using an advanced care plan. This was being completed across the site but not yet fully completed. Upon completion this would ensure people's known wishes are recorded for any end of life care and support they need.
● The manager was aware of the professional support they could call on for pain relief or other advice when a person was reaching the end of their life.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There was no registered manager. A person had been employed and was awaiting an interview.
- We saw some effective audits had been implemented since the new manager had been employed. However, audits around safe medicines management needed to be improved along with ensuring care plans contained all relevant documents, such as best interest records.

We recommend the provider look at best practice guidance around record keeping of medicines to ensure it is safe and people get their medicines when they need them.

- Other audits showed that the service took action to maintain and improve the service. This included the environment, better communication in meetings, unit managers being deployed and improved activities.
- All the staff we spoke with were very positive about the new home manager. Comments included, "It is a much more pleasant place to work since the new home manager started. The culture in the home is brilliant now. We have some good staff and unit managers leading us." and "The home manager really cares about what people and staff think and is making loads of changes to makes things better."
- Staff we spoke with were aware of the management structure. Staff received regular supervision and competency checks around their performance.

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

- The service had acted upon a Healthwatch Rochdale 'you said we did' recommendation, one of which was to invite family members to dine with their relatives.
- There were regular staff meetings where staff were kept up to date with any changes, updated on any practice issues and were encouraged to bring up any ideas.

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 manager and provider were aware of their responsibility regarding duty of candour. The CQC had received notifications that providers must send to us in a timely manner. The current rating was displayed within the home.

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

● Staff received training around equality, diversity and dignity. This helped staff support people around their diverse needs.
● There were daily meetings on each unit to discuss the care and support people needed, attend appointments or arrange visits from professionals.
● Staff told us they had regular formal supervision. They said they could discuss their own careers or personal issues and management responded in a positive manner.

Continuous learning and improving care
● The home manager went to meetings with the local authority, other providers and managers to discuss best practice support, learn what each different organisation did, any local issues and any changes the local authority may wish to implement.

Working in partnership with others
● The local authority told us the provider was working with them to improve the standards at the service. This service had changed hands several times over the last couple of years and the provider had 'inherited' some of the systems and paperwork. We saw signs that the collaboration between the organisations was showing improvements.
● We saw several external professionals visiting the service. Three professionals commented, "I ring ahead and ask for a meeting to be set up but they are not always ready"; "I am always given good information and handovers are good. The staff are always very willing to help me" and "Staff appear to be better informed than they were."

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The administration of medicines was not always safe.