Greensleeves Residential Care Home Limited

Greensleeves Residential Care Home

Inspection report

8 Westwood Road
Portswood
Southampton
Hampshire
SO17 1DN

Tel: 02380553668

Date of inspection visit:
07 January 2016
12 January 2016

Date of publication:
30 March 2016

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 07 and 12 January 2016. This was an unannounced inspection. At our last inspection on 10 October 2013 we found the provider was meeting all the expected standards of care.

Greensleeves Residential Care Home provides accommodation and care for 21 older people, some of whom were living with dementia. The home is situated in Portswood, Southampton and is near to a main route into Southampton city centre and the Common (a large area of parkland).

The home had a registered manager who was also the registered provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This meant the manager was a dual registered person. 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.

Consent to care and treatment was not always sought in line with legislation. Mental Capacity Act assessments and best interest decisions had not been completed where people had been observed as lacking capacity to make certain decisions. This also applied to Deprivation of Liberties safeguards in that DoLS applications had been made without an assessment of the person's mental capacity.

Care plans were personalised but lacked details on people's likes, dislikes, preferences and personal histories. Care plans did not show how the person was involved in writing them. People were not always engaged in meaningful activities and seemed to spend a large period of the day in one area of the home.

People were protected from abuse as staff had attended training in safeguarding and knew how to recognise abuse and who they should report this to. The provider had a clear policy and processes in place concerning reporting of abuse and knew how to contact the local safeguarding team.

There were robust recruitment processes in place which ensured staff were suitable and safe to work with people. There were sufficient staff on duty to ensure care was provided to all people when they required it.

Risk assessments were carried out to identify risks associated with the delivery of care. These were reviewed and updated when people's needs changed. Staff were trained to administer medicines safely. They were assessed to be competent to do this. Medicines were safely administered and were stored in an appropriate and secure location. Systems to order, audit and return medicines were safe and effective.

Staff received appropriate training and supervision to enable them to provide care. There were plans in place to improve staff knowledge and understanding of specific needs of individuals.

People received nutritious meals although they requested more fresh fruit and vegetables and more home cooked cakes. People received support around diets required to meet medical needs. People accessed local medical services and in some cases had maintained support from GPs they were registered with before

moving to the home.

There were positive relationships between people and staff. People said staff knew their needs well and how best to help them to maintain independence. However some people did not feel involved in their care plans and were not sure of how to make changes to them. People and relatives were encouraged to make comments about the home and things they wished to do.

Staff were aware of how to maintain privacy and dignity for people and always asked for people's permission before delivering care.

People knew how to make a complaint and there was a policy in place which was effective in managing complaints. Where people and relatives had raised concerns some of them did not feel they had been listened to.

The provider had effective systems in place for auditing the quality of the service. This included systems to ensure regular checks on fire, health and safety and medicines were completed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff received training in safeguarding adults and knew how to record and report abuse. Risks associated with the delivery of care were assessed and reviewed regularly.

There were sufficient staff to support people. There were robust recruitment processes which ensured staff were safe to work with people.

Medicines were stored, administered and monitored appropriately.

Is the service effective?

Requires Improvement

The service was not always effective

Systems were not in place to record or assess decisions made in respect of the Mental Capacity Act. Deprivation of Liberty Safeguards authorisations had been made but decision making processes were not fully recorded.

Staff received sufficient training to give them the skills and knowledge to help them meet people's needs. They received regular supervisions to help identify learning and their development needs.

People enjoyed food and drinks that were nutritious and to their liking. People accessed medical help when they required it.

Is the service caring?

Good

The service was caring

People said they were treated with kindness and respect. A dignity champion was in place and people, staff and visitors were encouraged to share their thoughts on maintaining people's dignity.

People were encouraged to share their opinions about the care they received. Ideas they had been listened to and action was

taken to respond to ideas that had been shared.

The atmosphere in the home was calm, friendly and homely. People and staff shared good relationships and people were comfortable when chatting with staff.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's care was not always personalised and some people were not involved in the assessment of their needs or developing their care.

People were encouraged to share their experiences and concerns. There were effective procedures in place to manage complaints.

Is the service well-led?

Good

The service was well led

The provider ensured there was an open and positive culture which focused on people's needs. People were included in providing feedback on the quality of their service.

There were defined roles within the staff team and staff felt supported by the provider to carry out their job role effectively. The provider undertook regular audits of the service to ensure it was meeting quality standards.

Greensleeves Residential 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 07 and 12 January 2016 and was unannounced. This inspection was carried out by a single inspector.

Before the inspection we had looked at the reports from our previous inspections along with other information we held on the service. We also looked at notifications about important events which the provider is required to send us by law.

During the inspection we met and spoke with the registered manager who is also the provider. We spoke with five people who lived in the service, four relatives, three staff and one visiting professional.

We looked at five people's care plans and associated records of care. We looked at five staff members records of recruitment, training and supervisions. We also looked at management records, policies and procedures, information on accidents and incidents, complaints and administration of medicines records and procedures.

Good

Is the service safe?

Our findings

One visitor told us they did not feel their relative was safe. They told us of their concerns with other people in the home and their worry that their relative was not eating. They visited them daily and every evening sat in the person's room where they fed them their main meal. The provider was aware of this and had met with the visitor often to look at how they could make them feel safer. The visitor said, "I have no complaints with the care or staff, I just worry that [relative] is unable to protect themselves from the unwanted attention of another person." This had been a recent experience for the visitor and the provider had ensured staff were aware of concerns raised. There were plans in place to ensure staff observed the person and made sure they were not alone.

Other relatives said, "We know mum is safe here and if anything had happened staff would tell us immediately." "We looked at other care homes but this one just felt so safe for dad that we had no hesitation in him coming here."

People told us they felt very safe within the home. Comments received included, "I've lived here 12 years now and the last thing I worry about is my safety." "Staff are very good at keeping me safe." "If I want to go out staff will ask me if I want company." "Staff always check I am alright and safe."

People and some relatives told us they would be able to report abuse to staff and the provider. One person said, "I know that I am treated well and if I saw anyone being hurt or treated badly I would talk to the provider and they would deal with it." A relative said, "If we were concerned we would talk to staff or the owner. We are sure they would protect [relative] and take action to keep them safe.

All staff had received training in safeguarding adults and told us about the different types of abuse they were aware of and the signs to look out for if people were being abused. They said, "If I saw abuse happening I would report it to the senior member of staff." "It's not acceptable and I would have no hesitation in reporting it to the manager or safeguarding team." The provider had a policy which referred to the local authorities' safeguarding policy and was aware of reporting procedures and contact numbers to use. There were notices in the office and living areas about reporting abuse which gave clear details of who should be contacted.

There were effective recruitment processes in place that made sure staff were knowledgeable and suitably experienced to meet the needs of people. When selecting staff the provider was aware of characteristics of staff that people had identified they liked in those who supported them. One person had said, "I like staff who enjoy going for a walk to the shops with me and are interested in things I like such as crosswords." We noticed there were questions in interviews about the interests applicants had. The provider said this helped in ensuring staff were recruited who had similar interests to those identified by people. Appropriate checks such as disclosure and barring checks (DBS) were carried out before staff could work in the home. The DBS check helps employers make safer recruitment decisions and prevents unsuitable people from working in care settings. Staff files contained two references from previous employers and certificates form training events staff had attended.

The provider carried out risk assessments as part of the initial assessment when people moved into the home. These were associated to areas of risk associated with delivery of care as identified in people's care plans. Some people said they were involved in identifying risks, mainly around their mobility and meal-times. Other aspects of care they told us they were not involved in identifying risks in areas such as personal care. A senior carer said, "I review the risk assessments in people's files routinely every three months. If people's needs or conditions change we carry out a review to respond to this." The provider had carried out an environmental risk assessment of the home to identify any risks within the home. This had identified some actions that had been addressed by the provider to improve safety in the home.

One person's care records identified they were prone to skin ulcers and blisters due to their health problems. Their risk assessment identified ways to support the person to maintain some independence and for staff to remain vigilant of any changes to the skin tissue. There was a care plan from the tissue viability nurse to give guidance to staff on how to support the person with personal care and mobility. This ensured staff identified changes and provided the person with suitable medical care quickly.

People told us there were sufficient staff to support them during the day. One person said, "Staff are always available during the day but at night there are not so many." Staff told us extra support was provided in the evening by the provider. We looked at staff rosters and saw there were three staff rostered for each evening. The provider explained how they identified the numbers of staff required were identified through the needs identified within people's assessments of care. Throughout the day care staff were supported by a housekeeper and a cook. A relative said, "Staff are always available and every time I go into the dining and lounge area there is a member of staff talking to people or helping them."

We observed a member of staff administering people's medicines and saw there were safe systems in place for the storage, recording and administration of medicines. People said they received their medicines when they needed them. One person said, "The staff bring my medicine to me and tell me what the tablets are for. " Staff who administered medicines had received training to do so safely. Staff were observed by the senior care staff when giving medicines, to ensure they were competent and safe when administering medicines. Once medicines had been given to the person, the member of staff recorded this on the Medicine Administration Record (MAR). There were no gaps in administration records and daily audit sheets of totals of medicines were consistent and complete. Medicines were ordered each month and records were kept of any medicines that were returned to the pharmacy.

There were arrangements in place to protect people in emergency situations. Staff had received training in how to support people in a fire and a fire risk assessment had identified procedures for people to follow in the event of a fire. An emergency bag was available which contained information about each person and emergency contact details. However staff were unaware of any personal evacuation and escape plans for each person. These were not held in the emergency bag or within people's care records.

Requires Improvement

Is the service effective?

Our findings

Staff had received some training in the Mental Capacity Act (MCA) and had some degree of understanding what this meant and how it applied to people in the home. The 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. One person had difficulty in communicating and was unable to respond to some questions we asked them. Staff told us the person lacked the capacity to make decisions. The person's care records did not contain an MCA assessment of the person's capacity to make particular decisions. There were no records of decisions that had been made in the person's best interest. As the records did not reflect what staff told us any new staff would not have been aware of the person's capacity to make decisions and choices by reading the person's care records.

One person had a do not attempt cardio pulmonary resuscitation decision in their care records. This had been completed by a consultant when they were in hospital in 2013. This had not been reviewed since the person returned to the home and did not state if the person agreed with this or that this decision was in the best interest of the individual. This meant that emergency services would have been responding on instructions that were out of date.

The failure to assess mental capacity and determine best interest decisions for people who lacked capacity was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2013.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We saw one person had a DoLS authorisation in place for leaving the building if staff were not present. Although the person had never asked to leave the home or shown signs of wanting to leave, it was stated in the care records the person would not be safe if they left the home due to their dementia and physical mobility problems. The front door had a keypad lock which people were unaware of the number. Another person told us they always went out with a member of staff so didn't need to know the number. The provider had applied for DoLS authorisations for a number of people specific to particular situations.

Staff told us they received regular supervisions. One member of staff said, "I have a one to one meeting every six months and a lot of informal supervisions when I need to speak to the manager about things. They also observe me when I am working with people." The staff records showed the member of staff had six recorded supervisions and an appraisal in 2015. Supervision is a process for staff which offers support, assurance and learning to help staff development. One member of staff said, "I haven't had many supervisions and when I do I don't feel that my supervisor has really listened to me." We checked their supervision records and saw they had received four supervisions in the past nine months. The provider showed us some actions that had

taken place following suggestions staff had made in supervisions.

Staff told us they had received adequate training which gave them the knowledge and skills to deliver care aimed at meeting the needs of individuals. Comments included, "The training has enabled me to understand how people are affected by a number of physical and mental conditions they have." Also, "Not all of the training suits me. We use workbooks and distance learning for a lot of the mandatory training." The provider was aware of this and was looking at providing more classroom based training events for staff. Another member of staff said, "I have just been enrolled at college to do the care certificate." All new staff received an induction before commencing to work with people on their own. This was based on the Care Certificate which is the standard that all care services should meet.

Consent to care was sought by staff when they worked with people. People told us, "Staff always ask if it is alright before they do anything for me." "They [staff] tell me what they are going to do and wait for me to agree before doing it." There were consent forms to care and treatment in people's care records. Some had been signed by people and others had been signed by relatives where they had the legal responsibility to do this. We saw staff assisting someone with their lunch. They noticed the person was not eating. They asked the person if they wanted help and the person said yes. The member of staff told the person they would cut their food and load their fork. They encouraged the person to feed themselves.

People told us how much they enjoyed the food. They said, "Food here is great," "There's always a good choice if you don't want what's on the main menu." "The cook knows what I like and I enjoy the food." We saw the menu choice was displayed for people and the cook spoke with people about what they wanted to eat. The food appeared to be healthy and nutritious although some people said they would prefer fresh vegetables and fruit. A relative said, "It would be nice if they did some home baking, people would relate to home-made cakes." The cook confirmed they had asked to introduce some baking of cakes and biscuits and wanted to get people involved in this as well.

Where people required particular meals due to their medical conditions, the cook was able to provide these meals. One person had Coeliac disease and required a gluten free diet. The person was unaware of their condition and the restrictions this placed on what they could eat. All staff were aware of this and information on this condition was available in the person's care records. Staff observed the person at meal-times and advised them on what food they could eat.

People were supported to maintain health links they had before moving into the home. One person said, "I still see my family GP and my old dentist. Staff go with me now when I need to see them." People were registered with a range of local GPs and received home visits where they could not attend appointments in the surgery. Other health care specialists visited people in the home. A visiting chiropodist said, "I have been coming to this home for over eight years and have got to know people really well. They are all so happy to see me and are very keen for me to help them. It's one of the nicest homes I visit."

Good

Is the service caring?

Our findings

People and their relatives told us about the good relationships they had formed with the staff and the owner. People said, "Staff are all very good." "I get on really well with the girls, we enjoy a good laugh." "The staff do a very good job." Relatives said, "We have always found the owner and the staff to be welcoming and friendly. They are all very kind and caring towards my husband." "We get on very well with one member of staff and the others are all so caring."

When staff spoke with people we saw the staff had a kind, caring and thoughtful approach. They knelt beside people and gained eye contact before speaking so that the person could hear them. There was a friendly and calm atmosphere in the home. People chose to sit in the lounge dining room next to the kitchen. Another lounge was available but people wanted to be in the room that was the centre of the home.

We heard staff addressing people by their first name and in one case by a name that the person had identified they liked to be called. Staff knew what people liked and how they showed their preferences when offered choices. The provider and staff told us they tried to gather information from relatives, friends and health and social care professionals before the person arrived at the home. This information was added to as they got to know the person and their relatives when they visited. There were sections about people's likes, dislikes and important events in their care records.

Staff said, "We are always aware of maintaining privacy when working with people. When they are in their rooms, I always knock on the door and ask them if it is okay to come in." We heard a member of staff doing this and they waited for an answer before they entered the room. Another member of staff said, "We like to make sure that people are treated with dignity when we are giving personal care. I talk about what is happening and make sure they do not feel exposed or embarrassed." This was described by one person as, "They treat me like one of the family and make sure I am happy and comfortable when they have helped me."

The provider had appointed one member of staff as a dignity champion. This was an initiative from the city council to encourage each care home to have dignity champions. They would attend meetings with other home's dignity champions and received training in how to promote dignity and respect within their care home. One of the ideas was for people and staff to put comments on a 'dignity tree.' This was situated on the wall of the lounge and contained comments from people, staff and visitors. Comments included, "treat me gently," "Talk to me as an adult not like a child". "Treat people as you would wish to be treated yourself."

People's rooms contained personal items such as family photographs, pictures and small items of furniture from their own homes. "One person said, "I was able to bring some of my treasure possessions with me when I moved in. I love my photos of my family as they bring me such good memories. We noticed that the provider was refreshing the home in some areas and had taken steps to make the home more sympathetic to the needs of people living with dementia. There were photos of the person on their door. Carpets had been changed to show different colours for different areas such as people's carpets in their room were a

different colour and pattern to the hallway carpet. The date and day was displayed in the dining room.

People told us they were able to join in activities within the home. Two people told us how they regularly walked into Portswood to do their shopping. One person went out on their own and the other person went with a member of staff. There were systems in place to monitor the safety of people by agreeing times with the person when they would return and an agreement to notify the police if the person did not return by their stated time.

People were encouraged to make their views known about their care and support by daily conversations with staff and the provider. There was a regular resident's meeting where people were able to talk about the home and any activities they would like. For example people had mentioned they would like to hold a tea party. This had been agreed as something they wanted to invite their relatives to. A date had been selected and they were looking at the food they wanted to give to their guests. Another group of people were looking at how they wanted to decorate the room for the occasion.

People could also give their opinions to the provider through regular resident's questionnaires. This was more of a tick box exercise about people's level of satisfaction with aspects of their life within the home. There was no room for people to add any comments that the questions did not cover. The provider assured us that they were looking at preparing a new form to encourage people to voice their opinions more clearly.

Requires Improvement

Is the service responsive?

Our findings

Some people and their relatives did not feel involved in writing their care plans. People said, "I'm not sure about my care plan," "Presumably I have a care plan. I do remember staff asking me about things." "I am not involved in my care plan." "I think I have a care plan but I don't know how to change it." Visitors said, "I have seen my relative's care plan and asked for something to be put in there. I think staff listened to me but I can't say I am sure that changes were made to the care plan.", "we don't feel involved in care planning," and "I have asked for a change for my relative in their care plan and it took some time to happen."

Staff said people's care plans were not completely personalised. Some information was included about people's likes, dislikes and preferences. These mainly identified food and drinks and some activities. However, there was little information about people's histories and what was important to them and life events they had experienced. One person said, "They asked me about what I couldn't do but didn't really try to find out what I can do for myself. I have been able to tell them and made sure they knew what I wanted to do on my own."

People's needs were assessed before they came into the home. The provider used information from health and social care professionals to capture information. They also spoke with the relatives of people in order to identify the care needs of the individual. People told us they were not involved in the assessment process. They did tell us they were asked about their choices and preferences in some areas of their care. The assessment led to a basic care plan which highlighted particular areas of care. For example one person's assessment highlighted they had type two diabetes which was controlled by their diet. Their care plan stated staff were to support them with choices in relation to their foods but did not highlight the choices available due to their diabetes. Staff said, "We know [person] has diabetes and the cook makes sure their diet is suitable." The person did not have a care plan specifically around managing their diabetes. There were no instructions for staff about identifying if the person was suffering from hypo glycaemia and how to support them in this emergency situation. Staff were aware of giving the person something sweet to eat but were not sure when they should do this.

People chose how and where they spent their time. There were some activities offered to people, but most people were sat in the dining room lounge area where the television was on. Another lounge at the front of the house was empty for most of the time we were in the home. One person said, "I can go to the front lounge if I want some peace and quiet or to watch TV." This room was also used by people when they had visitors. Activities were organised by staff and consisted of games, quizzes and some mild physical activities. People were able to practice their religion and were visited by members of as local church group.

Some people maintained contact with their local communities and were able to go on their own to local shops and cafes. One person told us. "I always go to Sainsbury's on a Monday morning and have a cup of coffee in the restaurant. I've got to know the ladies well there." Another person told us they liked to walk into town and walk around the shops. Staff were aware of when people were out and had agreed times with the person when they would return to the home. A member of staff said, "It's important that [person] gets out and we know if they do not return by a certain time we can take steps to find them. We know where they like

to go so could meet them there."

People were able to talk about their experiences and share their concerns through the resident's meeting and by talking with the provider or staff. One person said, "We talked about activities in the meeting as I don't really feel occupied by what happens here." A member of staff said they were looking at what interests the person had and seeing what sort of things they would like to do in the home.

People could also give their opinions to the provider through regular resident's questionnaires. This was more of a tick box exercise about people's level of satisfaction with aspects of their life within the home. There was no room for people to add any comments that the questions did not cover. The provider assured us that they were looking at preparing a new form to encourage people to voice their opinions more clearly.

A relative said, "I am always made to feel welcome when I visit and the manager or staff are always available to discuss with me any aspect of [relative's] care. Staff said they had established good relationships with relatives who visited often. A visitor said, "Although [person] has not been here long staff always make time to speak to me about my friend."

Some people said they knew how to make a complaint by talking to the staff. One person said, "I wouldn't want to make a complaint, I don't like the thought of any kind of trouble." The person's relative explained this was the way they were rather than a reflection of the home or carers. The provider had a robust complaints system which highlighted processes and timescales for the acknowledgement and management of complaints. This was evident in an example of a complaint we saw the provider had resolved.

A visiting health professional said, "I have been coming here for over ten years now and staff and the manager have already organised who I am there to see. Any instructions I leave are followed up by the provider and staff. Staff are very good at identifying problems and listen to what people tell them."

Good

Is the service well-led?

Our findings

People said, "The manager and staff are very approachable. Any issues are dealt with promptly and efficiently." "The provider is always available and steps in to help the staff when needed." However one relative said, "I don't feel listened to and the staff are all so defensive. They don't always tell me things that have happened." The provider had shared with us this person's views before we spoke with them and told us how they had addressed concerns raised by this relative.

Staff told us about a positive culture within the home and how they felt the needs of people were important. When asked about the vision of the service they said, "It's to provide a caring environment," "We aim to help people to remain as independent as possible." The provider stated they wanted people to feel safe and to be treated with dignity and respect."

People knew the provider by name and told us how they always stopped to have a chat with them. They said the provider knew them well and talked about their family and health. They said they never had any problems talking to the provider as they were always available. One person said, "[provider] is very attentive and I know I can go to them with any problem and they will sort it out. All the staff know what they are doing. It is a well-run ship they have here."

People, their relatives and professionals were able to share their ideas on the service through regular questionnaires. The last survey had been undertaken in December 2015. Comments seen from relatives included, "Thank you for your support and kindness, I can't think of a better place for [relative] to be in at the moment." "My [relative's] mental condition has deteriorated and the staff are making every effort to meet their needs. They follow the doctor's instructions and maintain his dignity. The provider made sure there were outside window covers as [relative] keeps pulling down the curtains in their room."

People's comments from the questionnaire included. "I like everything here, the trip to the park was lovely and the staff are so good. They know what they are doing and are so well organised." "I asked for ham and eggs to be put in the menu and now it is a regular option. The staff and owner really do listen to us and make changes when asked."

There was not a questionnaire for staff to complete on their thoughts about the quality of the service. One member of staff said, "I often feel that I would like to be more involved in the home and it would be good to pass on feedback not in my supervision. The provider was aware of this and was looking at producing a staff questionnaire to send out to staff. Staff were clear of their roles and some staff had been made responsible for different aspects of the care such as the medicine system and an infection control lead.

The provider ensured they were current by reading research on trends within elderly care services. They had identified they needed to improve the environment to adapt it to meet the needs of people living with dementia. Some work had begun and where rooms were identified for decorating, research had been carried out on colour schemes and patterns that would help people living with dementia recognise where they were in the home. For example people's names were on their doors and they were identifying pictures

that would help them to recognise the door was to their room. They were also looking at colours of doors which people could choose. The provider identified research carried out that was available on the internet.

The provider undertook a number of audits to ensure the quality of the service was maintained. There were systems in place to record, monitor and review any accidents and incidents to make sure that any causes were identified and action was taken to minimise the risk of further accidents. The records showed the provider had taken appropriate and timely action to protect people and ensure they received essential support or treatment. Other areas audited were fire alarm systems, health and safety checks and water and fridge temperatures. These had all been completed regularly and highlighted any necessary actions required. Medicine audits were correct and up to date as well as records of receiving and returns of medicines.

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	Regulation 9 HSCA RA Regulations 2014 Person-centred care The failure to assess mental capacity and determine best interest decisions for people who lacked capacity was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.