Superior Care (Midlands) Limited

Newbury Manor

Inspection report

Newbury Lane
Oldbury
West Midlands
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Tel: 01215321632

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11 January 2016

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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

Our inspection was unannounced and took place on 11 January 2016.

The home is registered to provide accommodation and personal care to a maximum of 45 people. On the day of our inspection 40 people lived at the home. People who lived there had a range of conditions, the majority of which, related to old age.

At our last inspection in November 2014 we assessed that improvements were needed regarding medicine safety. This inspection we found that improvements were still required as the medicine systems in place did not ensure the proper and safe management of medicines.

The quality monitoring systems failed to ensure that shortfalls relating to medicine management had been addressed. The Provider Information Return (PIR) was returned within the timescale we gave but it had not been as fully completed so did not give us all of the information we needed.

The manager was registered with us. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who lived at the home felt safe. Systems were in place to protect people from the risk of harm and abuse.

People were happy with the meals offered. People were supported to have meals that they liked. Drinks were offered throughout the day to prevent people being placed at risk of dehydration.

Staff felt that they were provided with the training that they required to enable them to provide safe and appropriate care to people. Staff also felt that they were adequately supported in their job roles.

Staff sought people's consent before providing support. Staff understood the circumstances when the legal requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) should be followed.

People and their relatives felt that the staff were kind. Staff were friendly, polite and helpful to people.

People received assessments and/or treatment when it was needed from a range of health care professionals which helped to prevent deterioration to their health and well-being.

People participated in and enjoyed the varied activities offered.

A complaints system was available for people to use. People and their relatives confirmed that they would use the process if they had the need.

People, their relatives and staff felt that the quality of service was good.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

The medicine systems in place did not ensure the proper and safe management of medicines.

Systems were in place to keep people safe and prevent the risk of harm and abuse.

Recruitment systems prevented the employment of unsuitable staff.

Is the service effective?

Good

The service was effective.

People and their relatives felt that the service provided was good and effective.

Staff felt that they were trained and supported appropriately to enable them to carry out their job roles.

People were not unlawfully restricted and they received care in line with their best interests.

Is the service caring?

Good

The service was caring.

People and their relatives told us that the staff were kind and caring.

People's dignity, privacy and independence were promoted and maintained.

Visiting times were open and flexible and staff made people's relatives feel welcome.

Is the service responsive?

Good

The service was responsive.

People and their relatives felt that the service provided met their family member's needs.

People's needs and preferences were assessed to ensure that their needs would be met in their preferred way.

Complaints procedures were in place for people and relatives to use if they felt they had the need.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The quality monitoring systems failed to ensure that shortfalls relating to medicine management had been addressed.

There was a leadership structure in place that staff understood. There was a registered manager in post who was supported by nursing staff. Staff felt adequately supported by the management team.

The registered manager had a system in place to ensure incidents were reported to us as they are required to do by law.

Newbury Manor

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.

Our inspection was unannounced and took place on 11 January 2016. The inspection was carried out by two inspectors, a pharmacist and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience had experience of caring for an elderly relative.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The form was returned but not fully completed so we were unable to fully use this tool when we planned our inspection. We asked the local authority their views on the service provided. We also reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We looked at the notifications the provider had sent to us. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

We spoke with 13 people who lived at the home, seven relatives, two nurses, four care staff, the cook, the registered manager and the provider. We viewed care files for four people, recruitment records for three staff, medicine records for eight people and staff training records. We looked at complaints and medicine systems, completed provider feedback forms, and the processes the provider had in place to monitor the quality of the service.

Some people were unable to verbally tell us their experiences of living at the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not talk with us. In addition, we observed two nursing staff administering people's medicines and how care staff supported people at mealtimes.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in November 2014 we found that medicine management required improvement. This was because people who lived at the home at that time, were not fully protected against the risks associated with the unsafe use, and management of medicines. At this inspection our pharmacist inspector reviewed the management of medicines. This included looking at the Medicine Administration Record (MAR) for eight people and observing two nursing staff complete a medication round for seven people. We saw that the nurses followed safe practice and treated people respectfully. However, we found that medicines were not always managed safely and still required improvement.

Medicine errors were not always identified. A MAR showed that one person's medicine was administered three day's late. There was no explanation for why this occurred in the person's notes or on the MAR, and no medication error had been logged. For another person on a high risk medicine their records showed that they had been given the wrong dose but this had not been identified or reported. We found that medicines with a short expiry date were not always dated when opened. This is particularly important for insulin which has a 28 day expiry when it is removed from a fridge. We found insulin for two people had been removed from the refrigerator but there was no record of the date it had been removed. This meant that the insulin could have been out of the fridge for longer than was safe.

Medicines that required storage in a fridge were not stored within the recommended temperature ranges for safe medicine storage. Both fridges were storing temperature sensitive medicine called insulin and the storage could have meant that there was a risk that people's diabetes would not be effectively controlled. Another medicine that needed to be kept in the fridge was not. We saw that it was stored in a cupboard. It had been out of the fridge for longer than the manufacturers approved time. As a result both of these medicines were no longer safe to use.

Controlled drugs are medicines that require special storage and recording to ensure they meet the required standards. We found that controlled drugs were stored securely in a locked cupboard. However, the controlled drugs register was difficult to follow because not all entries in it were clear and made in a chronological order including some that had been crossed out or obliterated. One entry had been made twice meaning that the running balance jumped up by a double quantity. The policy on controlled drugs did not cover how entries were to be made in the register. Controlled drugs that were awaiting destruction were kept in the controlled drug cupboard but were not segregated from stock that was in use. This was not in line with current good practice guidance as it increases the risk of people being given unwanted or out of date medicine

We found that handwritten MAR charts were not always checked by two staff as recommended by national guidance. One MAR chart had instructions to crush a tablet. This had been written by a nurse who told us that they had received the instruction verbally from the GP. However, there was no documentation to confirm that this instruction had been made by the GP and there was no risk assessment or directive in place to confirm that it was safe to give that particular medicine that way.

This is a breach of Regulation 12(2)(g)HSCA 2008 (Regulated Activities) Regulations 2014.

Two people we spoke with told us that they were happy with the way their medicines were managed. A person said, "If I am in pain the nurses give me my pain tablets".

A person had chosen to administer their own medicines and staff were aware of this. A risk assessment was completed for this person to prevent errors or ill health.

People and the relatives we spoke with told us that they had not experienced or witnessed any harm or abuse. A person said, "No, the staff are nice and would not do anything like that". Another person told us, "I am treated well". A relative laughed and said, "No I can assure you there is nothing like that happening here". Another relative told us, "They [their relative] have never shown any signs of distress. Staff had a good knowledge of the different types of abuse and how to report their concerns. A staff member told us, "I had safeguarding training and we have processes to follow". Another staff member told us, "I report to the nurses or the manager if I thought anyone was being mistreated". The registered manager knew that they should report any incidents of concern that could occur to the local authority as they are required to by law to help protect people from abuse.

A person said, "Of course we are safe here. The staff keep us safe". Another person said, "They [the staff] make sure that things like wheelchairs are safe before they use them". A relative told us, "I have never had concerns about their [person's name] safety here". Staff told us that they had received moving and handling training. We saw that when staff assisted people to walk or used the hoist to move people they did this safely. We saw that risk assessments had been undertaken this included those to prevent people getting sore skin. We saw that actions were taken to prevent people getting sore skin such as the use of special cushions. We saw that a range of equipment was provided to promote safety. This included equipment for fire detection and prevention. Records we looked at, and the registered manager confirmed, that the equipment was serviced by an engineer regularly. These actions showed that the provider and staff knew that it was important to ensure people's safety.

Records highlighted a number of falls. We looked at records and did not detect any patterns or trends to determine reasons for the falls. The registered manager gave us an account of how they monitored incidents, falls and accidents and action they and the provider had taken to reduce the falls. Staff told us that where there was a concern regarding people falling then referrals were made to external professionals. Records that we looked at confirmed this.

A person told us, "There seems to be enough staff". A relative said, "When I visit there are always staff around. A staff member told us, "I think there are enough staff". We observed that staff were available in the dining rooms to assist people to eat and to supervise lounge areas. The registered manager told us, and staff confirmed, that available staff members stepped in and covered sick leave and colleagues holiday leave. A staff member said, "When staff are on leave we cover each other. Then people here have staff they know".

A staff member told us, "They [the provider] did all the checks on me before I could start work". We saw that recruitment systems were in place. We checked recruitment records and saw that pre-employment checks had been carried out. These included the obtaining of references and checks with the Disclosure and Barring Service (DBS). The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concerns. We also saw that checks for nursing staff were undertaken with the Nursing and Midwifery Council (NMC), which confirmed that the nurses were eligible and safe to practice. However, we found that further exploration was required regarding the reason why staff had left their previous employment with social care providers. This would verify their suitability

and reduce any potential risk of harm to people.

Good

Is the service effective?

Our findings

Overall people told us that they were happy with the service provided. A person told us, "I have been here for a long time and continue to think it is a good place. I am happy here. I have no worries". Another person said, "I like it here. I can ask for anything I want". A relative said, "This place is brilliant. I have no concerns at all. They [person's name] are well looked after". One person told us that they were not happy about some things. With their permission we fed this back to the registered manager who spoke with the person and their relative. They said, "We as a family visit often and think that the service is good and they [person's name] are well cared for".

A new staff member said, "I had induction training when I started and I worked with experienced staff before I worked on my own. It was good". Staff files that we looked at held documentary evidence to demonstrate that induction processes were in place. The registered manager and provider confirmed that they were implementing the Care Certificate within the staff induction process. The Care Certificate is a set of standards designed to equip staff with the knowledge they need to provide people's care.

A person told us, "The staff seem to know what they are doing". Staff we spoke with told us that they felt supported on a day to day basis. They told us that they received supervisions to discuss any training they needed and their personal development. A staff member told us, "I do my job properly". Staff training records that we looked at confirmed that staff had received mandatory and some specialist training for their role. The registered manager told us, and showed us documents, to confirm that refresher training was on-going.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

A person said, "The staff always ask us first". We heard staff ask a person if they would like to go through to the lounge. The staff member waited for the person to respond before pushing them in their wheelchair to the lounge. We observed that when staff gave people their medicines they explained what they were for. We saw that people took their medicines willingly. We checked whether the staff were working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that some MCA assessments for people lacked detail. One in particular did not clearly confirm if the person had capacity or not. We discussed this with the registered manager and provider who told us that they would check the MCA assessment to make sure that the information was clear and current. However, staff we spoke with knew that people should not be unlawfully restricted. The registered manager told us, and records that we looked at confirmed, that some people had an approved DoLS. Staff we spoke with told us the people who had approved DOLs and what they were for. This highlighted that processes had

been followed to ensure that people were not unlawfully deprived of their liberty.

People told us that they were happy with the food and drink offered. A person told us, "The food is very nice". Another person said, "All the meals are good". A relative told us, "The food looks nice". We saw that a range of snacks were offered in-between meals that included fruit, yogurts, and biscuits. A person said, "We are always offered the snacks and enjoy them". We observed that the breakfast and lunch meal time experiences were mostly positive. We saw that staff were available to support people to eat their meals. We saw that they sat by people and supported them to take their meals at a pace that suited them. We heard staff encouraging people to eat. However, we observed that one staff member did not give a person the attention they should have done at lunch time. We saw that at least two spoons of food were put into the person's mouth without the staff member checking that the person was ready to eat. Whilst the staff member was assisting the person to eat we saw that they were continually talking to another person who lived at the home. We raised this with the registered manager who told us that they would look into the issue.

We observed that people ate their meals and enjoyed them. When a person had finished their lunch they said, "That was nice". However, one person said, "There is not enough salt in the food". We observed that there was a lack of condiments on the tables that could have ensured that people had enough salt on their food.

A person said, "We are offered a hot drink when we get up and plenty of drinks all day". Another person told us, "I am never thirsty". A staff member said, "People are provided with drinks all day". We observed that people were offered a range of hot and cold drinks throughout the day. A cooled drink machine was available in the dining room and we saw people helping themselves to drinks from this. Frequent drinks help to prevent people experiencing ill health due to dehydration.

We found that records were maintained of drinks and food that people had consumed. We saw that where risks had been identified regarding weight loss or difficulty in swallowing referrals had been made to the dietician and Speech And Language Therapist [SALT] for advice. We saw that recommendations made were available in people's care files, for example using a prescribed thickening agent in drinks. Staff we spoke with told us that they were aware of the instructions and we observed that they followed them. We spoke with the cook who gave us a detailed account of how they provided special meals for people. These included those to prevent weight loss, the management of diabetes and gluten free options. The cook showed us the gluten free flour they used to ensure that people's needs could be met.

A person said, "The staff are good. If I feel unwell they get the doctor". A relative told us, "The doctor is always called if they are not well and the staff ring and tell me". Other people and relatives we spoke with confirmed that staff supported people to access health care services when needed that included chiropody, eye tests and specialist health care staff. People told us and records confirmed that action had been taken to prevent people becoming ill. People had been offered the influenza injection to protect them from contracting influenza and any secondary infections that could occur.

Good

Is the service caring?

Our findings

People and their relatives told us that the staff were, "Kind" and, "Good". A person told us, "I think the staff are very kind." Another person said, "The staff are friendly and chatty". A relative told us, "The staff are golden. Very caring and helpful. I have seen them go and sit and hold people's hands and talk with them". A staff member said, "I think that all staff here are very caring". We observed some good interactions between staff and the people. We heard staff speaking with people in a friendly, caring way. We heard staff asking people how they were, asking about their family and showing an interest in them. We found that the provider encouraged a positive atmosphere within the home. Our observations showed that the people who lived at the home had made friends with each other. We heard them asking how people were and at meals times there was a lot of chatting between them.

People told us that they felt that the staff were polite, respectful and promoted their privacy and dignity. A person said, "I think the care staff are polite how they speak with us". A relative told us, "The staff show them [their family member] respect. They speak with them in a way that we all like to be spoken with". Another relative told us, "The staff have a good rapport with them [person's name]". Records that we looked at confirmed that people had been asked how they wished to be addressed and this had been recorded on their care files. We heard staff calling people by their preferred name.

A person told us, "The staff make sure they cover me up when washing me" Another person said, "The staff let me do things myself it's a private thing". Staff we spoke with gave us a good account of how they promoted people's privacy and dignity. A staff member told us, "We give people personal space and ensure doors and curtains are closed when supporting people with their personal care". A person told us, "I like to have time on my own in my room and I do this when I want to. The staff knock my door if they want to come in". We saw the provider's confidentiality policy. Staff we spoke with told us that they read this when they started to work at the home. A staff member told us, "I know that we should not discuss anything about the people here outside of work and that records must be locked away".

A person said, "We [and pointed to other people sitting at the table] like to look nice. I pick my clothes every day. I like them to match". Other people also told us that they selected what they wanted to wear each day. We saw that people wore clothing that was suitable for the weather and reflected their individuality. A person said, "We get our hair done here the hairdresser comes". We heard staff complimenting people on their appearance. A staff member said to one person, "You look nice". We saw that the person smiled and looked pleased. We observed that men looked smart and clean shaven. This showed that staff had taken action to promote people's self-esteem.

A person told us, "I look after myself". A person went out on their own into the community to undertake some person tasks. On their return they told us, "I always go out and about on my own. Shopping and other things". People we spoke with told us that staff encouraged them to be independent. Staff we spoke with all told us that they only supported people do things that they could not do. We observed staff encouraging people to walk rather than them using wheelchairs for them to retain their mobility independence. We heard staff encouraging people to eat and drink independently.

People confirmed that staff communicated with them in a way that they understood. We saw that staff spoke with people in a calm way. They made sure that they faced people when they spoke with them. They waited to make sure that people had understood what was said to them and repeated what they said if they thought they had not. This demonstrated that staff knew it was important to communicate with people in a way they understood.

People we spoke with all told us that they enjoyed having visits from their family. A person said, "My family can come and see me anytime". Another person said, "My daughter will be here soon. I love to see her". Relatives told us that they could visit when they wanted to. A relative said, "I visit at least three times a week and I am always made to feel welcome by staff".

Information was displayed giving contact details for independent advocacy services. The registered manager confirmed that advocates had been used where people needed support to make decisions. An advocate can be used when people may have difficulty making decisions and require this support to voice their views and wishes.

Good

Is the service responsive?

Our findings

A person told us, "It is sometime since I came in here but I remember I did come and looked around first". A relative told us, "They [the staff] asked a lot of questions about them [person's name]. No stones were left unturned. It is important because the staff need to know if they can look after people before they come in here". Another relative told us, "They [the staff] came and did an assessment. Then they told me they could meet their [person's name] needs". The registered manager told us and records that we looked at confirmed that prior to people to people moving into the home an assessment of need was carried out with the person and/or their relative. This was to identify their individual needs, personal preferences and any risks to make sure that needs could be met and people could be kept safe.

A person said, "I think the staff know what I need". A relative told us, "The staff without doubt know her [person's name] well. They know everything and do all they should". Another relative said, "They [the staff] are really good they know their needs and treat them as an individual". The staff we spoke with knew about people's daily routine preferences, what time they liked to get up, and what time they liked their breakfast. We saw that some people went into the dining room for their breakfast late morning. A person told us, "They [the staff] are flexible with mealtimes. It is good because I like to get up late". They also knew how people liked to be cared for and about people's past working life and interests.

People and their relatives told us that they had been involved in care planning. A person said, "The care plan tells them [the staff] how to look after me". Another person told us, "The staff always ask my view and write it on the record". A relative told us, "I am always involved in everything. Care plans and everything". Although some people and the relatives we asked were not aware, or could not remember seeing their family member's care plan, they all told us that staff involved them in deciding how support would best be provided to make it appropriate and safe. We saw that care plans were in place to prevent sore skin and to instruct staff how to prevent people from falling.

People told us that they could attend religious services if they wanted to. A person said, "The church is right next door very handy". A staff member said, "We ask people and support them if they want to want to go to church".

A person told us, "I love the activities". Another person said, "I do enjoy the activity sessions". A third person told us, "There are activities on offer but I like to do my own things". An activity co-ordinator was employed and told us that they provided group and one to one activities. This was confirmed by the people and staff we spoke with. A mobile library visited the home regularly so that people had the opportunity to read and exchange books. A sports centre is situated next door to the home. A number of people told us that they did a range of sessions there. During the morning staff from the leisure centre came to the home and did a keep fit session. They told us that they provided the sessions weekly. Nine people joined in the session. We saw that people followed instructions they were given and they looked happy. A person told us, "I love doing the exercise class". During the afternoon a singer came to do a music session. We saw that people enjoyed that too. They were singing and smiling. This highlighted that regular and varied activities were offered to people that they enjoyed.

People who lived at the home told us that they were aware of the complaints procedure. A person told us, "I would tell the staff". Another person said, "I have not thought about what I would do if I had a concern as everyone is so nice here". A relative said, "I would go to the care staff or nurses or the manager. I'm sure it would be sorted". Another relative told us, "I have no complaints at all". We saw that a complaints procedure was available for people to access. The registered manager gave us a good account of how they would deal with any complaints. Records highlighted that two complaints had been received since our last inspection. We saw that the people had been responded to in writing and they had the opportunity to meet and discuss issues with the registered manager.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection in November 2014 we assessed the well-led section as requiring improvement. This was because the quality monitoring systems at that time had failed to identify shortfalls relating to medicine management. This inspection we found that checking processes and audits regarding medicine management and safety had been undertaken. However, as with our previous inspection they still had not identified or fully addressed the on-going shortfalls regarding medicine management and safety. There was no evidence of shared learning or meaningful action plans in response to previous errors.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned their PIR within the timescale we gave but it was not fully completed. This meant that the provider had not fully attended to the task that we asked them to.

A person told us, "It is good here". A relative told us, "I come here about three times a week. I think it is a good service and would not hesitate to recommend it". Another relative said, "I would recommend it here". Staff we spoke with told us that the service was well-led.

The provider had a leadership structure that staff understood. There was a registered manager in post who was supported by the nurses. The registered manager told us that a new deputy manager was due to start on 18.1.16. A person said, "The manager is nice". Another person told us, "I don't know the managers name but I know what she looks like". Relatives we spoke with told us they knew who the manager was and would feel comfortable to approach the manager if they had the need. The registered manager was available and was visible within the service. We saw them in the lounges and dining rooms during our inspection. We saw that people smiled and spoke with the registered manager which showed that they were familiar with her. A relative told us, "The manager is out looking at what is going on often". The provider visited the home often so that people could speak with them if they wanted to and to get updates from the registered manager.

A relative told us "The staff are good". Another relative said, "The staff do a good job". Staff we spoke with told us that they felt that the service was well run. They told us that they were guided to ensure they did what they should to care for people and keep them safe. The staff told us that they had meetings where information was shared and direction was given to ensure that they worked as they should. We looked at meeting minutes that confirmed this.

Providers are required to inform the Care Quality Commission, (CQC) of important events that happen in the home. The registered manager had a system in place to ensure incidents were reported to the CQC that they are required to do by law. The registered manager had also formally told us that a Deprivation of Liberty Safeguards (DoLS) approval had been made. The registered manager informed us that a number of staff had resigned. These staff included nurses and care staff. The registered manager dealt with the situation with the support of the remaining staff team to prevent any impacts on the people who lived at the home. This highlighted that the provider was meeting their legal responsibility to formally notify us of incidents that they were required to.

Providers are also required to display their current inspection rating. We saw that the provider's rating was available on their web site and also on display in the home.

A person said, "We completed a form". Another person said, "I did not fill in a form but a staff member came and asked me lots of questions to get my view". A relative said, "We filled in a questionnaire". We saw provider feedback forms that had been completed by people who lived at the home and their relatives. There were some issues raised and some positive feedback. We saw that the registered manager had implemented an action plan to deal with the issues and was monitoring its progress.

A person told us, "We do have meetings". A relative told us, "There are meetings for people and their families but I don't think many people attend". We saw records to confirm that meetings were held for the people who lived at the home and their relatives for them to discuss issues. The registered manager told us that they were in the process of sending letters out for the next meeting and hoped that more people would attend.

Staff we spoke with told us what they would do if they were to witness bad practice. One staff member said, "We have policies and procedures regarding whistle blowing which I would follow if I was worried about anything". We saw that a whistle blowing procedure was in place for staff to follow.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured that care and treatment was provided in a safe way for service users. The systems in place did not ensure the proper and safe management of medicines.